



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

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Acknowledgement of Country

The National Rural Women's Coalition pays our respects to the ancestors, elders and especially the women that are a part of the longest living civilisation on earth, the First Nation peoples of Australia. We acknowledge their strength and resilience. They are the custodians of the land, and we celebrate together their right to continue with cultural practices on the land and water where they live.

About the National Rural Women's Coalition

The National Rural Women's Coalition (NRWC) is a grassroots organisation, established in 2002, that provides a collaborative, powerful national voice for women living in rural, regional, and remote Australia. We are made up of a coalition of five peak rural alliances comprising the Australian Local Government Women's Association, Australian Women in Agriculture, National Rural Health Alliance, Women in Seafood Australasia and Transport Women Australia Limited. For over 20 years, we have worked to ensure better social, economic, and environmental outcomes for women in rural townships, in rural communities and in primary production throughout Australia.

NRWC forms part of the National Women's Alliances, alongside Women With Disabilities Australia (WWDA), the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA), the Working with Women Alliance (WWWA), and the Australian Multicultural Women's Alliance (AMWA).

Summary

The National Rural Women's Coalition supports WWDA and many other disability and community organisations in expressing concern regarding the limited timeframe provided for consultation on this Bill and the significant implications the proposed amendments may have for people living with disability and their families, especially those in rural, regional and remote Australia.

NRWC notes that people with disabilities are overrepresented in regional areas and roughly one quarter of Aboriginal and Torres Strait Islander people live with a disability. The proportion of the total population who are First Nations increases with remoteness from (2.2% in Major cities, to 30% in Remote and very remote areas) ([Australian Institute of Health and Welfare, 2024](#)). These factors mean that real-life access to both mainstream and NDIS funded services must be a critical consideration in redesigning the NDIS.

We support [WWDA's](#) recommendation that the Bill does not proceed in the absence of a comprehensive, public gender impact analysis, and gender-responsive reforms co-designed with women, girls and gender-diverse people with disability. This analysis must also include women living rural, regional and remote communities, who already experience daily challenges with lack of access to appropriate health and social services including primary and specialist medical care, childcare and reproductive health care.

Specific issues for rural, regional and remote women

1. Assumed availability of mainstream support

NRWC is concerned that proposed section 25A assumes services exist, which across much of regional, rural and remote Australia, is simply not the case. Appropriate treatment cannot be assumed where a person cannot practically access

it because of cost, distance, workforce shortages, safety, culture or local service gaps.

For example, areas classified as MM5-7 (small rural towns, remote and very remote communities) have a lower-than-average number of doctors per 100,000 people and MM6 has the lowest rate (40% per cent below the national rate) ([Royal Australian College of General Practitioners, 2025](#)). About half a million Australians live in GP deserts and receive 40% fewer GP services than the national average ([The Conversation 2025](#)). National Rural Health Alliance data shows disparity of access to other health professionals including pharmacists, dentists and medical specialists.

These figures highlight the nature of accessing health services in many parts of rural Australia, which must be considered when making changes to the NDIS to avoid significant negative impacts for rural regional and remote NDIS participants. Some of the barriers to access to mainstream services faced by rural, regional and remote women include:

- Lack of local specialists, allied health providers or diagnostic services;
- Long waitlists for visiting services
- Long travel distances that add significant cost and stress

2. Pushing the burden of care back to women

The NRWC is concerned that new provisions including subsection 34(1K) provides that when considering whether a support takes into account what is reasonable to expect families, carers and informal networks to provide, the CEO must consider whether:

relying on these supports would expose a participant or others to a material risk of harm, abuse or neglect that cannot *be mitigated through informal or lower costs supports*.

The NRWC believes that in practice, informal and lower costs support is likely to mean women's unpaid care. This may be particularly true for rural, regional and

remote women, who, in addition to bearing a higher burden of caring responsibilities than men, also face significant barriers to accessing childcare. An estimated 1.1 million Australians living in rural Australia do not have access to ECEC (and effectively live in 'childcare deserts') ([Hurley et al, 2022](#)). Underperforming ECEC centres are more common in lower socio-economic and rural, regional and remote areas in comparison to the inner-city ([Graesser et al, 2022](#)). This means rural regional and remote women have less mainstream support to access and are more likely to provide the 'lower cost' care that the Bill presumes is available.

3. Exacerbating other risk factors

Women living in regional rural remote Australia face several additional risk factors and barriers that are relevant to this bill. People living in regional, rural and remote Australia overall have lower incomes ([National Rural Health Alliance, 2024](#)) and therefore less ability to pay out of pocket costs. Travelling to access services adds significant cost. Rural people also experience more complex health issues including higher burden of disease ([National Rural Health Alliance, 2024](#)). Cuts to access for people living with these compounding risk factors may serve to deepen existing disadvantage and increase the time, difficulty and cost involved to access appropriate services.

Recommendations

The NRWC calls for the Government to demonstrate that:

- Rural, regional and remote women will not lose access because treatment is unavailable, unaffordable or delayed
- Regional waitlists, travel costs and local workforce shortages will be considered in eligibility and support decisions
- Mainstream services are available, accessible and culturally safe in regional, rural and remote areas before people are redirected away from the NDIS

- Rural, regional and remote women will have guaranteed access to transport, advocacy, support coordination, community participation and practical disability supports
- Future rules, budget methods and support assessment tools will be tested for gender, regionality, disability, First Nations status, CALD status and socioeconomic disadvantage.