



**Submission in response to the public consultation
on the NDIS (Securing the NDIS for future generations) Bill**

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Physical Disability Council of NSW

3/184 Glebe Point Road, Glebe NSW 2037

02 9552 1606

www.pdcnsw.org.au

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Who is the Physical Disability Council of NSW?

The Physical Disability Council of New South Wales (PDCN) is the peak advocacy organisation for people with physical disabilities in NSW. Physical disability is the most common type of disability and there are many different physical disability conditions.

People with physical disabilities includes those with spinal cord injuries, cerebral palsy, muscular dystrophy, multiple sclerosis and other degenerative conditions, blindness or low vision, limb difference or amputation, polio survivors, paraplegia or quadriplegia, spina bifida, motor neurone disease, arthritis, Parkinson's disease, acquired brain injury, stroke survivors; chronic pain, autoimmune conditions; and those who are of short stature or Deaf or hard of hearing.

Most people with disabilities in Australia have a physical disability. In accordance with the Australian Bureau of Statistics there are approximately 5.5 million Australians (21.4% of the Australian population) living with a disability and over three-quarters (75.3 per cent) of the 5.5 million reported a physical disorder as their main condition.¹

PDCN stands up for the rights of people with physical disabilities, advocates for disability inclusion across Government and business, and drives systemic reform around accessibility.

The objectives of PDCN are:

- To advocate for the rights of people with physical disability in NSW.
- To educate people with physical disabilities in NSW about the range of services and programs available to support them.
- To develop the capacity of people with physical disability in NSW to identify their own goals and build the confidence needed to achieve their goals (i.e. self-advocate).
- To educate and inform stakeholders (i.e.: about the needs of people with a physical disability).

PDCN also convenes the NSW Disability Advocacy Network (NDAN), which is a network of 23 disability advocacy organisations across NSW. As a collective we advocate for people with physical disability, intellectual disability, psychosocial disability, people who are neurodiverse, sensory disabilities and those with developmental delays. NDAN funded by the NSW Department of Communities and Justice. Collectively we deliver

¹ Australian Bureau of Statistics (ABS) [Disability, Ageing and Carers, Australia: Summary of Findings, 2022](#) | Australian Bureau of Statistics (abs.gov.au) accessed 10 July 2024

systemic, representative and individual disability advocacy services across the state and represent people with disabilities in NSW at the National level.

The following submission draws on the knowledge and experience of people with lived experience of severe physical disability (and the lived experience of people with all types of disabilities shared through NDAN).

Executive Summary

The Physical Disability Council of NSW (PDCN) welcomes the opportunity to make this submission to the Senate Community Affairs Legislation Committee on the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the Bill).

The NDIS is one of the most significant social policy reforms in Australia, transforming the lives of many people with significant and severe physical disabilities by enabling access to supports that promote independence, participation, and dignity based on individual needs. PDCN consistently hears from people with physical disabilities about the positive impact the scheme has had on their lives and opportunities.

PDCN supports reforms that will strengthen the integrity, sustainability and long-term effectiveness of the NDIS so that it delivers equitable, reliable and high quality supports for people with significant and severe physical disabilities. For people with physical disabilities, receiving the correct supports allows them to maintain independence, employment, wellbeing and community participation.

While PDCN acknowledges and supports the principle of securing the long-term sustainability of the NDIS, any reforms must remain firmly aligned with the original policy intent of the scheme: to meet the support needs of people with significant disabilities, including people with physical disabilities. PDCN has concerns that several amendments may shift the scheme away from its original intent, particularly through expanded ministerial and delegated decision-making powers without participant safeguards, and potential constraints on the relationship between assessed need and funded supports.

Despite the high proportion of people with physical disabilities across Australia (75.3%), people with physical disabilities are currently underrepresented on the NDIS. In accordance with the NDIS quarter 3 financial year 25/26 data report, only 156,454 (20.2%) of NDIS Participants are people with physical disabilities. Sustainability measures must not come at the expense of supports for people with severe or significant physical disabilities, or appropriate safeguards.

PDCN recommends that passage of the Bill be deferred until mid-September 2026 to allow proper consultation, and that amendments be developed to preserve the NDIS's original intent. PDCN also recommends that no changes to eligibility or access criteria occur until foundational supports are fully established and operational across NSW.

Due to the accelerated timeframe, we have only been able to respond to Schedule 1 of the Bill. In relation to specific provisions, PDCN recommends amending 9B to ensure the functional capacity definition accounts for episodic and degenerative conditions. The shift toward functional capacity assessments as the basis for determining eligibility

and planning could present an opportunity to improve consistency and equity of access. This approach could better align supports to individual functional need, including for people with dynamic and fluctuating conditions. However, meeting this objective of consistency and equity of access will depend on ensuring that the functional assessment is able to accurately evaluate dynamic disabilities and degenerative conditions.

PDCN also recommends removing proposed section 32A to protect evidence-based decision making that avoids harm. PDCN also recommends the removal of 34A, 34A(5)(a) and 60(3)(1) to ensure participants are funded for necessary supports, strengthening section 40A to require accessible communication methods before suspension or removal decisions, and removing section 25A(2) or limiting it to treatment that is both affordable and practically accessible.

Recommendations

Recommendation 1: The Bill's passage be deferred to mid-September 2026, to enable time for meaningful consultation with people with disabilities and disability advocacy organisations.

The timeframe to respond to the consultation on the NDIS Bill is too short, especially considering that the proposed Bill significantly alters the NDIS Act. The public and especially the disability advocacy sector need sufficient time to review the Bill to mitigate risks that could compromise the independence, dignity and safety of people with physical disabilities.

The *Best Practice Consultation Guide* issued by the Department of Prime Minister and Cabinet reinforces the position that short consultation timeframes for the NDIS Bill are not appropriate. The length of time for consultation should be determined in collaboration with stakeholders and should account for the nature and impact of the proposal, which in this case is significant. The guidelines state that *'between 30-60 days is usually appropriate for effective consultation, with 30 days considered the minimum.'*²

The proposed principles in this NDIS Bill focus solely on the financial sustainability of the scheme. This is a significant shift from the human rights principles underpinning the NDIS Act 2024. PDCN is concerned that insufficient time for scrutiny and consultation increases the risk of unintended consequences that may adversely affect people with physical disabilities. Adequate time must be provided to review the Bill and identify necessary safeguards to ensure participants do not lose access to appeal rights and essential supports required to live safely, independently and with dignity.

Poor consultation practices cost the Government more money, time and resources in both the short and long term and negatively impact the wellbeing of people with physical disabilities. For example, in accordance with the Administrative Review Tribunal Caseload report, for the period July 2025-April 2026 there were 7,520 NDIS appeals lodged.³ This is a significant increase from the period October 2024 – 30 June 2025 where the number of NDIS appeals lodged was 3,566.⁴ The NDIS reforms to date have increased NDIS appeals, not reduced them. This is a consequence of implementing reforms without sufficient consultation with those who will be impacted. Effective consultation with people with disabilities is critical to ensuring legislation is fit for purpose, saving time, resources and money in the future. PDCN recommends that

² Office of Impact Analysis, Department of Prime Minister and Cabinet, *Best Practice Consultation Guide* Guidance Note (2023)

³ Administrative Review Tribunal, ART Caseload Report 1 July 2025 to 30 April 2026.

⁴ Administrative Review Tribunal, ART Caseload Report 14 October 2024 to 30 June 2025.

the Bill's passage be deferred to mid-September 2026, to enable time for meaningful consultation.

Recommendation 2: No changes to NDIS eligibility or access criteria should be implemented until foundational supports are fully established, funded, and demonstrably operational across NSW.

Sequencing NDIS reforms before foundational supports are implemented risks cost shifting to Medicare and state and territory emergency and healthcare systems, as well as leaving people with physical disabilities without access to supports they require.

National Cabinet reached an agreement to fund foundational supports for people with disabilities outside the NDIS.⁵ At this current time, General Foundational supports have not been scoped, developed or delivered in NSW.

A key issue with the current approach taken by the NDIA is the sequencing and transparency of funding reductions across support categories. PDCN are concerned that people with physical disabilities will be removed from the NDIS, or left without access to categories of supports, without any other system of disability supports to rely on. PDCN members have indicated that this is already happening in some cases.

Poor sequencing of reforms could lead to people with disabilities falling through the gaps between systems

*John*⁶ has an acquired brain injury. This type of injury causes neurological damage and affects muscular skeletal form. John has profoundly compounded shoulder function on his right shoulder. The injury causes pain from his shoulder to his hand. He is right-handed, which makes life more difficult.*

John was granted access to the NDIS in 2021. The NDIS provided a level of funding that made his life significantly better. He had funding for physiotherapy, osteopathy and occupational therapy. The NDIS put John on a path of rehabilitation.

John's funding was recently drastically reduced in 2025. The new funding package covers three osteopathy appointments per year. The reduction in funding has negatively impacted his mobility and independence. He has increased pain, decreased mobility and poorer physical functioning. Due to the lack of affordable disability services and support services outside of the NDIS, John cannot continue with his rehabilitation.

PDCN has heard several cases like the one above. A lack of supports which leads to a decrease in a person's functional capacity makes their daily life harder to live. There will be increased costs for John and other government services as his functional capacity

⁵ Sara Gringold, *National Cabinet agrees to fund foundational disability supports*, DSC 6 December 2023

⁶ *Case study has been anonymised

continues to decrease. This is why the sequencing of NDIS reforms is critical. Foundational supports must be in place before NDIS participants are removed from the scheme to ensure people can continue to maintain their physical functioning to live independently.

Recommendation 3: Amend Schedule 1, Part 1 Section 9B amendments defining functional capacity to account for episodic, fluctuating, degenerative and progressive impairments

Functional capacity assessments must explicitly account for episodic and fluctuating impairments as part of the evaluation process or else the results of the functional capacity assessment may result in an inaccurate evaluation of functional capacity.

PDCN recommends amending section 9B to ensure that functional capacity assessments are more likely to be accurate in that they:

- assess a person's functioning over time, rather than at a single point in time;
- explicitly account for episodic, fluctuating, degenerative and progressive impairments;
- consider the frequency, duration, severity and cumulative impact of periods of reduced functioning; and
- take into account reasonably foreseeable functional decline and future support needs.

PDCN also recommends amending subsection 9B(3)(b) to enable rules to provide guidance on the assessment of episodic, fluctuating, degenerative and progressive impairments, including projected functional decline.

Assessment of functioning over time

Amend section 9B to clarify that assessments of functional capacity should take account of a person's functioning over time, particularly where impairments are episodic, fluctuating, periodic, or otherwise variable in their impact.

This would help ensure that assessments reflect a more accurate evaluation of a person's experience rather than a snapshot of functioning at a single point in time.

Recognition of factors that must be considered when assessing fluctuating and degenerative conditions

Amend Section 9B to include that assessments of functional capacity consider the frequency, duration, severity, and cumulative impact of periods of reduced functioning associated with episodic, fluctuating, degenerative, or progressive impairments.

This would better reflect the ongoing impact of conditions that may not present consistently but nonetheless result in substantial disability-related support needs.

Consideration of likely future decline

Amend Section 9B to clarify that assessments may take into account reasonably foreseeable changes in functional capacity, including where a person's functioning is likely to deteriorate over time without appropriate supports or interventions.

This would support earlier access to supports that may prevent or mitigate further functional decline.

Rule-making powers

Amend subsection 9B(3)(b) to expand the matters that may be addressed in rules made under section 9B to expressly include guidance on the assessment of episodic, fluctuating, degenerative, and progressive impairments, as well as the consideration of projected functional decline.

This would increase the accuracy of functional capacity assessments while reducing the risks associated with this assessment model.

These amendments are necessary to ensure consistency with subsection 24(3) of the Act, which recognises that an impairment may be permanent even where its effects are episodic or fluctuating.

Without explicit safeguards, functional capacity assessments may overestimate a person's abilities by relying on a snapshot of functioning at a single point in time. People with conditions such as Multiple Sclerosis, Parkinson's disease, muscular dystrophy, rheumatoid arthritis, chronic fatigue syndrome and other neurological or degenerative conditions often experience significant variation in functional capacity over time. An assessment conducted during a period of relative stability may not accurately reflect their typical support needs.

A PDCN member who lives with Multiple Sclerosis reported that he may be able to walk with a cane, communicate fluently, and experience minimal vision impairment on one day, but on another day may experience severe fatigue, loss of mobility, vision impairment requiring assistive technology, and/or significant speech difficulties.

Assessing only the person's functioning on a "good day" risks understating the disabling impacts of their condition. Failure to account for fluctuating impairments creates a risk that a person whose impairment is recognised as permanent may nevertheless be assessed as having insufficient functional impairment to access the Scheme. This would undermine the objectives of introducing the tests to ensure accuracy, consistency and fairness, while increasing the likelihood of reviews and appeals.

PDCN is also concerned that the proposed assessment framework does not adequately recognise projected functional decline. For people with progressive disabilities, therapies and supports may alleviate symptoms and maintain functioning but do not alter the underlying trajectory of the condition. Access decisions should not be based solely on current functioning where deterioration is reasonably foreseeable.

Requiring consideration of projected decline would support earlier intervention, help maintain independence and workforce participation, and reduce the need for more intensive and costly supports in the future. As one PDCN member with muscular dystrophy explained, denying access until a person's condition deteriorates further effectively requires them to become "disabled enough" before receiving support, resulting in poorer outcomes for individuals and higher long-term costs for the Scheme.

“As someone with a progressive physical disability, my therapies slow down the deterioration of my muscles and keep me independently accessing the community. The supports that I receive now, while they may be alleviating current symptoms, will not be appropriate for me into the future as my disability progresses. If I were to be denied access from the NDIS, based on the vague criteria that my current treatments are ‘alleviating’ my symptoms, I would not have access to the changing and more substantive supports as my condition worsens. This change could force people like me, with a progressive physical disability, to wait until we become ‘disabled’ enough for NDIS access, which would mean we would need more intensive supports, which would actually cost more money down the line and prevent me from living and working as independently as I currently do.”

- PDCN member with muscular dystrophy

Recommendation 4: Remove Schedule 1 Part 4 proposed Section 32A (Ministerial power to reduce funding for support categories)

PDCN recommends the removal of proposed section 32A, which would enable the Minister to reduce funding for categories of supports below 100%. If retained, any exercise of this power must be subject to parliamentary or National Cabinet approval, public consultation with the disability sector and people with lived experience, and accessible review rights for affected participants.

PDCN is concerned that NDIS budget reduction decisions which are not evidence based could remove access to supports already assessed as necessary, creating serious safety risks including deterioration in health, loss of independence, and increased risk of harm.

Separation of funding from assessed need

PDCN is concerned that these provisions allow funding reductions to be applied at a category level, regardless of individual participant need. This risks creating a structural

gap between supports assessed as reasonable and necessary and the funding available to access them, undermining the core principles of the NDIS Act, including individualised funding based on need (section 31).

Safety, independence and service system impacts

Reducing funding for essential supports without an evidence base or cost-benefit analysis risks direct harm to participants with severe and significant physical disabilities. Where supports are already assessed as necessary for functional capacity and independence, funding shortfalls may result in reduced access to mobility aids, personal care, allied health, and communication supports.

This creates serious safety risks, including deterioration in health, increased risk of injury, loss of independence, and reduced community participation which leads to increased isolation. It also risks shifting unmet needs onto informal carers and other service systems such as health, housing and employment supports that are not designed to meet complex disability-related needs.

Lack of transparency and review rights

PDCN is particularly concerned that funding reductions made through legislative instruments may not be subject to merits review, leaving participants without an effective mechanism to challenge decisions that remove or reduce essential supports. The absence of clear criteria regarding which support categories may be reduced, the scale of reductions, or how decisions will be made creates significant uncertainty and undermines procedural fairness.

Disproportionate impacts on people with significant physical disabilities

People with high and complex physical support needs are likely to be disproportionately affected. These participants rely on higher-cost supports to maintain health, dignity, communication and independence, meaning even modest percentage reductions can result in safety risks as well as significant loss of functionality and wellbeing.

PDCN has heard evidence of reductions to Auslan interpreting supports that limit communication access for Deaf participants, and reductions in travel-related funding that have affected access to services in regional and rural areas. Thin markets and limited service availability outside metropolitan areas mean category-wide funding reductions will have a greater impact on regional participants, further constraining access to essential supports⁷. Broad funding decisions should not be implemented without appropriate consultation or understanding of participant impacts.

⁷ *National Disability Insurance Scheme (NDIS) Costs*, Productivity Commission Study report, October 2017

PDCN heard reports in 2025 of significant reductions to Auslan interpreting funding in NDIS packages after assumptions were made that participants could access alternative interpreting programs that were not available to NDIS participants. This resulted in multiple Deaf participants not having meaningful access to communication supports.

Cost shifting and system sustainability

While framed as a sustainability measure, broad funding reductions risk cost shifting to other systems rather than delivering genuine savings. Where participants are unable to access necessary supports, demand is likely to increase on health, education and crisis services that are less equipped to respond to complex disability needs, resulting in higher downstream costs and poorer outcomes. For example, bed blocking in hospitals, which is often caused by a lack of accessible housing and available supports in NSW, currently costs taxpayers \$1.24 million per day⁸.

PDCN is concerned that without an evidence base or requirement for cost-benefit analysis, these powers may undermine both participant outcomes and long-term fiscal sustainability of government supports.

Recommendation 5: Remove proposed amendments 34A(5)(a), 60(3)(1) and 33 in Schedule 1 Part 6 (that removes the link between determining need and funding supports).

The NDIS is intended to operate as an insurance scheme that funds reasonable and necessary supports. Where the NDIA determines through an assessment process that a participant requires a support, the NDIA should be required to fund the full reasonable and necessary cost of that support. These amendments risk creating a system where participants are determined to require supports yet would still lose or be denied access to supports without regard for the consequent risk to safety or the participant being left with unmet needs. These amendments would also undermine the principle of providing individualised funding based on need (section 31).

Creating unacceptable risks for people with significant physical disabilities

These amendments create a significant risk that participants with severe and significant physical disabilities will be identified as requiring essential supports but will be unable to access them in full. Given the high support needs associated with conditions such as spinal cord injury, cerebral palsy, stroke and multiple sclerosis, even small funding shortfalls may result in loss of access to critical supports including mobility aids, personal care and allied health services. Many participants with severe or significant physical disabilities would be unable to absorb additional out-of-pocket

⁸ [Daily Telegraph](#), Hospital bed block costing taxpayers \$1.24m a day, Eilidh Sproul-Mellis Accessed 1 June 2026

costs due to the significantly poorer economic circumstances experienced by people with disability⁹.

The NDIS Dataset table below for Q1 and Q2 FY2025/2026 demonstrates that participants with physical disabilities such as spinal cord injury, cerebral palsy, stroke, and multiple sclerosis receive some of the highest average NDIS payments, indicating significantly greater support needs and higher-cost support profiles.

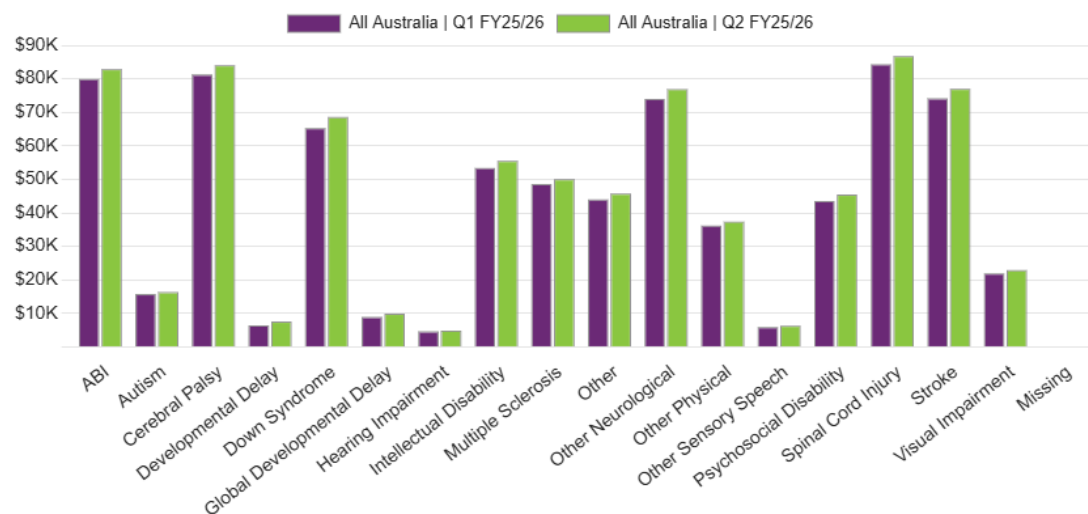
Average payments by participants' Primary Disability

The total payments made by participants over the six-month exposure period divided by the number of participants with approved plan(s) at the end of the selected period. Please note this is the average payment for a six-month period and is not an annualised figure. [?](#)

Metric

Active participants Average committed support Average payments

Graph Table



Ad hoc reductions to supports are likely to have direct consequences for safety, health and independence, including increased risk of injury, hospitalisation, functional decline and reduced community participation. PDCN members have told us that reductions in therapy and support funding can lead to falls, deterioration in health, and preventable hospital admissions.

Reductions to supports funding results in serious health and safety risks

PDCN is aware of cases where reductions to therapy and support funding have already resulted in serious health and safety risks.

One person with a degenerative physical disability reported significant reduction to funded supports for physiotherapy, exercise physiology, and speech therapy in 2025. The reduction in therapy funding contributed to deterioration in functional capacity and

⁹ Australian Institute of Health and Welfare (AIHW) (2024), *People with disability in Australia*, Income and finance – Income, accessed 27 May 2026. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/income-and-finance/income>

multiple falls requiring hospitalisation. Reduced speech therapy funding also increased risks associated with swallowing and aspiration.

PDCN is also aware of cases where participants, including a person with spinal cord injury requiring high intensity supports and 2:1 care arrangements, had their funding reduced contrary to allied health recommendations raising significant safety concerns. This resulted in a heightened risk of preventable harm, with the participant experiencing a significant deterioration in health outcomes due to insufficiently funded supports, leading to increased reliance on inadequate or informal care arrangements and unmet personal care needs.

These examples demonstrate the risks of making funding cut decisions without regard to participant circumstances and safety risks.

While framed as a sustainability measure, restricting or partially funding essential supports is likely to be false economy. Reduced access to assistive technology and allied health supports can increase reliance on more intensive supports and place greater pressure on health, housing and informal care systems, resulting in cost shifting rather than system savings.

NDIS data and PDCN evidence indicate that participants with high physical support needs already rely on significant funding to maintain independence. Introducing partial funding risks disproportionately affecting this group and undermining the insurance principle that participants receive the supports assessed as reasonable and necessary.

Recommendation 6: Amend Schedule 1 Part 7 Section 40A to require the NDIA to demonstrate that it has made reasonable attempts to contact a participant using communication methods and formats consistent with the participant’s recorded accessibility requirements and preferences before any decision is made to suspend or revoke a plan or remove a participant from the scheme.

This recommended amendment would reduce the risk that a participant could lose access to the NDIS not because they failed to engage, but because the NDIA failed to communicate with them in a way they could access or respond to.

Under proposed amendment 40A, participants have 90 days to respond to information requests from the NDIA related to their plan, with those who are not contactable or do not respond to receiving a plan suspension. In the event that the CEO decides to suspend a plan, they must provide “written notice of the decision”. PDCN is concerned that these amendments significantly expand the circumstances in which a participant’s status or plan can be suspended or revoked on the basis that they are “not

contactable,” following unspecified “reasonable attempts” to contact them, without clearly defining what constitutes reasonable attempts to contact a participant or requiring that such attempts be made in accessible formats. Additionally, the Bill does not require the NDIA to consider whether plan suspension would pose a risk to the participant.

This creates a material risk that participants may be deemed to be ‘non-responsive’ even if the NDIA has not communicated in a way that the participant can reasonably access. PDCN members have told us that the NDIA has not always provided information in a format which is accessible for them as a participant. PDCN has been told of cases where the NDIA repeatedly called Deaf participants on the phone, despite the participant being unable to communicate over the phone as they are Deaf and use Auslan.

While it is appropriate for the NDIA to provide written communication of decisions, it would not be appropriate for important information to be sent for example, solely by printed correspondence sent through physical mail. Printed correspondence is inaccessible to those who are blind or have low vision and cannot be considered a reasonable attempt to contact a participant if they are unable to access the information provided. It is important that when communication pertinent to a participant’s plan is sent out that it is provided in a format accessible to the participant.

There must be safeguards around the way the NDIA sends out important communication, with the legislation explicitly requiring that the NDIA provide information in accessible formats. This change would reduce the risk that a participant could lose access to the NDIS not because they failed to engage, but because the NDIA failed to communicate with them in a way they could access or respond to.

Recommendation 7: Remove Schedule 1 Part 8 Section 92’s insertion of 25A(2). The requirement to exhaust ‘appropriate treatment’ must be limited to treatments which are both affordable and practically accessible to the person.

If section 25A(2) is retained, it should be amended to explicitly state that a person is only required to exhaust treatment options that are affordable and practically available to them.

PDCN recognises the intent to reaffirm the NDIS focus on supporting people with severe and permanent disability. However, the current drafting of section 25A introduces significant ambiguity in how permanence is determined, particularly through the requirement that a person must exhaust all ‘appropriate treatment’ before an impairment can be considered permanent.

The Bill notes that treatment may be considered ‘appropriate’ even where a person’s individual circumstances restrict access to it, including their financial circumstances or geographical location. This creates a risk that a person may be required to demonstrate that they have exhausted treatment options they cannot realistically access due to cost, geographic isolation or service availability. As a result, a person may fail to satisfy the permanence requirement not because their impairment is temporary, but because they are unable to access treatment options deemed ‘appropriate’ under the legislation.

People with severe and significant physical disabilities who have established housing, employment and community connections in rural and regional areas may be required, under the proposed provisions to relocate to access treatment options that are not locally available. This may involve moving to unfamiliar locations and disrupting essential supports and social networks, for treatments that are not realistically accessible or guaranteed to result in meaningful functional improvement.

Proposed section 25A(2) does not adequately account for whether treatment options are affordable and practically accessible to a person when determining what constitutes appropriate treatment. The consequence is that eligibility for the NDIS may be determined not by the permanence or severity of their disability, but by external barriers to accessing treatment. This would disproportionately affect people in rural and regional areas and those with limited financial means.

PDCN’s view is that these provisions risk unfairly restricting access to the NDIS on the basis of financial or geographical barriers rather than the permanence of disability. This aligns with concerns raised by the Justice and Equity Centre that *“these changes could greatly limit access to the NDIS. If these requirements are introduced, the wording must be carefully considered to prevent unfair or unintended outcomes.”*¹⁰

¹⁰ Justice and Equity Centre (2026), *Explainer: National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026*, 22nd May 2026
<<https://jec.org.au/publication/explainer-national-disability-insurance-scheme-amendment-securing-the-ndis-for-future-generations-bill-2026/>>

Conclusion

PDCN urges Parliament to defer passage of the Bill until mid-September 2026 to allow adequate time for meaningful consultation, and the development of amendments that ensure the NDIS remains aligned with its original policy intent.

PDCN supports reforms that strengthen the long-term sustainability and effectiveness of the NDIS; however, these reforms must not undermine the scheme's core purpose of supporting people with permanent and significant physical disability to live with dignity, independence, and full participation in the community. In its current form, the Bill raises significant concerns regarding expanded ministerial and delegated decision-making powers, reduced safeguards, and undermining the relationship between assessed need and funded supports.

In their current form, these provisions create significant risks for government and people with disabilities, particularly in relation to equity of access for people with significant physical disabilities, procedural fairness, and safety and wellbeing. It is essential that no changes to eligibility or access criteria are implemented until foundational supports are fully established and operational across NSW.

PDCN further recommends that Parliament adopts the amendments outlined in this submission, including defining functional capacity to account for episodic, fluctuating, degenerative and progressive impairments, strengthening appeal rights, ensuring consistency between assessed need and funded supports, removing or at least providing safeguards against broad discretionary powers, improving communication safeguards in suspension decisions, and revising the proposed approach to "appropriate treatment" to reflect practical accessibility.

PDCN remains committed to working constructively with government and stakeholders to ensure the NDIS continues to deliver fair, sustainable, and person-centred supports for people with severe and significant physical disabilities now and into the future.

Appendix 1: Summary of Recommendations

Recommendation 1: The Bill's passage be deferred to mid-September 2026, to enable time for meaningful consultation with people with disabilities and disability advocacy organisations.

Recommendation 2: No changes to NDIS eligibility or access criteria should be implemented until foundational supports are fully established, funded, and demonstrably operational across NSW.

Sequencing NDIS reforms before foundational supports are implemented risks cost shifting and leaving people with physical disabilities without access to disability services and supports.

Recommendation 3: Amend Schedule 1, Part 1 Section 9B amendments defining functional capacity to account for episodic, fluctuating, degenerative and progressive impairments

Functional capacity assessments must explicitly account for episodic and fluctuating impairments as part of the evaluation process or else the results of the functional capacity assessment may result in an inaccurate evaluation of functional capacity.

Recommendation 4: Remove Schedule 1 Part 4 proposed provision Section 32A, which would allow the Minister to reduce funding for categories of supports below 100%.

If retained, any reductions should:

- be subject to parliamentary approval or a National Cabinet decision;
- involve public consultation, including with the disability advocacy sector and people with lived experience of disability; and
- include review rights for participants affected by funding reductions.

PDCN is concerned that NDIS budget reduction decisions which are not evidence based could remove access to supports already assessed as necessary, creating serious safety risks including deterioration in health, loss of independence, and increased risk of harm

Recommendation 5: Remove proposed amendments 34A(5)(a), 60(3)(1) and 33 in Schedule 1 Part 6.

Where the NDIA determines through an assessment process that a participant requires a support, the NDIA should be required to fund the full reasonable and necessary cost of that support.

The NDIS is intended to operate as an insurance scheme that identifies and funds reasonable and necessary supports. Participants with severe and significant physical disabilities should not be left unable to access essential supports which are determined to be necessary due to funding caps, contribution requirements, or system-wide cost reduction measures.

Recommendation 6: Amend Schedule 1 Part 7 Section 40A to require the NDIA to demonstrate that it has made reasonable attempts to contact a participant using communication methods and formats consistent with the participant’s recorded accessibility requirements and preferences before any decision is made to suspend or revoke a plan or remove a participant from the scheme.

This change would reduce the risk that a participant could lose access to the NDIS not because they failed to engage, but because the NDIA failed to communicate with them in a way they could access or respond to.

Recommendation 7: Remove Schedule 1 Part 8 Section 92’s insertion of 25A(2). The requirement to exhaust ‘appropriate treatment’ must be limited to treatments which are both affordable and practically accessible to the person.

If section 25A(2) is retained, it should be amended to explicitly state that a person is only required to exhaust treatment options that are affordable and practically available to them.