



**PEOPLE WITH DISABILITY
AUSTRALIA**

**A voice
of our
own**

**Submission on the NDIS
Amendment (Securing the
NDIS for Future
Generations) Bill 2026**

**MAY
2026**

Copyright information

Submission to the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026

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About PWDA

People with Disability Australia (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability.

We have a vision of a socially just, accessible and inclusive community in which the contribution, potential and diversity of people with disability are not only recognised and respected but also celebrated.

PWDA was established in 1981, during the International Year of Disabled Persons.

We are a peak, non-profit, non-government organisation that represents the interests of people with all kinds of disability.

We also represent people with disability at the United Nations, particularly in relation to the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Our work is grounded in a human rights framework that recognises the CRPD and related mechanisms as fundamental tools for advancing the rights of people with disability.

PWDA is a member of Disabled People's Organisations Australia (DPO Australia), along with the First People's Disability Network, National Ethnic Disability Alliance and Women with Disabilities Australia.

DPOs collectively form a disability rights movement that places people with disability at the centre of decision-making in all aspects of our lives.

'Nothing About Us, Without Us' is the motto of Disabled Peoples' International.

Table of Contents

Submission to the NDIS Amendment (Securing the NDIS for Future Generations) Bill	1
Copyright Information	2
About PWDA	3
Introduction	6
Summary of Recommendations	9
Discussion	15
Removal of participants from the NDIS without alternative supports	15
Removal of participants without transparent economic justification	17
Key decisions determined by Ministerial instruments not law	19
Schedule 1 - Access and Planning Measures	20
1.1 Functional Capacity-based eligibility	20
1.2 Unscheduled plan reassessments	21
1.3 Link between Impairment and Supports	23
1.4 Support determinations/cutting social and community participation supports	25
1.5 Plan renewals	27
1.6 Revised “Reasonable and Necessary” Criteria	28
1.7 Plan suspension powers	29
1.8 Stronger permanence requirements	30
1.9 Boundary with mainstream services	32

Schedule 2 - Fraud Measures	33
2.1 Provider Regulation	33
2.2 Information Gathering/Compliance and Enforcement Powers	35
2.3 Retention of Records	36
2.4 90 Day Claims	36
2.5 Plan Management Commissioning	37
Schedule 3 - Governance	38
3.1 Price decision-making	38
3.2 Automated Decision Making	39
Schedule 4 - New Planning Framework	40
4.1 Rollout of New Framework Planning	40
4.2 Transitional Rule-Making Powers	41
Conclusion	42

Introduction

The National Disability Insurance Scheme (the NDIS) is undergoing the most sweeping restructure since its inception in 2013.

Changes announced in the 2026-27 Federal Budget, alongside the NDIS Amendment (Securing the NDIS for Future Generations) Bill, will alter every aspect of the NDIS. The proposed cuts and reforms will significantly change eligibility, access, and day-to-day supports.

These changes will ultimately undermine the core purpose of the NDIS - supporting people with disability to live independently and participate fully in the community.

The reforms include projected large-scale reductions in participant numbers (estimated at up to 300,000), with no clear evidence that broader system impacts have been considered.

While PWDA acknowledges that the NDIS must be financially sustainable, there is no indication that the projected savings of \$37.8 billion over four years announced in the 2026 Federal Budget account for:

- Increased pressure on and cost to health and other service systems from the reforms
- Reduced workforce participation as informal carers and family members are forced to leave paid work to take on additional carer responsibilities
- The contribution of every \$1 invested in the NDIS returning \$2.25 to the economy¹

¹ Per Capita, (November 2021). False Economy: The economic benefits of the NDIS and the consequences of government cost-cutting. [False Economy: The economic benefits of the NDIS and the consequences of government cost-cutting - Per Capita](#)

These reforms risk shifting, rather than reducing, public expenditure, from the NDIS to health, income support, families and informal care systems.

The Bill removes vital supports from hundreds of thousands of people at a time when no equivalent services currently exist, nor are likely to emerge in the coming years. It rests on an assumption that state and territory governments will fill this gap, despite clear indications that they are not willing or able to provide comparable supports within the required timeframe.

In doing so, it risks a return to the pre-NDIS system — one characterised by inadequate provision, a postcode lottery in access to services, and the widespread abuse, neglect and exploitation of people with disability, as evidenced by the Disability Royal Commission.

In his recent address to the National Press Club², Federal Health Minister Mark Butler suggested that the social licence of the NDIS is at risk due to fraud, as well as the Scheme's scale and complexity, which he argued is undermining the delivery of high-quality care to participants.

This narrative, particularly in the context of significant reductions to the NDIS and the removal of hundreds of thousands of participants, implies that responsibility for the erosion of social licence rests with participants themselves.

However, it is more accurately attributed to the Government's failure to establish robust systems capable of preventing exploitation by unscrupulous providers. Moreover, the ongoing public emphasis on fraud risks diverting attention from the need for substantive, structural reform. This has contributed to a deterioration in public trust and has perpetuated harmful perceptions of people with disability as a societal burden.

² National Press Club address, The Hon Mark Butler MP (April 2026) [Minister Butler Speech at the National Press Club](#)

Such framing fosters stigma, fear, and hostility towards the disability community.

Participants report feeling increasingly abandoned, disempowered, and deeply concerned about losing access to the Scheme, which remains their sole source of essential support.

Almost 20,000 people signed PWDA's recent survey calling on the Government to protect access to reasonable and necessary supports, rule out cuts to eligibility and funding, reject blanket caps that ignore individual need, commit to genuine co-design with people with disability and focus reform on fixing system inefficiencies, not cutting supports.

Many of the changes proposed under the Bill disregard or directly contradict the findings the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Australian Government's NDIS Review.

The scale and scope of the cuts, combined with the far-reaching nature of the proposed legislative changes, are compounded by an unreasonably short timeframe for consultation and response. This approach has the effect of limiting meaningful parliamentary scrutiny and constraining the ability of the disability community and broader public to engage with and respond to reforms of significant consequence.

This is, in effect, a "cut first, design later" model of legislative reform that prioritises immediate cost reduction over considered, evidence-based policy development.

The dangers inherent in this process are profound. Rushed and inadequately scrutinised reforms of this magnitude are likely to produce unintended consequences, destabilise supports, and erode trust in the Scheme. Without proper design, consultation, and safeguards, these changes will cause significant and lasting harm, including jeopardising the health, safety, and lives of those who depend on the NDIS for essential support.

PWDA makes this submission in the knowledge that the short timeframe doesn't allow for adequate scrutiny of the Bill and its consequences or the underpinning economic modelling. Our recommendations will evolve as information emerges.

Summary of Recommendations

Recommendation 1 - Require reporting on the implementation of Foundational Supports prior to the commencement of parts of the Bill.

Recommendation 2 - Amend the timetable for Schedule 1, Parts 4 to 9 to require the Minister to table in Parliament an update comprising:

- The status of Foundational Supports, including Thriving Kids, in all states and territories
- A breakdown of levels of progress in each state and territory specifying whether the supports are funded, established and operational.

Recommendation 3 - The Australian Government publish detailed, transparent economic modelling to substantiate the projected \$37 billion in cost savings over four years. This modelling should clearly articulate the assumptions, data sources, and counterfactual scenarios underpinning the analysis, including the anticipated impacts on individuals transitioning out of the NDIS. In particular, the Government must provide evidence on potential cost-shifting to State and Territory systems (such as health and social services).

Recommendation 4 - All substantive decisions affecting NDIS eligibility, participant supports, and funding levels be set out in primary legislation, ensuring they are subject to full parliamentary scrutiny, debate, and disallowance processes, rather than determined through ministerial instruments.

Recommendation 5 - The introduction of mandatory transparency and consultation safeguards, including advance public release of proposed rule changes, meaningful engagement with people with disability and their representative organisations, and minimum notice periods to ensure participants are informed and able to prepare for any changes affecting their plans.

Recommendation 6 - Amend Schedule 1, Part 1, item 4 inserting section 9B to remove the requirement to assess functional capacity in the absence of supports, assistive technology, and environmental adjustments, and instead require that assessments reflect real-world conditions, including supports in use.

Recommendation 7 - Amend section 9B to require explicit recognition of psychosocial disability, episodic and fluctuating conditions, communication needs, and environmental barriers, and mandate public release and independent evaluation of assessment methodologies and thresholds prior to implementation.

Recommendation 8 - Amend Schedule 1, Part 2, item 21 inserting section 48A to restore the ability for providers, advocates, and other authorised representatives to request reassessments on behalf of participants.

Recommendation 9 - Amend section 48A to include a risk-based reassessment pathway requiring the NDIA to initiate reassessment where there is evidence of risk of harm, homelessness, hospitalisation, carer breakdown, family violence, or loss of employment or education, and require interim supports during the 90-day decision period.

Recommendation 10 - In the proposed subsection 48A(1), after paragraph (d), insert: “(e) alternatively to (a)-(d), the participant demonstrates that:”

“(i) the supports are no longer available; or”

“(ii) the plan is insufficient to meet the participant’s reasonable and necessary support needs; or”

“(iii) new evidence relevant to the participant’s support needs has emerged.”

Recommendation 11 - Amend sections 32K, 32L and 34 to ensure that supports addressing secondary impacts, co-occurring conditions, and broader functional needs remain eligible, and that the definition of reasonable and necessary supports is not restricted solely to the primary qualifying impairment.

Recommendation 12 - Insert a provision clarifying that reasonable and necessary supports must continue to be determined on a holistic assessment of functional impact, not a narrow impairment-specific test.

Recommendation 13 - Remove Schedule 1, Part 4, item 34 inserting section 34A (Ministerial power to reduce funding for groups of supports).

Recommendation 14 - If section 34A is retained, amend it to require the Minister to be satisfied that any funding reduction will not create a material risk of harm, loss of independence, social isolation, institutionalisation, or reliance on informal care, and require publication of impact analysis and consultation outcomes prior to any determination.

Recommendation 15 - A support determination that is reasonably likely to result in a material reduction in funding for a group of supports must be accompanied, at the time the determination is tabled in each House of the Parliament, by:

- a statement of reasons for the determination
- an assessment of the likely impact of the determination on participants, in particular those already experiencing negative impacts for example LGBTQIA+ and First Nations participants and those from CALD backgrounds
- actuarial or financial analysis relied upon in making the determination; and
- a summary of consultation undertaken with people with disability, and representative organisations.

Recommendation 16 - At a minimum, require that no cuts to SCCP supports occur until commensurate Foundational Supports are fully operational.

Recommendation 17 - Amend Schedule 1, Part 5, item 50 inserting section 50A to allow partial carryover of unspent funds where required for continuity of supports, contingency planning, or where underspend is reasonable.

Recommendation 18 - Amend section 50A to require participant consent, advance notice, and review rights where plan renewal results in reduced funding or changes to supports.

Recommendation 19 - Amend Schedule 1, Part 6 (including sections 17B and subsection 33(2EA) – (2EB) to ensure financial sustainability considerations cannot override participant safety, dignity, independence, employment, education, or community participation.

Recommendation 20 - Require that any Ministerial determinations setting maximum funding, intensity, or staffing ratios include mandatory exceptions where application would result in harm or reduced participation.

Recommendation 21 - Amend Schedule 1, Part 7 inserting section 40A and subsection 30(1A) to prohibit suspension or revocation based solely on inability to contact a participant where disability-related barriers exist.

Recommendation 22 - Require mandatory safeguards prior to suspension, including accessible communication, engagement with nominees or advocates, supported decision-making, and documented consideration of factors such as homelessness, hospitalisation, psychosocial disability, and communication barriers.

Recommendation 23 - Remove or substantially amend Schedule 1, Part 8 inserting section 25A (appropriate treatment requirement) to ensure that access is not contingent on exhaustion of all treatments.

Recommendation 24 - Amend section 25A to require that any treatment considered “appropriate” must be demonstrably accessible, affordable, clinically suitable, culturally safe, and available within a reasonable timeframe for the individual.

Recommendation 25 - Amend Schedule 1, Part 9 inserting section 25B to ensure participants retain access to the NDIS where there is any delay, dispute, or gap in access to alternative systems.

Recommendation 26 - Insert provisions requiring interim NDIS supports while eligibility for other schemes is being determined, and remove requirements that applicants prove ineligibility for other systems prior to access.

Recommendation 27 - Amend Schedule 2 provisions relating to provider registration (including section 10C and amendments to section 73C) to require staged implementation, proportional compliance requirements, and exemptions or tailored pathways for small providers and thin markets.

Recommendation 28 - Require the Government to demonstrate and fund the capacity of the NDIS Quality and Safeguards Commission to effectively monitor and enforce expanded registration requirements prior to rollout.

Recommendation 29 - Amend Schedule 2 compliance and enforcement provisions (including amendments to sections 53, 54, 56 and Part 3C) to include explicit safeguards limiting information-gathering powers and requiring proportionality, necessity, and disability-appropriate engagement.

Recommendation 30 - Amend section 45B to introduce flexible and accessible record-keeping requirements, including alternative forms of evidence and exemptions where participants are unable to comply due to disability.

Recommendation 31 - Insert safeguards to prevent automatic debt creation where records are missing, requiring NDIA to demonstrate misuse of funds before raising a debt.

Recommendation 32 - Amend section 45A to extend the claims period beyond 90 days or introduce discretion for late claims where delay is reasonable or unavoidable.

Recommendation 33 - Require exceptions for complex supports, administrative delays, and participant vulnerability to prevent non-payment for valid supports.

Recommendation 34 - Amend provisions relating to plan management commissioning (including amendments to sections 73C, 73E, 73F) to preserve participant choice by allowing access to non-panel providers where participants have an established relationship.

Recommendation 35 - Require transparent selection criteria, ongoing review of panel performance, and mechanisms for participant-driven choice outside the panel.

Recommendation 36 - Amend Schedule 3 provisions (including new sections 34B and related amendments) to require independent oversight of pricing decisions and limit Ministerial discretion.

Recommendation 37 - Legislate a requirement that pricing determinations must reflect evidence-based cost modelling and ensure market sustainability, with mandatory consultation and published rationale.

Recommendation 38 - Limit potential harm to participants by amending Schedule 3, Division 5 (including sections 59B–59E) to prohibit automated decision-making for any action that results in access refusal, funding reduction, suspension, revocation, or debt creation.

Recommendation 39 - Require mandatory human review prior to any adverse decision and ensure all automated decisions are subject to full merits review, including access to the Administrative Review Tribunal.

Recommendation 40 - Provide explicit legislative assurance that independent review through the ART will be retained and accessible with no erosion of procedural fairness or review rights.

Recommendation 41 - Delay full rollout until independent evaluation confirms the model does not reduce participant control, flexibility, or access to supports.

Recommendation 42 - Amend Schedule 4 provisions relating to new framework planning to require co-design with people with disability and mandate person-centred planning principles in legislation.

Recommendation 43 - Amend Schedule 5 transitional rule-making powers to remove or significantly limit the ability to modify the Act through rules.

Recommendation 44 - Require all rules that affect eligibility, funding, or supports to be subject to exposure draft consultation, impact analysis, and parliamentary disallowance for rules and instruments affecting eligibility, functional capacity, support reductions, funding methodology and alternative supports.

Discussion

Removal of participants from the NDIS without alternative supports

In his [address to the National Press Club](#), Mark Butler stated that responsibility for supporting hundreds of thousands of people — those who require supports but do not meet the Government’s definition of having a “significant and permanent disability”— will be shifted to the states and territories.

He asserted: “As we have done with Thriving Kids, we will also work on establishing programs with States which the NDIS Review described as ‘Foundational Supports’ – to give quality local supports to people who are not given access to the NDIS.”

Yet this commitment is not matched by reality. Thriving Kids is scheduled to roll out within four months, and still there is no public detail on how the program will operate. Queensland has not signed on.

“Foundational Supports” were absent from the [Treasurer’s Federal Budget address](#), and they do not appear in the [NDIS Amendment \(Securing the NDIS for Future Generations\) Bill](#) itself.

This is not reform; it is displacement without a plan.

The Government repeatedly claims it is returning the NDIS to its “original intent.” What it omits is why the NDIS was created in the first place. In 2011, the Productivity Commission³ found Australia’s disability support system, then administered largely by states and territories, to be “underfunded, unfair, fragmented and inefficient.” The NDIS was established in 2013 precisely to replace that failed model.

³ Australian Government, Productivity Commission (2011). *Disability Care and Support*. <https://www.pc.gov.au/inquiries-and-research/disability-support/>

Under the previous system, states and territories contributed roughly two-thirds of the \$7 billion disability sector funding, with the Commonwealth providing the remainder. Funding was block-allocated to organisations, which then determined who received support and what services were available. Individuals had little to no choice or control.

The NDIS fundamentally shifted this dynamic. It moved away from an inequitable model and instead vested funding directly in individuals, enabling choice, control, and accountability. Participants could select services aligned with their needs.

By contrast, the pre-NDIS system functioned as a postcode lottery, with arbitrary and inconsistent access determined by geography and budget constraints.

The cuts proposed in this Bill risk recreating almost exactly that system or a potentially worse system, as the pre-NDIS state-based system of supports has been dismantled.

The plan to remove hundreds of thousands of participants from the NDIS over the next four years, in the absence of established alternative supports, represents a profound systemic failure in the making. It is not merely unrealistic, it is reckless.

State and territory leaders have already signalled that they lack both the capacity and, in many cases, the willingness to absorb this responsibility.⁴ Transferring people out of the NDIS before these systems exist amounts to abandonment.

If the Government insists on proceeding with shifting people from the Scheme, the following recommendations are the absolute minimum requirements to avoid people falling between the cracks.

“This matters to me because the NDIS is not funding luxuries. It is funding my ability to survive, stay safe, and live an ordinary life despite severe fluctuating psychosocial and neurological disabilities. Before I had access to the NDIS, I was attending emergency departments multiple times a week because the public health system alone could not meet

⁴ ABC News (April 2026). *State and territory ministers react to the Albanese government’s NDIS changes.* [State and territory ministers react to the Albanese government’s NDIS changes - ABC News](#)

my support needs.” Respondent to PWDA’s ‘Reasonable. Necessary. Ordinary.’ Campaign.

Recommendation 1 - Require reporting on the implementation of Foundational Supports prior to the commencement of parts of the Bill.

Recommendation 2 - Amend the timetable for Schedule 1, Parts 4 to 9 to require the Minister to table in Parliament an update comprising:

- The status of Foundational Supports, including Thriving Kids, in all states and territories
- A breakdown of levels of progress in each state and territory specifying whether the supports are funded, established and operational.

Removal of participants without transparent economic justification

Information provided to PWDA from Deloitte Access Economics indicates that, in the absence of clearly defined, funded, and operational Foundational Supports and sufficient data, it is not feasible to assess the broader economic impacts of the proposed reforms or to evaluate alternative approaches that may achieve savings with fewer adverse consequences.

Proceeding with the Bill without this information risks unintended harms, including increased pressure on other service systems and reduced economic participation of people with disability and their carers.

Feasibility of modelling the broader economic impacts of the NDIS reforms.

- To measure the incremental economic impacts of the NDIS reforms, we require a clear definition of the counterfactual. In addition, we need data and evidence

regarding how we think the counterfactual will influence outcomes – positively or negatively – relative to the NDIS today (e.g., current state).⁵

- For the cohorts transitioning off the Scheme, the counterfactual is the state-based Foundational Supports program. At this stage, there are too many unknown variables associated with the program – including the specific cohorts diverted to the program and the service models provided – to credibly quantify the extent of any potential adverse economic impacts (e.g., increased pressure on hospitals, reduced carer workforce participation).⁶

2. Feasibility of modelling alternative reform options that could deliver comparable NDIS savings with lower overall economic and social impacts

- There are similar challenges in attempting to address this question. Taking the Bill’s proposal to reduce the value of community participation supports by 50% as an example.⁷
- If the ultimate economic objective of the Scheme is to improve the long-term independence and productivity of participants (and their carers), to assess whether community participation is the “least bad” area to reduce funding, we would need to isolate the extent to which community participation supports contribute to the long-term independence and productivity of participants (and their carers) – and how this compares to the contribution from supports in other funding categories. At present, there is limited data and evidence available to inform analysis at this level.⁸

Recommendation 3 - The Australian Government publish detailed, transparent economic modelling to substantiate the projected \$37 billion in cost savings over four years. This modelling should clearly articulate the assumptions, data sources, and counterfactual scenarios underpinning the analysis, including the anticipated impacts on individuals

⁵ Deloitte Access Economics

⁶ Ibid

⁷ Ibid

⁸ Ibid

transitioning out of the NDIS. In particular, the Government must provide evidence on potential cost-shifting to state and territory systems (such as health and social services).

Key decisions determined by Ministerial instruments, not law

One of more concerning proposals within the Bill is the granting of broad powers to the Minister to determine key aspects of NDIS eligibility and funding through legislative instruments, rather than primary legislation subject to full parliamentary scrutiny.

In particular, provisions in Schedule 1 and Schedule 3 would enable changes to who qualifies for the NDIS and the level of supports participants receive without requiring parliamentary debate or approval. Critically, the rules that will define core eligibility thresholds have not yet been developed, causing further uncertainty about how these powers will be executed in practice.

This lack of transparency and accountability regarding decisions that will have profound impacts on the lives of people with disability is deeply concerning. Participants may not be aware of changes to eligibility or funding criteria until these changes are reflected in their plans, undermining informed engagement with the Scheme.

PWDA recommends that all decisions affecting NDIS eligibility and funding levels be enshrined in primary legislation, ensuring they are subject to full parliamentary scrutiny and debate. In addition, any proposed changes should include mandatory advance notice to affected participants, along with clear communication and opportunities for consultation, to uphold fairness, transparency, and trust in the NDIS.

“These short-time frames to read, comprehend, and respond to complex legislation are wildly inaccessible...for anyone really but for the disabled community...it's incredibly wrong of the government.” Respondent to PWDA’s ‘Reasonable. Necessary. Ordinary.’ Campaign.

Recommendation 4 - All substantive decisions affecting NDIS eligibility, participant supports, and funding levels be set out in primary legislation, ensuring they are subject to

full parliamentary scrutiny, debate, and disallowance processes, rather than determined through ministerial instruments.

Recommendation 5 - The introduction of mandatory transparency and consultation safeguards, including advance public release of proposed rule changes, meaningful engagement with people with disability and their representative organisations, and minimum notice periods to ensure participants are informed and able to prepare for any changes affecting their plans.

Schedule 1 - Access and Planning Measures

1.1 Functional Capacity-based eligibility

The Bill defines eligibility based on a person's "substantially reduced functional capacity," assessed according to their ability to perform activities without assistance and explicitly disregarding the use of assistive technology, supports, or environmental adjustments. This definition fails to reflect the lived reality of people with disability, whose independence and participation are often made possible precisely through these supports

Further, the absence of detail about how the new system will operate creates fear and uncertainty. Key elements, including eligibility thresholds and assessment processes, will not be developed until late 2026, guided by a Technical Advisory Group whose composition remains unclear and raises concerns about an overly clinical focus.

From 1 January 2028, all new applicants will be assessed using this standardised test, while existing participants will undergo reassessment over a two-year period. The standardised tool represents a significant change to the current system that allows participants to use reports from their doctors or allied health professionals.

The introduction of rigid thresholds and standardised assessment tools may, as an unintended consequence, exclude individuals with complex, episodic, or fluctuating conditions that are not easily captured through uniform criteria. There is a real and immediate danger that people who currently qualify for support will lose access during

reassessment, undermining continuity of care and exposing them to serious negative consequences for their safety, health and wellbeing.

Recommendation 6 - Amend Schedule 1, Part 1, item 4 inserting section 9B to remove the requirement to assess functional capacity in the absence of supports, assistive technology, and environmental adjustments, and instead require that assessments reflect real-world conditions, including supports in use.

Recommendation 7 - Amend section 9B to require explicit recognition of psychosocial disability, episodic and fluctuating conditions, communication needs, and environmental barriers, and mandate public release and independent evaluation of assessment methodologies and thresholds prior to implementation.

1.2 Unscheduled plan reassessments

Access to unscheduled plan reassessments will be limited to participants, their plan nominees, or guardians, and only where there has been a “significant and ongoing” change in functional capacity affecting support needs.

This change removes the capacity for providers, advocates, and other trusted parties to initiate reassessment requests, despite their critical role in identifying emerging or unmet needs.

A report by the Office of Impact Analysis (OIA) this month noted that 237,253 participants, or 65% of NDIS participants aged 19 and over, have a disability that may affect how they think and may require support to make decisions.⁹ It also identifies 63,381 First Nations

⁹ Department of Health, Disability and Aging, (May 2026). *Office of Impact Analysis. National Disability Insurance Scheme Reforms, Impact Analysis.* <https://oia.pmc.gov.au/published-impact-analyses-and-reports/national-disability-insurance-scheme-reforms>

participants and 66,517 CALD participants as cohorts requiring culturally appropriate decision-making support.

The report asserts that there is a safeguard for participants provided by the ability for a NDIA delegate to initiate a plan reassessment when they become aware of a significant change in circumstances and the participant does not have a nominee or guardian and is unable to initiate the request themselves. However, the report acknowledges that in 2025, agency-initiated plan reviews made up only 1 per cent (740) of unscheduled reassessments.¹⁰

If reassessments are left to agency discretion, they simply will not happen.

Under the changes, if a participant runs out of funding early, but their support needs have not significantly changed, their request for a reassessment will be refused. By imposing a higher threshold for reassessment, requiring changes to be both substantial and enduring, the Bill significantly narrows access to timely plan reviews.

This will inevitably reduce the number of reassessment requests, not because needs have diminished, but because the bar to seek adjustments has been set unrealistically high. Participants experiencing gradual deterioration, fluctuating conditions, or moderate shifts in their circumstances are likely to face delays in securing necessary plan changes. Individuals may be required to wait until their situation worsens to a critical point before they qualify for reassessment.

Recommendation 8 - Amend Schedule 1, Part 2, item 21 inserting section 48A to restore the ability for providers, advocates, and other authorised representatives to request reassessments on behalf of participants.

Recommendation 9 - Amend section 48A to include a risk-based reassessment pathway requiring the NDIA to initiate reassessment where there is evidence of risk of harm,

¹⁰ Ibid

homelessness, hospitalisation, carer breakdown, family violence, or loss of employment or education, and require interim supports during the 90-day decision period.

Recommendation 10 - In the proposed subsection 48A(1), after paragraph (d), insert: “(e) alternatively to (a)-(d), the participant demonstrates that:”

“(i) the supports are no longer available; or”

“(ii) the plan is insufficient to meet the participant’s reasonable and necessary support needs; or”

“(iii) new evidence relevant to the participant’s support needs has emerged.”

1.3 Link Between Impairment and Supports

The Legislation limits funded supports to those that can be directly linked to the specific impairment that qualified a person for entry to the NDIS. This change signals a fundamental shift toward a narrower interpretation of what constitutes “reasonable and necessary” support. It reframes the NDIS away from a holistic assessment of a person’s functional needs and circumstances, and toward a more rigid, impairment-specific model that prioritises clinical attribution over lived experience and overall wellbeing.

The Bill reverses the “whole of person” strategy to funding supports determined by the 2024 amendments to the NDIS Act. The Justice Equity Centre (JEC) states, “The proper application of these provisions was confirmed in February 2026 by the Federal Court in the case of CEO of the NDIA v Eastham [2026] FCA 147 (‘Eastham’). In Eastham, the Court described this approach as ‘commonsense’ and made clear the law requires supports to be funded even if the need for the support has multiple causes, as long as one cause is the impairment that gave the person access to the NDIS.”¹¹

¹¹ Justice Equity Centre, (May 2026) Explainer: NDIS Amendment (Securing the NDIS for Future Generations) Bill. <https://jec.org.au/publication/explainer-national-disability-insurance-scheme-amendment-securing-the-ndis-for-future-generations-bill-2026/>

The Explanatory Memorandum to the Bill says the outcome in Eastham represented an ‘unintended expansion’ of the Scheme. But the JEC contends this does not reflect the Government’s position set out in the Explanatory Memoranda to the 2024 amendments, or the understanding of the disability community from discussions at the time. Undoing the ‘whole of person’ approach means the NDIA would only fund supports that arise ‘directly’ from an impairment that meets the access criteria.

This approach may limit the way people with multiple and interrelated disabilities access supports. For example, if a person only has access to the NDIS for post-traumatic stress disorder (PTSD), but they also experience chronic pain, any psychological support may only be funded for their PTSD, even if their chronic pain also impacts their psychological wellbeing.¹²

Recommendation 11 - Amend sections 32K, 32L and 34 to ensure that supports addressing secondary impacts, co-occurring conditions, and broader functional needs remain eligible, and that the definition of reasonable and necessary supports is not restricted solely to the primary qualifying impairment.

Recommendation 12 - Insert a provision clarifying that reasonable and necessary supports must continue to be determined on a holistic assessment of functional impact, not a narrow impairment-specific test.

1.4 Support determinations/cutting social and community participation supports

The Bill empowers the Commonwealth Minister to make determinations to reduce funding for key support categories, including social, civic, and community participation (SCCP), as well as capacity-building daily activities, from 1 October 2026. It will reduce the average

¹² Ibid

plan for social and community participation from \$31,000 to \$26,000 over a two-year period, effectively cutting funding back to the average amounts in 2023.

These cuts fail to account for the substantial rise in the cost of living since 2023 and therefore represent a real and immediate reduction in the value of supports available to participants.

The cuts will have profound consequences. They will limit people's ability to leave their homes, sustain relationships, participate in civic and social life, develop independence and avoid isolation. By limiting these supports, the Bill undermines the social and economic inclusion that the NDIS was designed to promote.

Moreover, the legislation is silent on the proposed Inclusive Communities Fund referenced in public commitments, raising concerns about the absence of any clear alternative investment to offset the cuts.

According to the Government's OIA report the SCCP cuts will affect 393,401 people (52% of NDIS participants who currently have SCCP funding in their plans).¹³

The report also concluded that reduced funding for SCCP budgets – designed to reduce isolation and build independence for NDIS participants – will impact some disability groups more significantly.

Those most affected, on average, will be people with visual impairment. The modelling showed an average of about 34% of these plans was set aside for social participation, with an average six-month budget of \$13,233.¹⁴

¹³ Ibid

¹⁴ The Guardian. (20 May 2026). [Australians with Down syndrome among those to suffer most from proposed NDIS cuts, government analysis says | National disability insurance scheme | The Guardian](#)

For participants with psychosocial disability, about 30% of funding is typically reserved for social activities while for those with Down syndrome, it is about 28%.¹⁵

In its final report, the Australian Government's NDIS Review¹⁶ placed strong emphasis on community participation and social inclusion as central outcomes for people with disability. Its recommendations reflect a shift from seeing the NDIS as a stand-alone scheme to embedding people with disability in inclusive communities, mainstream services, and everyday life.

The measures also run counter to the findings of the Disability Royal Commission¹⁷, which identified that exclusion from community life significantly increases the risk of abuse, neglect, and exploitation for people with disability. The Commission agreed that segregation – in the sense of people with disability being compelled, directly or indirectly, to live, learn, work and socialise in isolation from their non-disabled peers and the community generally – is unacceptable and must cease.¹⁸

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

Recommendation 13 - Remove Schedule 1, Part 4, item 34 inserting section 34A (Ministerial power to reduce funding for groups of supports).

¹⁵ Ibid

¹⁶ NDIS Review, Final Report (Dec 2023). <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/>

¹⁷ Disability Royal Commission Final Report

¹⁸ Ibid

Recommendation 14 - If section 34A is retained, amend it to require the Minister to be satisfied that any funding reduction will not create a material risk of harm, loss of independence, social isolation, institutionalisation, or reliance on informal care, and require publication of impact analysis and consultation outcomes prior to any determination.

Recommendation 15 - A support determination that is reasonably likely to result in a material reduction in funding for a group of supports must be accompanied, at the time the determination is tabled in each House of the Parliament, by:

- a statement of reasons for the determination
- an assessment of the likely impact of the determination on participants, in particular those already experiencing negative impacts for example LGBTQIA+ and First Nations participants and those from CALD backgrounds
- actuarial or financial analysis relied upon in making the determination; and
- a summary of consultation undertaken with people with disability and representative organisations.

Recommendation 16 - At a minimum, require that no cuts to SCCP supports occur until commensurate Foundational Supports are fully operational.

1.5 Plan renewals

The introduction of legislated end dates for participant plans removes the ability to carry over unspent funds into subsequent plans, ending current arrangements by imposing rigid time constraints on the use of supports.

Participants will face strong financial pressure to exhaust their funding within fixed plan periods. The end dates encourage the unnecessary or premature expenditure, as participants seek to avoid losing unspent funds at the end of each plan cycle.

The removal of carryover provisions also undermines flexibility and the ability to plan for contingencies. Participants will no longer be able to reserve funds to respond to

unforeseen changes in their circumstances, fluctuations in their condition, or periods of increased need.

Recommendation 17 - Amend Schedule 1, Part 5, item 50 inserting section 50A to allow partial carryover of unspent funds where required for continuity of supports, contingency planning, or where underspend is reasonable.

Recommendation 18 - Amend section 50A to require participant consent, advance notice, and review rights where plan renewal results in reduced funding or changes to supports.

1.6 Revised “Reasonable and Necessary” Criteria

From 1 February 2027, NDIA delegates will be required to explicitly consider the “sustainability and equity in the provision of supports across NDIS participants” when determining what constitutes reasonable and necessary supports. The Legislation also grants the Minister the power to set maximum funding caps, define support intensity, and prescribe staffing ratios, significantly expanding centralised control over how supports are allocated.

This is one of the most consequential measures in the Bill, as it alters the original intent of the NDIS from providing supports to meet participants' assessed needs, to assessing the need but not providing supports if the NDIA delegate doesn't believe it benefits the financial aims of the scheme.

Financial considerations will become the dominant factor in planning decisions, rather than ensuring supports are tailored to enable each participant to live safely, independently, and with dignity.

The introduction of ministerial powers to set funding limits and standardise support parameters also increases the likelihood of a one-size-fits-all model that cannot respond to the diverse and complex needs of participants.

“The tabled legislation for these changes to the NDIS is reckless and dangerous. Shameful! It is an appalling disregard for the human rights of people with disabilities to live ordinary lives doing ordinary things that everyone else takes for granted”. Respondent to PWDA’s ‘Reasonable. Necessary. Ordinary.’ Campaign.

Recommendation 19 - Amend Schedule 1, Part 6 (including sections 17B and subsection 33(2EA) – (2EB) to ensure financial sustainability considerations cannot override participant safety, dignity, independence, employment, education, or community participation.

Recommendation 20 - Require that any Ministerial determinations setting maximum funding, intensity, or staffing ratios include mandatory exceptions where application would result in harm or reduced participation.

1.7 Plan Suspension Powers

Under the legislation a participant’s plan may be suspended where the Agency has made “reasonable attempts” to contact them and has not received a response, or an adequate response. From 1 October 2026, it further allows for a participant’s status to be revoked entirely if their plan has been suspended for at least 90 days due to an inability to establish contact.

These provisions fail to consider individuals who face barriers to communication or have unstable living circumstances. Participants who are experiencing homelessness, transient housing, disability-related communication challenges, or periods of illness may be disproportionately affected, despite having ongoing and substantial support needs.

The dangers are particularly acute for participants living in closed or supported settings, who rely on third parties, such as providers, to receive, interpret, and respond to NDIA correspondence, increasing the chance that contact attempts will not reach them or be acted upon in a timely manner.

Recommendation 21 - Amend Schedule 1, Part 7 inserting section 40A and subsection 30(1A) to prohibit suspension or revocation based solely on inability to contact a participant where disability-related barriers exist.

Recommendation 22 - Require mandatory safeguards prior to suspension, including accessible communication, engagement with nominees or advocates, supported decision-making, and documented consideration of factors such as homelessness, hospitalisation, psychosocial disability, and communication barriers.

1.8 Stronger Permanence Requirements

One of the most concerning changes in the Bill is the proposal to restrict access to the NDIS to individuals whose impairment is assessed as “permanent,” requiring that all appropriate treatments that could remedy or alleviate the impairment have already been undertaken, and that no further treatment is likely to materially improve its impact. In addition, the impairment must be determined to be lifelong.

The absence of clarity around what qualifies as “appropriate” or alternative treatment creates considerable uncertainty and inconsistency in how eligibility will be determined. Access to the NDIS will depend on subjective or variable interpretations of medical expectations.

The inclusion of the term “alleviate” also sets a particularly low bar for excluding individuals from eligibility. Even minor or temporary improvements in function may be used to argue that an impairment is not permanent, regardless of whether those improvements significantly change a person’s overall level of need. This also has the potential to drive the requirement for medical, clinical or therapeutic intervention that has demonstrated long-term psychosocial impacts. These have not been accounted for when considerations around functionality focus on meeting arbitrary social expectations.

The requirement to exhaust all available treatments places ongoing pressure on individuals to pursue medical interventions to qualify for the NDIS, and to possibly undergo

treatments that are inappropriate, that they would not ordinarily consent to or unlikely to deliver meaningful benefit.

People with variable, episodic, or fluctuating conditions are especially vulnerable under this approach. Conditions that do not present as consistently stable, even where they are lifelong and substantially disabling, could fail to meet the strict criteria for permanence, resulting in exclusion from necessary supports.

It is also unclear how permanence and functionality will be considered for genetic or congenital - related disabilities.

The requirement also fails to account for inequities in access to healthcare. Individuals who cannot access or afford recommended treatment, particularly those in rural and regional areas or from lower socio-economic backgrounds, will be unfairly excluded from the NDIS on the basis that they have not undertaken “all appropriate treatment.”

According to the JEC, one of these provisions would reverse the Federal Court’s decision of *NDIA v Davis* [2022] FCA 1002 (‘Davis’). In *Davis*, the Court found where a possible treatment for a person’s impairment existed, but the person could not realistically access the treatment for reasons such as being unable to afford it or their geographic location, this would not bar them from accessing the NDIS. The Bill overturns this position (proposed subsection 25A(2)).¹⁹

"The idea that people's socioeconomic & geographical circumstances/barriers will be deemed irrelevant with regards to their ability to "exhaust all treatment options" will very quickly erase many participants from the scheme. It's a ridiculous inclusion that will enshrine inequality in an already deeply inequitable scheme. It's like reverse discrimination or something. It's also like NDIA/Gov have a rigid & narrow idea in mind about who they

¹⁹ Justice Equity Centre, (May 2026). *Explainer: NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026*. <https://jec.org.au/publication/explainer-national-disability-insurance-scheme-amendment-securing-the-ndis-for-future-generations-bill-2026/>

consider a "legitimate" disabled person... who is worthy of support." Respondent to PWDA's 'Reasonable. Necessary. Ordinary.' Campaign.

Recommendation 23 - Remove or substantially amend Schedule 1, Part 8 inserting section 25A (appropriate treatment requirement) to ensure that access is not contingent on exhaustion of all treatments.

Recommendation 24 - Amend section 25A to require that, at a minimum, any treatment considered "appropriate" must be demonstrably accessible, affordable, clinically suitable, culturally safe, and available within a reasonable timeframe for the individual.

1.9 Boundary with Mainstream Services

Applicants will be denied access to the NDIS if their support needs are considered more appropriately met by other systems, such as workers' compensation or motor accident insurance schemes.

This change significantly increases the risk of cost-shifting disputes between systems, as agencies debate liability rather than prioritising ongoing and appropriate care. These disputes can be protracted and complex, leaving individuals caught between systems that each deny responsibility.

The consequences for applicants are substantial. People may fall through gaps entirely, particularly during periods when eligibility for alternative schemes is being assessed or contested. At these critical junctures, individuals may be left without access to necessary supports, exacerbating their circumstances and increasing the likelihood of deterioration in health, wellbeing, and functional capacity.

The provision also places a heightened evidentiary burden on applicants, requiring them to demonstrate that they are ineligible for other systems before accessing the NDIS.

The requirement that there is a "system of last resort" must be applied to prevent a scenario where all systems simply deny responsibility.

Recommendation 25 - Amend Schedule 1, Part 9 inserting section 25B to ensure participants retain access to the NDIS where there is any delay, dispute, or gap in access to alternative systems.

Recommendation 26 - Insert provisions requiring interim NDIS supports while eligibility for other schemes is being determined, and remove requirements that applicants prove ineligibility for other systems prior to access.

Schedule 2 - Fraud measures

2.1 Provider Regulation

PWDA does not oppose the introduction of mandatory registration for providers delivering supports to people in high-risk environments, including daily living supports in closed settings such as group homes.

The measure has the potential to improve safety and accountability by ensuring that providers operating in higher-risk contexts are subject to appropriate safeguards, scrutiny, and quality standards. Strengthening regulatory oversight in these environments is necessary, particularly where participants may be more vulnerable to harm.

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

The lack of detail about what registration will entail, including the nature of compliance obligations, ongoing monitoring, and assessment processes, creates considerable uncertainty for providers and participants alike

Moreover, the Bill does not address the capacity or capability of the NDIA and the NDIS Quality and Safeguards Commission to effectively oversee and enforce these expanded requirements.

The Australian National Audit Office's (ANAO) 2025 audits found that both the NDIA and the NDIS Quality and Safeguards Commission are only “partly effective” in monitoring compliance, with significant gaps in risk-based frameworks, data capability and oversight of providers.²⁰

These findings highlight systemic weaknesses, particularly limited visibility over large parts of the provider market and underdeveloped intelligence systems, which undermine their ability to detect and respond to fraud.

Against this backdrop, there are valid grounds for scepticism about expanding their responsibilities (such as mandatory registration), given both organisations are still building the fundamental systems needed for effective fraud monitoring and regulatory control.

Recommendation 27 - Amend Schedule 2 provisions relating to provider registration (including section 10C and amendments to section 73C) to require staged implementation, proportional compliance requirements, and exemptions or tailored pathways for small providers and thin markets.

Recommendation 28 - Require the Government to demonstrate and fund the capacity of the NDIS Quality and Safeguards Commission to effectively monitor and enforce expanded registration requirements prior to rollout.

2.2 Information Gathering/Compliance and Enforcement Powers

The Bill expands the powers of the NDIA to investigate and monitor participants and providers, compel the provision of information and to impose civil penalties for failure to comply with certain requirements, including information requests. These changes

²⁰ ANAO (2025) [National Disability Insurance Agency's Management of Claimant Compliance with National Disability Insurance Scheme Claim Requirements | Australian National Audit Office \(ANAO\)](#)

represent a substantial shift toward a more enforcement-focused regulatory framework within the NDIS.

Enhanced investigative powers have the potential to strengthen oversight of providers and address misconduct more effectively. However, the expansion of these powers also raises concerns about increased surveillance of both providers and participants. The broad framing of information-gathering requirements could lead to intrusive monitoring practices, particularly if safeguards and limits on their use are not clearly defined.

There is also a real chance that enforcement could affect some people more than others, especially those who have limited capacity, cognitive impairments, or find administrative processes difficult to navigate. Without the right safeguards in place, participants could be penalised for non-compliance that stems from barriers related to their disability, rather than any deliberate wrongdoing.

It is also unclear why the NDIA is being given responsibility for some of the tasks that the NDIS Quality and Safeguards Commission would be better suited to deliver. Although the Commission can only regulate registered providers, it would be beneficial if the Government explained why the regulatory powers given to the NDIA could not be given to the Commission instead.

Recommendation 29 - Amend Schedule 2 compliance and enforcement provisions (including amendments to sections 53, 54, 56 and Part 3C) to include explicit safeguards limiting information-gathering powers and requiring proportionality, necessity, and disability-appropriate engagement.

2.3 Retention of Records

Participants and providers will be required to retain evidence of supports delivered and payments made, with any failure to produce such records potentially resulting in a debt owed to the NDIA where payments have been received.

While this measure may strengthen oversight and improve the Scheme's ability to detect and prevent fraud, it also shifts a significant administrative burden onto participants, many of whom may have limited capacity, resources, or support to manage detailed record-keeping requirements. The expectation of consistent documentation introduces new complexity into self-management and day-to-day participation in the Scheme.

Individuals who struggle with cognitive, psychosocial, or literacy barriers may inadvertently fail to maintain adequate records, not due to misuse of funds but because of disability-related challenges. In these circumstances, the imposition of debts creates unintended financial hardship.

Recommendation 30 - Amend section 45B to introduce flexible and accessible record-keeping requirements, including alternative forms of evidence and exemptions where participants are unable to comply due to disability.

Recommendation 31 - Insert safeguards to prevent automatic debt creation where records are missing, requiring NDIA to demonstrate misuse of funds before raising a debt.

2.4 90 Day Claims

All claims for NDIS supports will be required to be submitted within 90 days of service delivery, a substantial reduction from the current two-year timeframe, with these changes commencing on 1 December 2026.

The reduction in allowable time for claims removes much-needed flexibility that many participants and providers rely on, particularly in situations involving delayed invoicing, complex support arrangements, or administrative backlogs. It fails to recognise the practical realities of service delivery, where timing issues are often unavoidable and not indicative of misuse.

Recommendation 32 - Amend section 45A to extend the claims period beyond 90 days or introduce discretion for late claims where delay is reasonable or unavoidable.

Recommendation 33 - Require exceptions for complex supports, administrative delays, and participant vulnerability to prevent non-payment for valid supports.

2.5 Plan Management Commissioning

The Government will establish a panel of plan management providers, with the aim of strengthening service quality, improving integrity, eliminating conflicts of interest, and reducing fraud. It also clarifies the definition of plan management and introduces more formalised registration requirements for plan managers. While these measures are positioned as necessary reforms to enhance oversight, they represent a shift toward greater central control over how plan management services are delivered.

The creation of a government-commissioned panel is likely to narrow the range of available providers, limiting the diversity of options currently accessible to participants. This may reduce choice within the market, as participants may no longer be able to freely select a plan manager who aligns with their individual preferences, needs, or circumstances.

The impact on participants is particularly concerning where long-standing, trusted relationships are in place. Many individuals rely on plan managers who understand their situation, communicate effectively, and provide tailored support. Restricting access to these established providers risks disrupting continuity, eroding trust, and diminishing the quality of support experienced by participants.

The proposal also fails to address plan management for people living in regional and remote areas or where understanding of complex support needs or culturally safe plan management is needed.

Recommendation 34 - Amend provisions relating to plan management commissioning (including amendments to sections 73C, 73E, 73F) to preserve participant choice by allowing access to non-panel providers where participants have an established relationship.

Recommendation 35 - Require transparent selection criteria, ongoing review of panel performance, and mechanisms for participant-driven choice outside the panel.

Schedule 3 - Governance

3.1 Price decision-making

The concentration of pricing authority in the hands of the Minister, with the NDIS Board confined to approving the outcomes of the Annual Pricing Review, represents a centralisation of decision-making power that will substantially alter the functioning of the Scheme.

If pricing decisions are driven primarily by budgetary constraints rather than evidence of actual service delivery costs, providers may be forced to withdraw from the market or reduce the quality and range of supports they offer. Ultimately, this tension between cost control and market sustainability threatens to erode access, choice, and quality for participants, particularly in already fragile or under-served areas.

Recommendation 36 - Amend Schedule 3 provisions (including new sections 34B and related amendments) to require independent oversight of pricing decisions and limit Ministerial discretion.

Recommendation 37 - Legislate a requirement that pricing determinations must reflect evidence-based cost modelling and ensure market sustainability, with mandatory consultation and published rationale.

3.2 Automated Decision Making

The move to automate key administrative processes, including claims payments, marks a direct shift toward system-driven decision-making. Automation may deliver efficiency gains and streamline high-volume transactions. However, it also introduces a substantial

potential for error, especially where complex individual circumstances cannot be adequately captured by automated rules or algorithms.

The reduction in human oversight inherent in such systems raises serious concerns about transparency, accountability, and fairness. Decisions that directly affect participants' access to supports may be made with limited opportunity for scrutiny or explanation, leaving individuals without opportunities to challenge or understand outcomes that impact their daily lives.

This approach carries clear parallels to past large-scale automated compliance failures, raising the risk of outcomes that echo the harms associated with Robodebt.

The human impact of such failures cannot be understated. Increased reliance on automation risks compounding distress for participants, particularly where incorrect payment or support decisions disrupt access to essential supports.

With increased automation, the retention of the Administrative Review Tribunal (ART) is particularly critical, to provide an independent human safeguard that can scrutinise and correct errors arising from system-driven decisions and in light of the Bill's changes to unplanned reassessments.

Retaining the ART's full powers ensures participants have a meaningful avenue to challenge opaque or flawed outcomes, helping to prevent systemic harms like those experienced under Robodebt.

Recommendation 38 - Limit potential harm to participants by amending Schedule 3, Division 5 (including sections 59B–59E) to prohibit automated decision-making for any action that results in access refusal, funding reduction, suspension, revocation, or debt creation.

Recommendation 39 - Require mandatory human review prior to any adverse decision and ensure all automated decisions are subject to full merits review, including access to the Administrative Review Tribunal.

Recommendation 40 - Provide explicit legislative assurance that independent review through the ART will be retained and accessible with no erosion of procedural fairness or review rights.

Schedule 4 - New Planning Framework

4.1 Rollout of New Framework Planning

PWDA supports the decision to delay the rollout of the New Framework Planning model from 1 July 2026 to April 2027, recognising the importance of allowing additional time for implementation. However, as outlined in [PWDA's previous submission and 32 recommendations regarding the NFP](#), there remain significant and unresolved concerns about the design and direction of the new planning framework.

The proposed model reflects a process increasingly driven by cost containment rather than the needs, goals, and lived experiences of participants. This shift embeds financial considerations at the centre of planning, rather than participants' needs.

It also reduces participant control and co-design, weakening the role of individuals in shaping their own plans and diminishing the collaborative principles that underpin effective support planning. This is likely to result in planning processes that are less responsive, less flexible, and less reflective of individual circumstances.

Recommendation 41 - Delay full rollout until independent evaluation confirms the model does not reduce participant control, flexibility, or access to supports, or increases risks to safety.

Recommendation 42 - Amend Schedule 4 provisions relating to new framework planning to require co-design with people with disability and mandate person-centred planning principles in legislation.

4.2 Transitional Rule-Making Powers

The inclusion of a Henry VIII clause grants the Minister broad authority to modify the operation of the Act through subordinate rules for periods of up to 12 months, representing a considerable expansion of executive power. This mechanism allows substantive changes to be made without the need for full parliamentary amendment, effectively bypassing the usual legislative scrutiny and debate that such changes would ordinarily require.

This erosion of parliamentary oversight raises serious concerns about transparency and accountability and currently unforeseen use of powers.

The absence of clear requirements for consultation, co-design, or public reporting will result in consequential decisions being made without meaningful engagement with people with disability, the sector, or the broader community. In a reform environment already characterised by complexity and uncertainty, this lack of visibility undermines confidence in the integrity of the legislative process.

For participants, the implications are immediate and profound. The ability to alter key aspects of the Scheme through time-limited rules introduces a high degree of unpredictability during the transition period. This uncertainty makes it significantly more difficult for individuals to plan, make decisions, or rely on the stability of their supports.

The fear of unintentionally creating a debt may prevent participants from using plan funds.

Recommendation 43 - Amend Schedule 5 transitional rule-making powers to remove or significantly limit the ability to modify the Act through rules.

Recommendation 44 - Require all rules that affect eligibility, funding, or supports to be subject to exposure draft consultation, impact analysis, and parliamentary disallowance for rules and instruments affecting eligibility, functional capacity, support reductions, funding methodology and alternative supports.

Conclusion

PWDA recognises the importance of ensuring the long-term sustainability of the NDIS and supports the objective of maintaining a Scheme that can continue to deliver for future generations. However, sustainability cannot be achieved through measures that reduce access to essential supports, weaken safeguards, or undermine the rights, safety and participation of people with disability.

The proposed reforms under the Bill risk shifting costs rather than reducing them, transferring pressure onto health systems, income support, families and informal carers, while diminishing the independence and economic participation of people with disability. They also introduce significant risks and unintended consequences through expanded ministerial discretion, reduced transparency, and insufficient safeguards for participants.

Crucially, many elements of the reform package are being advanced without the necessary evidence base, implementation detail, or alternative supports required to ensure continuity of care. Proceeding in the absence of fully established and operational Foundational Supports places participants at unacceptable risk of harm and service gaps.

PWDA urges the Parliament to ensure that any reform to the NDIS is grounded in evidence, subject to full parliamentary scrutiny, and developed in genuine partnership with people with disability. At a minimum, more time is needed to review the proposed changes, and the Bill must be amended to:

- safeguard participant rights, including access to independent review and human oversight of decisions
- ensure that financial sustainability measures cannot override participant safety, dignity, participation and human rights
- limit broad ministerial powers and strengthen transparency and accountability mechanisms

- protect participants from suspension, revocation, or loss of supports due to disability-related barriers
- require that implementation of reforms is contingent on the availability of accessible, funded and operational alternative supports

These are not ideological changes, they are essential safeguards to uphold the rule of law, protect human rights and participant safety, and maintain trust and social licence in the Scheme.

The NDIS was established to replace a fragmented and inequitable system with one that delivers choice, control, and dignity. Reform must not undo that progress.

PWDA remains committed to working constructively with Government to achieve genuine reform that strengthens the Scheme, protects participants, and delivers on the promise of an inclusive Australia where people with disability can live with autonomy, safety and full participation in the community.

People with Disability Australia (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability.

For individual advocacy support contact PWDA between 9 am and 5 pm (AEST/AEDT) Monday to Friday via phone (toll free) on **1800 843 929** or via email at pwd@pwd.org.au

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