



ALLIED HEALTH PEAKS CALL FOR IMMEDIATE HALT AND REVIEW OF NDIS PRICE CUTS

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The Australian Physiotherapy Association, Dietitians Australia, Australian Podiatry Association, Speech Pathology Australia, Occupational Therapy Australia, the Australian Psychological Society, Exercise & Sports Science Australia and Osteopathy Australia are calling on the Federal Government and the National Disability Insurance Agency to immediately halt and review the NDIS pricing decision which poses a direct threat to essential supports and choice for people with disability.

From 1 July 2025, the National Disability Insurance Scheme (NDIS) intends to either cut or maintain the freeze on price limits for many allied health services, support coordination, and other necessary NDIS providers, including introducing significant limits for travel funding.

These changes have been determined without meaningful consultation with the allied health sector and participants who rely on their support for their function, independence and dignity.

These changes, coupled with rising operating costs, will make it financially unsustainable for many allied health NDIS service providers to continue delivering the complex, high-quality support participants rely on.

The restrictive travel price limits for allied health professionals will pose a major barrier for participants who need allied health support at their homes, especially those living in outer metro, regional and remote communities.

The peaks are collectively calling for:

1. The NDIA to immediately halt and review the NDIS Price changes for allied health professions determined to come into effect on July 1.



2. The NDIA to immediately reinstate travel and regional loading halt limits for allied health professions.
3. A commitment from the NDIA to engage in genuine consultation with the allied health community and facilitate the opportunity for meaningful co-design with participants who rely on these critical services.
4. Minister for the NDIS Senator Jenny McAllister to exercise ministerial power and direct the NDIA to halt these changes immediately.

In just over a week, over 50,000 Australians have backed calls for these changes to be stopped online, concerned about the devastating impacts and risk they pose to the safety and dignity of people with disability.

The Australian Physiotherapy Association, Dietitians Australia, Australian Podiatry Association and Australian Psychological Society have cosigned [‘It’s Now or Never’ petition](#), with over 39,000 signatures. Occupational Therapy Australia also has over 14,000 signatures on their petition, [‘Stop Cuts to Occupational Therapy Service under the NDIS’](#).

The following quotes can be attributed to the peak body representatives listed below:

Spokesperson	Quote
Australian Physiotherapy Association <i>National President</i> <i>Dr Rik Dawson</i> <i>MACP</i>	<p>“The decision to cut price limits and travel expenses for physiotherapists and other allied health professionals under the guise of cost cutting is not only shortsighted, it’s neglectful. These changes will not save money. They will shift costs downstream and increase the cost of care to Australia’s broader healthcare system, as the functional mobility of NDIS participants deteriorates from diminished access to the vital care they need.”</p> <p>“The sad reality is that the NDIS’s “cost cutting” and the resulting exodus of highly skilled clinicians will put the lives and well-being of vulnerable Australians at risk—and that’s not hyperbole. Physiotherapy builds functional capacity, keeping people mobile and building physical strength and capability. This essential care plays a critical role in reducing avoidable hospital admissions and, in some cases, preventing serious and potentially fatal incidents, such as falls.”</p>



Dietitians Australia CEO Magriet Raxworthy	<p>"This decision will severely impact access to life-sustaining dietetic and nutrition support for people with disability, especially those living out of our major cities.</p> <p>"Without this vital dietetic nutrition support available in their community, people with disability may be at risk of complications including swallowing difficulties, choking, malnutrition and dehydration.</p>
Australian Podiatry Association CEO Hilary Shelton	<p>"These changes are forcing podiatrists who are in short supply to consider leaving the scheme or declining referrals for people with complex disabilities.</p> <p>"For people with foot and lower leg conditions caused by their disability, reduced access to podiatrists could lead to a loss of independence and in the most severe cases amputation."</p>
Occupational Therapy Australia Chief Occupational Therapist, Michelle Oliver	<p>"These shortsighted cost cutting measures are only going to further damage the scheme. OTs are highly qualified and evidence based professionals who can support the sustainability of the NDIA. Instead of investing into OTs, the NDIA is alienating the profession. Pushing OTs out of the system is going to cost the government more in the long run."</p> <p>"The NDIA barely consulted with OTs, participants or any allied health bodies. They barely consulted with anyone. They ignored data showing 1 in 5 providers may close. This isn't oversight – it's neglect."</p>
Speech Pathology Australia CEO Lyn Brodie	<p>"Speech pathologists support people to communicate, eat safely and live independently.</p> <p>"Cuts to travel rates and years of frozen pricing threaten access to care, especially in regional communities.</p> <p>"Speech pathology changes lives, but only if people can access it. Without fair pricing, too many Australians will miss out on the support they deserve."</p>
Australian Psychological Society (APS)	<p>APS President Dr Sara Quinn said the APS is gravely concerned that the Scheme continues to prevent participants accessing vital psychology services that directly support their functioning, participation and wellbeing.</p>



<p><i>President Dr Sara Quinn</i></p>	<p>"As the NDIS enters a critical phase of reform, we urge the Government and NDIA to partner with providers and professions to uphold the original intent of the Scheme. Psychologists play a vital role in delivering assessment, therapeutic support, behaviour support, and early intervention across the lifespan. Too often, they are excluded from key planning processes. That's simply not good enough. The NDIS was established to support Australians with permanent and significant disabilities to live meaningful lives with inclusion, autonomy, and dignity.</p> <p>"Achieving that vision requires pricing limits and arrangements that prioritise need, professional integrity, and participant choice as intended by the scheme - not administrative convenience, and certainly not administrative obscurity."</p>
<p>Exercise & Sports Science Australia</p> <p><i>CEO, Danielle Smith</i></p>	<p>"Accredited Exercise Physiologists play a vital role in helping Australians, particularly NDIS participants, achieve independence, improve physical function and manage chronic conditions.</p> <p>We're concerned that travel funding cuts will further disadvantage home-based services as well as those in rural and remote communities, where access to allied health is already limited."</p> <p>"If travel support isn't urgently protected, many Australians will be cut off from life-changing care.</p>
<p>Osteopathy Australia</p> <p><i>CEO, Antony Nicholas</i></p>	<p>"Halving the price limit for provider travel time under the NDIS adds further access barriers for people with disabilities, particularly in outer metro, regional, and rural areas. It's a decision that reduces participant choice and control, adds burdens on family and carers, and risks leaving communities with less support.</p> <p>We're calling on the NDIS to consult more, live up to the principles of the scheme and introduce a dedicated line item for osteopathy - recognising participant choice or control to utilise a university-qualified allied health profession and ensuring equitable access to care."</p>

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***Case Studies are available for interview on request. The following cases have been collected with permission and can be attributed within media coverage.**

Case Study	Details
Participant Willow	Willow, a young girl with severe intellectual disabilities and epilepsy, relies on in-home therapies and support to live safely and independently. Diagnosed with infantile spasms, Willow has faced numerous health challenges, including seizures that require urgent medical intervention. Her family depends on NDIS funding to support home-based therapies like physiotherapy. However, the upcoming NDIS price cuts, particularly to travel funding, threaten Willow's ability to access these essential services. Without these supports, Willow's development, health, and safety will be at risk, and she could lose access to life-changing interventions.
Professional Melissa McConaghy, Neurological Specialist Physiotherapist	<p>"The proposed NDIS price cuts, especially to travel funding, jeopardise essential home-based therapies for children like Willow, who cannot access services in traditional settings. These cuts could mean the difference between receiving critical care and going without."</p> <p>"The NDIS was designed to provide equitable support for all Australians with disabilities, but these pricing changes threaten to widen the gap, particularly for children who rely on in-home services to thrive."</p>
Participant Brodie*	<p>Brodie* is diagnosed with dystonic quadriplegic Cerebral Palsy (GMFCS-IV, MACS-V, CFCS-V), severe intellectual disability and epilepsy.</p> <p>He lives with dysphagia and has experienced severe weight loss and ongoing risk of aspiration despite careful management of his oral intake and oral nutrition supplements. As a result, he had had a feeding tube placed last year. He has no further dietetic support approved via his NDIS plan until September this year.</p>



Brodie's Dietitian Kate*	<p>I am deeply concerned about Brodie's welfare, and despite having no funding available to continue to support him, I have been continuing to check in on him and the family while conducting visits for other participants in his area. His family is vulnerable and finds navigating the NDIS and Health system very challenging. I am advocating for urgent support for him within the State Health system and struggling. Where are we supposed to send our participants for critical support now?</p>
Participant: *Joseph	<p>Joseph is diagnosed with Spina Bifida requiring 4-6 weekly podiatry appointments. He cannot reach his toes independently to cut his own nails, develops multiple pressure corns, these break down causing wounds, leading to frequent hospitalisations if not regularly cared for by a podiatrist using a scalpel.</p>
Provider: *Michelle (podiatrist works directly with *Joseph)	<p>I am concerned about Joseph ending up in hospital again with his pressure corns developing into wounds and becoming infected. He requires a podiatrist to use a scalpel to remove his corns on a regular basis and assist him with nail cutting as he has no family or friends who can assist him and one of his goals is to be independent.</p> <p>His planner says to use his 5 Medicare appointments, but he requires these for non-disability related care, so currently he has no podiatry at all.</p> <p>These appointments, if given, only allow for podiatry once every 2.5 months, which is grossly inadequate for his needs.</p> <p>He lives on a pension and cannot self-fund privately to a podiatrist. I have already provided his report and referral to a bootmaker at no charge as I knew how important it was for him to get these supports. His support coordinator assisted him to appeal this decision, but this was also not successful.</p>
Participant Maurice	<p>Maurice has been diagnosed with Angelman syndrome, intellectual disability, schizophrenia, and PTSD. Maurice finds being in community settings challenging and has previously physically targeted support workers when escalated. He lives in a small town in regional Victoria and his psychologist must travel 1.5 hours to</p>



	provide Supported Independent Living (SIL) care. There are no alternative service providers locally to support Maurice's complex needs.
Psychologist – Brian*	Without self-regulation strategies that I can provide, Maurice is at risk of physical escalation and sexualised behaviours toward support staff, neighbours and members of the community. In the absence of psychological support, it is more likely that other staff will need to resort to restrictive practices, and ultimately Maurice will have reduced engagement with his local community including medical and health services. Recent changes to the Pricing Arrangement and Price Limits mean I would have to provide services to Maurice at a loss, and this is unsustainable. I'm unable to provide services via telehealth, as Maurice does not engage online. What alternative is there?
Provider - Brad	<p>In May of this year, we were compelled, from a sustainability perspective, to terminate the employment of 17 of our casual staff. Nearly half of the locally employed WHR Allied Health team had to be informed, through no fault of their own, that they no longer had jobs in our organisation. These therapy assistants were enrolled at Deakin or Charles Sturt University, where they complete their Occupational Therapy tertiary studies.</p> <p>Since 2015, WHR has employed 122 students in this capacity, providing them with clinical exposure, supervision, and upskilling opportunities that have greatly benefited the local allied health workforce. Over the past three years, we have continued to offer this service despite it operating at a financial loss and personal cost to us, desperately hoping that the NDIS review considers the actual costs of providing this service. Rising expenses and stagnant fee structures have made it unfeasible to proceed. The decision to terminate this model of service provision and the opportunities it offered for us to support future professional growth has been heartbreaking, not only for those directly affected but also for our wider team, clients, and the families depending on us. This model has enabled us to increase service frequency, deliver cost-effective support to clients and the NDIS, and achieve outstanding clinical outcomes.</p>



Carer – Allie	<p>My 7 year old daughter has been an NDIS recipient since she was 18 months old. The first service we engaged with was an occupational therapist. She was a life saver. This woman has not only provided mobile therapy support to my daughter for the last 6 years, but provided advice and linked us in with other allied health providers, giving my daughter the best chance in life. My daughter will continue to need daily support for the rest of her life, but the skills she had been taught by her OT make things more manageable. Having the OT services mobile means that she can have her therapy at school or in our home as I work full time for NSW Government. I am the primary carer for my daughter and my husband who is a medically retired police officer. I am the sole income earner for my family and without mobile services my daughter would be severely impacted.</p>
Occupational Therapist– Nadine	<p>As a mobile occupational therapist in a rural region, I would love to provide clinic based services at times - but all my clients have severe cognitive impairments - generalising and skill building from the clinic to home is very difficult.</p> <p>I'm inundated with referrals at present. One young fellow with extreme complexities in his needs and cognitive impairments lives one hour from me. I know there is no one in his region that can assist him with his level of complexity. There is no way I can provide travel to-from his home without adequate funding I think he just misses out.</p>