



NDIS reforms risk cutting off vulnerable Australians before alternatives exist

The government's proposed NDIS reforms should be amended to ensure that no participants are removed from the scheme before replacement services exist, Catholic Health Australia said today.

In a submission to the Senate Community Affairs Legislation Committee, CHA also warned the reforms to allow funding for services to fall below the cost of operating them may force some providers to close, leading to a shortage of care.

The Bill allows the Minister to declare a class of impairment ineligible for the scheme by deeming that an alternative support exists, with no requirement that the alternative be funded, operational, or accessible to the person affected.

Foundational Supports, which are intended to replace NDIS support for some cohorts, are not yet operational in most communities.

"We support returning the NDIS to its original purpose and making it sustainable but some people cannot wait for the system to catch up with their needs," said Brigid Meney, Director of Mission at Catholic Health Australia.

"We are calling for the Bill to be amended so that people's support will not be cut off until an accessible alternative is genuinely in place.

"CHA is also concerned that the Bill states funding for a support can be "less than the actual cost of providing or acquiring the support".

"Allocating funding amounts that do not cover the cost of safe delivery will have serious unintended consequences, including forcing providers to exit the market," said Ms Meney.

"Mission-driven providers, including our members, will try to absorb shortfalls for as long as they can because their values do not allow them to turn people away. But this cannot last forever.

"There is a real risk that people, often in regional and remote areas, are left with no service providers to call upon."

CHA also calls for:

- The new eligibility rules that assess functional capacity to consider geographic remoteness, informal supports, cultural safety, or financial constraints on access to treatment. The reforms as currently written may particularly disadvantage First Nations people.
- People with episodic, fluctuating, or progressively deteriorating conditions to be exempted from the new tightened rules for participant-initiated reassessments.
- Broad ministerial pricing powers to be subject to parliamentary disallowance, with the documents that give those powers operational effect brought within parliamentary scrutiny.
- Automated decision-making provisions involving evaluative judgements to require mandatory human review before decisions affecting vulnerable participants take effect, with parliamentary oversight of the processes that govern how those judgements are made.

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Notes to editors: *Catholic Health Australia (CHA) is Australia's largest non-government, not-for-profit group of health, community, and aged care providers. Our members operate 80 hospitals in each Australian state and the ACT, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care. There are 63 private hospitals operated by CHA members, including St Vincent's, Calvary, Mater, St John of God and Cabrini. CHA members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services. 25 per cent of our members' service provision is regional, rural and remote. Learn more at cha.org.au*

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