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Gaining access to the National Disability Insurance Scheme

Susan Pennings

In April 2026, the federal government announced that it would be implementing large-scale changes to how people gain access to the National Disability Insurance Scheme (NDIS).

These changes are intended to ensure that people are eligible for the NDIS based on whether they have significant and permanent functional impairments, and not on the basis that they have been diagnosed with one of a list of medical conditions.

In this Issue

- Susan Pennings explains the changes proposed by the Federal Government to the implementation of the National Disability Insurance Scheme. Focusing on how it is to work in the future, she assesses not only the challenges the new Scheme will face but also the opportunities it could generate.

The original design: a focus on functional capabilities in assessing eligibility

The NDIS in 2026 is very different from how the program was originally envisaged. In 2011, the Productivity Commission published a report about how Australia could develop a better approach to disability care and support.¹ The report noted that, in 2011, there was ‘a significant level of unmet demand for disability services’² and described the disability support system as then existed as ‘underfunded, unfair, fragmented, and inefficient’.³ People with similar levels of need received access to very different levels of support, depending on their location, or the timing or the origin of their disability, which was described as a ‘lottery’ of access to services. For example, in some states, a person who acquired a disability as the result of a motor vehicle accident would have had to successfully sue an at-fault party to get access to adequate lifetime care and support. In other states, a person who acquired a disability in this way would receive care and support through comprehensive insurance coverage provided on a no-fault basis.⁴

To remedy these failings, the report recommended an entirely new system for disability care and support. This system was intended to consist of three tiers. The first tier would exist across the whole Australian population, for example by programs which create awareness of the issues that affect people with a disability, and the advantages of inclusion.⁵ The second tier would consist of more targeted programs and services, and would be for people with disability or affected by disability. Some of these would be provided by ‘mainstream’ community services, and the government would provide small grants to help community services better include people with disability. Governments would also provide a range of community and carer support services for people with less severe or shorter-term disabilities.⁶

The third tier of the system was a program of government funding to provide individualised support for people with permanent and severe disabilities. It is this tier of the system that is commonly referred to as ‘the NDIS’, though originally the term ‘NDIS’ was intended to refer to all three tiers together. A person’s eligibility for tier 3 funding would not depend on whether they had a specific medical diagnosis or type of disability (such as if they had Down Syndrome or paraplegia). Instead, a person’s eligibility would depend on whether they had ‘significantly reduced functioning in self-care, communication, mobility or self-management and require

¹ Productivity Commission (2011). Inquiry Report into Disability Care and Support (Volume 1).
(<https://assets.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume1.pdf>)
(All references accessed 30 June 2026)

² Ibid, p. v

³ Ibid, p. 2

⁴ Ibid, p. 6

⁵ Ibid, p. 12

⁶ Ibid, p. 13

significant ongoing support’.⁷ The focus was on whether a person needed significant support, regardless of what specific condition or disability this was caused by.⁸

Access to this third tier was intended to be determined by a ‘short upfront module’ followed by a more extensive evaluation to determine what individualised supports a person would receive. These assessments were intended to be ‘person-centred, taking account of people’s unique circumstances’ and to ‘identify support needs across a range of life activities’.⁹

Rollout and implementation: increasing use of diagnoses in assessing eligibility

The legislation establishing the NDIS came into effect on 1 July 2013. Consistent with the intention of the Productivity Commission report, the *National Disability Insurance Scheme Act 2013* focused on functional impairment rather than diagnoses. Sections 24 and 25 of the Act state that a person is eligible for the NDIS if they have one or more impairments that are likely to be permanent, and if these impairments result in substantially reduced functioning.¹⁰

After launching the NDIS at a number of trial sites, the scheme began to roll out nationally in 2016.¹¹ During this implementation and rollout period, the National Disability Insurance Agency (NDIA) began to use ‘access lists’ in the process of determining whether someone was eligible for the NDIS. There have been four access lists:¹²

- List A consists of health conditions and disabilities which are likely to gain someone ‘fast-track’ access to the NDIS. If a person has been formally diagnosed with a condition in List A, the NDIA determines that the person has likely met the eligibility requirements in the legislation. Conditions in List A include moderate to profound intellectual disability, Level 2 or 3 Autism, severe Cerebral Palsy, spinal cord injury resulting in paraplegia, permanent blindness in both eyes, and a range of genetic conditions such as Tay-Sachs.

⁷ Ibid, p. 14

⁸ Note that the original Productivity Commission report also included early intervention and other eligibility pathways. But these were expected to be on a smaller scale.

⁹ Productivity Commission (2011). Inquiry Report into Disability Care and Support (Volume 1). (<https://assets.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume1.pdf>), pp. 311-312

¹⁰ *National Disability Insurance Scheme Act 2013* (<https://www.legislation.gov.au/C2013A00020/asmade/text>)

¹¹ Buckmaster L, Clark S, The National Disability Insurance Scheme: a chronology. Australian Parliamentary Library, published 13 July 2018 (<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22library%2Fprspub%2F6083264%22>)

¹² National Disability Insurance Agency. Applying to the NDIS. Published 10 December 2024 (<https://www.ndis.gov.au/media/7752/download?attachment>), pp. 32-53

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- People formally diagnosed with conditions on List B can gain access to the NDIS. However, they often need to provide more information to prove that their condition significantly affects their functioning than if they had been diagnosed with a condition on List A. Conditions on List B include neurological impairments such as Huntington's disease and Alzheimer's dementia, conditions that result in physical impairment such as rheumatoid arthritis and congenital limb absence, and some disorders of the central nervous system such as motor neuron disease. List B also includes some conditions which are on List A, but are at a lower level of severity.
 - List C was a list of disability programs operating in Western Australia before the NDIS began operation. People receiving services through disability programs on List C had a specific process for gaining access to the NDIS as part of an agreement between the Western Australian government and the federal government. List C is no longer in operation.
 - List D is a list of conditions to gain 'fast-track' access to an early intervention stream of the NDIS. This list is only applicable to children under the age of 7. It includes genetic conditions such as Down syndrome, neurological conditions such as X-linked spinal muscular atrophy, and cases of congenital conditions, such as microcephaly or spina bifida which cannot be corrected by surgery.

It is widely agreed that the access lists for NDIS eligibility were begun with good intentions and were designed to improve access to the NDIS as quickly as possible. The disability advocacy organisation Every Australian Counts notes that the access lists 'were really designed to quickly bring 400,000 people into the scheme and meet the astonishing targets set by the states and territories'.¹³ An independent review into the NDIS noted that the access lists played an important role during the initial roll out of the NDIS, reducing administrative burdens, and enabling the NDIA to make timely access decisions and limit the creation of waitlists.¹⁴

However, it has also been widely agreed that these lists of diagnoses have had unintended consequences. A key consequence is that people who may have similar levels of functional impairment face very different evidence requirements to prove their eligibility for the NDIS. A person with a health condition that is not on a list often experiences more difficulty in proving

¹³ Every Australian Counts. It's the end of the dreaded NDIS Access lists. Published 1 December 2020 (<https://everyaustraliancounts.com.au/its-the-end-of-the-dreaded-ndis-access-lists/>)

¹⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet, Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report, published 7 December 2023, (<https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>), p. 82

the extent of their functional impairment than a person with a condition on an access list.¹⁵ Many people with conditions that are not on an access list cannot access the support they need because the process of gathering evidence and applying for the NDIS is complex and difficult.¹⁶ Furthermore, many people have multiple disabilities which together produce significant functional impairment. These people can find NDIS eligibility processes difficult to navigate as their functional impairment is not the result of a single diagnosed condition, but the result of the interaction of multiple conditions, some of which may not be on an access list. It is this kind of arbitrary inequality in access to services that the original Productivity Commission report sought to remedy.

Another effect of the access lists has been that they disadvantage people living on low incomes and those living in regional and remote areas. These groups often find it difficult or impossible to access assessments which are needed to formally diagnose them with a condition. Diagnostic assessments often need to be conducted by a medical specialist or an allied health professional and can cost thousands of dollars in out-of-pocket costs. The ABC has reported the case of a mother who spent around \$50,000 in a year to access health care for her sons, including travel to Adelaide from her home in Mount Gambier to be able to visit paediatric specialists.¹⁷ Some people who cannot pay for private specialists, such as low-income families, may wait years for public outpatient appointments. These problems are especially acute for children with developmental concerns. In waiting so long to see a specialist or allied health professional, these children may lose a critical window for early intervention.¹⁸

Some researchers have suggested that diagnosis-based eligibility for the NDIS, in conjunction with other systemic problems, has created serious distortions within the Australian health and disability sectors. Researchers from the Australian National University have studied the effects of the NDIS rollout on autism diagnoses and found that the introduction of the NDIS has led to a 47% increase in new diagnoses of autism in children aged under 14, compared to a counterfactual scenario where the NDIS had not been introduced.¹⁹ This increase in diagnoses

¹⁵ Disney G, Devine A, Kavanagh A, Dickinson H, Yang Y, NDIS reforms aim to make the scheme fairer. But we've found the groups struggling to gain access. The Conversation, published 17 February 2025 (<https://theconversation.com/ndis-reforms-aim-to-make-the-scheme-fairer-but-weve-found-the-groups-struggling-to-gain-access-248562>)

¹⁶ Commonwealth of Australia, Department of the Prime Minister and Cabinet, Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report, published 7 December 2023, (<https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>), p. 82

¹⁷ Rymill L. Families forced to wait up to three years to see paediatric specialists, or pay hefty costs for city appointments. ABC News, published 18 May 2024 (<https://www.abc.net.au/news/2024-05-18/paediatric-wait-lists-parents-pay-thousands-in-travel-regional/103830314>)

¹⁸ Palit V, Braithwaite A. Thriving kids need thriving connections not longer waiting lists. Medical Republic, published 14 January 2026 (<https://www.medicalrepublic.com.au/thriving-kids-need-thriving-connections-not-longer-waiting-lists/122530>)

¹⁹ Ranjan M, Breunig R, Individualized disability support schemes and their impact on autism diagnoses. Tax and Transfer Policy Institute Working Paper 6/2025. (<https://crawford.anu.edu.au/sites/default/files/2025-04/Complete%20WP%20Ranjan%20Breunig%20Apr%202025.pdf>), p. 27

does not appear to be due to the recognition of previously underdiagnosed autism, but the result of a lower threshold for the recognition of autism in professional practice.²⁰ Researchers have also found evidence that ‘a new business model for the provision of diagnostic services has emerged in response to the NDIS’. In this business model, health professionals provide ‘rapid-fire private diagnoses in exchange for the agreement to provide services to individuals’ after the person has been granted access to the NDIS.²¹

The effects of such a large increase in diagnoses has had a substantial effect on the NDIS and the health system as a whole. As of March 2025, children with autism were 29% of all people in the NDIS and made up more than half of all children in the scheme.²² While children with autism tend to receive lower funding than the average NDIS participant, they also tend not to exit the scheme as they get older, meaning that they may receive a significant amount of funding over a lifetime. Broader than the financial impact alone, the Grattan Institute has suggested that this rapid increase in diagnoses has undermined the credibility of diagnoses from health professionals among the general public.²³ In general, the rapid expansion of the NDIS, far beyond previous projections, also appears to have undermined public support for the NDIS.

Proposed reforms: 2019-2025

There have been a number of proposed reforms to the NDIS eligibility processes. In August 2019, Mr David Tune was appointed to lead a review into the NDIS legislation and rules.²⁴ The report of the Tune review expressed concern about the complexity and inequity in NDIS decision-making, and confusion about what evidence is needed to support this decision-making. To address these concerns, Mr Tune recommended that:

‘Standardised functional capacity assessments would improve the quality and consistency of NDIA decisions. If undertaken at the point of access it would also improve the participant experience by mitigating the need for the participant to provide further information about their functional capacity later in their NDIS journey.’²⁵

²⁰ Ibid, p. 26

²¹ Ibid, p. 25

²² Bennett S, Jessurun M, Orban H. Saving the NDIS: How to rebalance disability services to get better results, Grattan Institute Report No. 2025-07, June 2025. (<https://grattan.edu.au/wp-content/uploads/2025/06/Saving-the-NDIS-Grattan-Institute-Report.pdf>), p. 25

²³ Ibid, p. 26

²⁴ National Disability Insurance Agency. NDIS review to cut red tape and wait times, Published 12 August 2019. (<https://www.ndis.gov.au/news/3456-ndis-review-cut-red-tape-and-wait-times>)

²⁵ Tune D. Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS participant service guarantee. December 2019. (<https://www.health.gov.au/sites/default/files/2025-07/review-of-the-ndis-act-2013-report.pdf>), p. 59

In August 2020, in response to the Tune Review, the federal government announced that it would introduce independent assessments as a requirement for gaining access to the NDIS or as part of a process to determine funding levels for existing NDIS participants. These independent assessments would be fully funded by the federal government and would take approximately three hours. Assessors would ask people with disability about their lives and ask to see how they approached everyday tasks. It was also anticipated that assessors would use some existing allied health tools, such as the Vineland 3 (a standardised semi-structured interview measuring children's ability to manage everyday tasks).²⁶

Independent assessments were widely opposed by people with disability, advocacy groups and the then Opposition NDIS Minister, Bill Shorten.²⁷ Concerns were raised about the lack of evidence provided by the NDIA as to whether independent assessments were fit for purpose and would achieve their stated aims.²⁸ A former chairman of the NDIS, Bruce Bonahady, described the proposed independent assessments as 'robo-planning' which would 'fundamentally damage' the scheme.²⁹ In July 2021, following the release of advice from an independent advisory council and a meeting of state and territory disability ministers, the then Minister for the NDIS, Linda Reynolds, announced that independent assessments would not be introduced.³⁰

In October 2022, the then Minister for the NDIS, Bill Shorten, announced that a large-scale independent review into the NDIS would be held.³¹ The final report of the NDIS Review was published in December 2023 and found that the access lists were creating an inequitable diagnosis-based pathway into the NDIS which was contrary to the original intent of the scheme. The Review recommended abolishing access lists altogether, noting that 'access to the NDIS

²⁶ Joint Standing Committee on the National Disability Insurance Scheme. Independent Assessments, Published October 2021 (https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024622/toc_pdf/IndependentAssessments.pdf;fileType=application%2Fpdf), pp. 8-10

²⁷ Campanella N, Thorne L, Edmonds C. NDIS Minister says independent assessments model is 'dead', in win for disability advocates. ABC News, published 9 July 2021. (<https://www.abc.net.au/news/2021-07-09/ndis-disability-independent-assessments-model-dead-after-meeting/100277324>)

²⁸ Dickinson H, Kavanagh A. NDIS independent assessments are off the table for now. That's good – the evidence wasn't there. UNSW Newsroom. Published 12 July 2021 (<https://www.unsw.edu.au/newsroom/news/2021/07/ndis-independent-assessments-are-off-the-table-for-now--thats-go>)

²⁹ Campanella N, Edmonds C. Former NDIS chairman slams changes to support scheme as 'robo-planning' and 'a disgrace'. ABC News. Published 23 April 2021 (<https://www.abc.net.au/news/2021-04-23/former-ndis-chairman-slams-changes-to-support-scheme/100091348>)

³⁰ Joint Standing Committee on the National Disability Insurance Scheme. Independent Assessments, Published October 2021 (https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024622/toc_pdf/IndependentAssessments.pdf;fileType=application%2Fpdf), p. 9

³¹ The Independent Review of the National Disability Insurance Scheme (<https://www.ndisreview.gov.au/resources/paper/our-approach/independent-review-national-disability-insurance-scheme>)

should be based first and foremost on significant functional impairment and need — and only secondly on medical diagnosis’.³²

The Review instead recommended that the NDIA should design and test an assessment process to determine an applicant’s functional capacity, with the following features:

- It would apply only when the functional impact of a person’s disability could not be determined through an alternative form of evidence.
- It would be designed through a transparent process. NDIS participants and applicants, representative organisations, functional measurement experts and researchers, and health professionals would all be involved in the design process.
- It would collect the minimum amount of evidence about the level of impairment and permanence of that impairment which would be required to show that NDIS requirements have been met
- It would map to the World Health Organisation International Classification of Functioning, Disability and Health to enable consistency of data collection and tracking of outcomes across service systems.
- Any assessment should cover a broad range of domains (e.g. cognitive, language, social-emotional, and behaviour).³³

The NDIS Review also noted that there was insufficient support for people with disability outside the NDIS. This means that many people with disability apply for and stay in the NDIS for fear of lack of support outside of it, even when services outside the NDIS may be more appropriate for their needs. The NDIS Review found that this resulted in poor outcomes for people with disability and put financial strain on the NDIS. To address this situation, the NDIS Review recommended improving and expanding services outside the NDIS, similar to those which in the original 2011 Productivity Commission report had been called ‘tier 2’ supports.³⁴

After the publication of the NDIS Review final report, and in response to concerns about the increasing costs of the NDIS, the federal government has implemented a series of reforms. In

³² Commonwealth of Australia, Department of the Prime Minister and Cabinet, Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report, published 7 December 2023, (<https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>), p. 38

³³ Commonwealth of Australia, Department of the Prime Minister and Cabinet. Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme Final Report Supporting Analysis, published 7 December 2023 (<https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf>) pp. 242-245

³⁴ Ibid, pp. 14-16

October 2024, it enacted legislation³⁵ which provided more stringent regulation about what services could and could not be provided with NDIS funding.³⁶

In August 2025, the Minister for the NDIS, Mark Butler, announced that the government would design and deliver a new initiative for children with disability as an alternative to the NDIS, known as 'Thriving Kids'.³⁷ While the services and structures of Thriving Kids are yet to be designed, the initiative will focus on establishing a national system of supports for children aged 8 and under with mild to moderate developmental delay and autism, and their families.³⁸

Mr Butler noted that an unintended aspect of the NDIS rollout was its enrolment of large numbers of young children with mild to moderate developmental delay and autism. He said:

*'Tens and tens of thousands of young children with mild to moderate developmental delay or autism are on a scheme set up for permanent disability. I doubt very much this is what most of their parents really wanted or expected. But it's all they've had available – the only port in the storm, if you like... Families looking for additional supports in mainstream services can't find them, because they largely don't exist anymore. And, in that, governments have failed them. The NDIS model just doesn't suit their needs.'*³⁹

Mr Butler stated that developing the Thriving Kids program was an essential prerequisite for making significant access and eligibility changes to the NDIS, and said that this cohort of children (those with mild to moderate developmental delay and autism) would in time be diverted from the NDIS to these other programs.⁴⁰

³⁵ Parliament of Australia, National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 (https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r7181)

³⁶ Malbon E Pennings S. National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024. Australian Parliamentary Library. Published 15 May 2024 (https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd2324a/24bd071)

³⁷ Department of Health, Disability and Ageing. Speech from Minister Butler, National Press Club – 20 August 2025. (<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/speech-from-minister-butler-national-press-club-20-august-2025>)

³⁸ House of Representatives Standing Committee on Health, Aged Care and Disability. No child left behind: Report into the Thriving Kids initiative, published December 2025 (https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000704/toc_pdf/Nochildleftbehind.pdf) p. 103

³⁹ Department of Health, Disability and Ageing. Speech from Minister Butler, National Press Club – 20 August 2025. (<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/speech-from-minister-butler-national-press-club-20-august-2025>)

⁴⁰ Ibid

Reforms in 2026: establishing functional capacity assessments to determine eligibility

In April 2026, Mr Butler announced that widespread reforms would be made to NDIS eligibility criteria and processes. The access lists would be entirely removed and replaced by new assessments to measure a person's capacity to function in everyday life. Mr Butler said that:

*'The NDIS was originally intended to support around 410,000 people with a disability. Today there are 760,000 people on the scheme. While new eligibility rules need to be worked through, our initial modelling will see the number of people on the scheme reduce to around 600,000 by the end of the decade instead of growing to well over 900,000. This is still substantially higher than the Productivity Commission projection of 550,000 by the end of the decade.'*⁴¹

To implement these eligibility changes, in May 2026 Mr Butler introduced the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 to the House of Representatives.⁴² If enacted in its original form, the Bill would provide a definition of functional capacity, and give the Minister the power to specify methods of assessing functional capacity to be used in determining eligibility for the NDIS.

While the NDIS has always been intended for people with 'permanent' disabilities, the Bill provides a more restrictive definition of this term, specifying that a person's impairment is not permanent unless:

- the person has undertaken all appropriate treatment for their impairment, and
- any other treatment is unlikely to materially improve, reverse, or alleviate the impact of, the impairment; and
- the impairment is likely to persist for the person's lifetime.

The Explanatory Memorandum for the Bill states that the legislation will 'make way for the implementation of a standardised, evidence-based assessment of a person's functional capacity that impacts their day-to-day living, moving away from the current approach which relies on diagnosis'.⁴³

⁴¹ Department of Health, Disability and Ageing. Minister Butler speech at the National Press Club – 22 April 2026 (<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-butler-speech-at-the-national-press-club-22-april-2026?language=en>)

⁴² Parliament of Australia. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r7487)

⁴³ Parliament of Australia. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 Explanatory Memorandum (https://parlinfo.aph.gov.au/parlInfo/download/legislation/ems/r7487_ems_35e6531f-c440-4faf-98d6-

As of May 2026, the detail of how these functional assessments would work in practice has not been determined. The government will establish a Technical Advisory Group to provide expertise on the design of functional capacity assessment tools and instruments.⁴⁴ These changes are not planned to begin until 1 January 2028.

Together with other measures to reform the NDIS, the government has projected that the changes in eligibility criteria will reduce growth in NDIS costs by \$37.8 billion over four years from 2026-27, compared to previous projections by the NDIS Actuary. The documents from the

2026-27 Budget note that NDIS costs will continue to grow each year, even after these reforms have been introduced.⁴⁵

The disability sector has strongly opposed the recently announced NDIS reforms. The advocacy organisation People With Disability Australia has stated that 'If growth is reduced by tightening eligibility and capping or restricting supports people with disability lose access to what they need to live ordinary lives. Those cuts do not disappear. They show up somewhere else. Less support. More pressure on families. More people ending up in hospitals, aged care and crisis services that are already stretched.'⁴⁶ The disability organisation Every Australian Counts is coordinating a national campaign against the reforms. Regarding the Bill recently introduced into Parliament, the organisation's co-chair Dr George Taleporos, stated that 'the proposed legislation will concern every Australian who believes people with disability deserve supports to live safely, independently and with dignity.'⁴⁷

Challenges and opportunities

The NDIS is facing very significant challenges, with growing costs and lowered public faith in the value of the scheme.⁴⁸ These challenges mean that there is now the political and public will to make major changes to the NDIS. This could be an opportunity to build an NDIS based on international best practice, which has streamlined, transparent and equitable administrative processes, and which provides high-quality services.

[7c7ddd8bd539/upload_pdf/JC018272.pdf;fileType=application%2Fpdf#search=%22legislation/ems/r7487_ems_35e6531f-c440-4faf-98d6-7c7ddd8bd539%22](https://www.budget.gov.au/2026-27/content/bp2/download/bp2_2026-27.pdf)), p. 154

⁴⁴ Budget 2026-27. Budget Measures (https://budget.gov.au/content/bp2/download/bp2_2026-27.pdf) p. 107

⁴⁵ Ibid, p. 108

⁴⁶ People With Disability Australia. The NDIS funds ordinary life (<https://pwd.org.au/disability-rights/stopNDIScuts/>)

⁴⁷ Every Australian Counts. New NDIS Bill risks breaking the promise of the NDIS. Published 14 May 2026 (<https://everyaustraliancounts.com.au/new-ndis-bill-risks-breaking-the-promise-of-the-ndis/>)

⁴⁸ Campanella N, Young E. The NDIS's 'social licence' isn't just at risk of eroding – it's close to collapse. ABC News. Published 10 April 2026 (<https://www.abc.net.au/news/2026-04-10/ndis-social-licence-is-already-crumbling/106541452>)

However, it is also important that these substantial NDIS reforms are approached with caution. I suggest two factors for governments, policymakers and the media to consider.

Firstly, whichever assessment or process is used to determine a person's functional capacity and NDIS eligibility should be chosen after extensive consultation and co-design with people with disability. If designed and implemented inappropriately, the introduction of functional assessments and other eligibility changes has the potential to do significant harm.

Functional assessments need to be implemented with the understanding that many disabilities have fluctuating or episodic impacts on people's lives. For example, multiple sclerosis can be characterised by relapsing and remitting symptoms.⁴⁹ People with psychosocial disabilities, such as schizophrenia, often experience episodes of acute psychosis as well as periods of reduced symptoms.⁵⁰ The overall functional impact of a person's disability may not be properly measured by a single assessment at one point in time. If the government intends for people with fluctuating disabilities to no longer be eligible for the NDIS, then appropriate alternative services should be designed and available before any eligibility changes to the NDIS are made.

Any assessment of functional capacity should also take into account the complex way in which disability occurs through an interaction between a person's impairment and environmental barriers. For example, a wheelchair user may face social and economic exclusion in a city where all buildings have stairs and no ramps. Rather than seeing their exclusion as being caused by their impairment, it is perhaps more accurate to see it as the result of social institutions which make inaccessible building standards the norm. The current wording of the Bill before Parliament defines functional capacity as a person's ability to undertake an activity: without assistance from other people, assistive technology or modifications; and in a context that excludes, as far as possible, the impact of the person's environmental and personal circumstances.⁵¹ Without careful interpretation, this kind of definition risks an undue focus on the direct impact of a person's impairment, without consideration of all the ways in which our society's norms and standards exclude people with disability, and themselves produce lower functioning.

Before deciding on a tool, instrument or methodology to assess a person's functional capacity, policymakers should also consider what training is required to validly administer this assessment. Many existing assessment tools can only be properly administered by an assessor

⁴⁹ Johns Hopkins Medicine. Relapsing-Remitting Multiple Sclerosis (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/multiple-sclerosis-ms/relapsing-remitting-multiple-sclerosis>)

⁵⁰ National Health Service. Symptoms – Schizophrenia (<https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/>)

⁵¹ Parliament of Australia. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r7487)

who has received specialised training. Often, people with this type of specialised training are allied health professionals. While the allied health workforce is growing rapidly, this growth has not kept up with demand, and there are shortages of many types of allied health professionals around Australia.⁵² Any implementation of functional assessments would require the government to invest in workforce planning and development to ensure that there are enough assessors for NDIS eligibility processes without distorting other parts of the health sector.

It is also important that any determination about whether a disability is permanent should account for the fact that people have differing access to health care services. In the current wording of the Bill before Parliament, a person's disability is not considered to be permanent unless they have 'undertaken all appropriate treatment for their impairment'. This presents the risk that people with better access to health care could more easily prove that they have 'undertaken all appropriate treatment' than people with more limited access, such as those on low incomes or who are living in remote areas. The Explanatory Memorandum for the Bill states that whether a person is living in a regional area with long waitlists for specialists 'is not able to be taken into consideration' as to whether the person meets NDIS eligibility criteria.⁵³ People with limited access to health care could be doubly penalised, firstly by not being able to get timely health care, and then by being ineligible for the NDIS by being unable to prove that they have undertaken all appropriate treatment.

Secondly, during the process of reform, it is important to remember the benefits that the NDIS continues to provide for people with disability. Media narratives have increasingly focused on fraud, waste and overservicing in the NDIS. While these are genuine issues, it is easy to lose sight of the scale by which the NDIS has improved people's lives, compared to the disability systems which existed before 2013. A report published in 2009 details the many ways in which people with disability were 'shut out' from society. The report characterises the then disability services system as being 'irretrievably broken and broke, chronically under-funded and under-resourced, crisis driven, struggling against a vast tide of unmet need'.⁵⁴ Many people with disability described their lives as 'a constant struggle for resources and support'.⁵⁵ The then system heavily relied on families to provide ongoing care for people with severe disability and

⁵² Department of Health, Disability and Ageing. Draft National Allied Health Workforce Strategy: Consultation Draft – V2.0 (https://consultations.health.gov.au/primary-care-mental-health-division/nahwsdraft/supporting_documents/Consultation%20Draft%20v2.0.pdf) p. 4

⁵³ Parliament of Australia. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 Explanatory Memorandum (https://parlinfo.aph.gov.au/parlInfo/download/legislation/ems/r7487_ems_35e6531f-c440-4faf-98d6-7c7ddd8bd539%22) p. 64-65

⁵⁴ National People with Disabilities and Carer Council, Shut Out: The Experience of People with Disabilities and their Families in Australia, Published 2009 (<https://apo.org.au/sites/default/files/resource-files/2009-08/apo-nid18454.pdf>) p. 19

⁵⁵ Ibid, p. 19

the report describes the ‘desperation of ageing parents haunted by the thought of what will happen to their children when they are no longer able to provide a high level of care and support’.⁵⁶

Many people with disability have described the NDIS as transformative. For example, Dr George Taleporos wrote in 2024:

‘As a person with a severe physical disability, my life, like that of so many others in Australia, has been transformed by the NDIS. It has enabled me to live independently with the support I need to have a good life. Because of the NDIS, I can work full-time and contribute to my community. Without the NDIS, I doubt I would still be alive.’⁵⁷

The parents of Adam McCoughtry, a 12-year-old boy with Down Syndrome, said that:

‘For Adam, the NDIS came in at the right time. He’s had support at all the right stages and it’s the continuity of his supports that has made the difference...We are forever grateful of the impact the NDIS has had and continues to have on enriching Adam’s life opportunities. As parents, it’s comforting to know Adam has support for life, especially when we’re no longer around. It means he can lead his own life and be who he wants to be.’⁵⁸

Elly Desmarchelier describes her experience:

‘In the three years before I had the NDIS, I was admitted to the intensive care unit (ICU) more than half a dozen times for things as common and preventative as a UTI. In the three years since being approved for the NDIS, I have not had a single ICU admission and that’s because I have access to the allied health I need to keep me from getting so sick I need a breathing tube to live. Before the NDIS, I spent my days sitting in a wheelchair bought from the “special buys” section at Aldi – it

⁵⁶ Ibid, p. 29

⁵⁷ Taleporos G. Bill Shorten’s greatest legacy is the NDIS. It transformed the lives of people like me with disability. The Conversation. Published 6 September 2024 (<https://theconversation.com/bill-shortens-greatest-legacy-is-the-ndis-it-transformed-the-lives-of-people-like-me-with-disability-238329>)

⁵⁸ National Disability Insurance Agency. NDIS supports help Adam excel at school and in his community. Published 3 February 2023 (<https://www.ndis.gov.au/stories/8788-ndis-supports-help-adam-excel-school-and-his-community>)

*didn't fit me and I couldn't push myself around, which meant I couldn't work. Now thanks to the NDIS, I move myself around independently in a wheelchair that fits me, and I'm able to work and advocate for my community.*⁵⁹

These personal stories and many like them also need to be heard and remembered when considering the costs and structure of the NDIS. The NDIS is not just a budgetary expense which needs to be made more financially sustainable. It also provides the means for hundreds of thousands of people with disability to meet their goals, to contribute to the community, and to live flourishing lives.

Susan Pennings is a Post Doctoral Research Fellow at the Plunkett Centre.

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Contact: plunkett@acu.edu.au

⁵⁹ Desmarchelier E. The NDIS has transformed my life – and the last thing we need is media hysteria about its cost. The Guardian. Published 26 November 2022 (<https://www.theguardian.com/australia-news/commentisfree/2022/nov/26/the-ndis-has-transformed-my-life-and-the-last-thing-we-need-is-media-hysteria-about-its-cost>)