



***Completing the National Injury Insurance Scheme...  
A key sustainability measure for the NDIS***

***Submission to the NDIS Review***

***Young People In Nursing Homes National Alliance  
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## Introduction

The absence of a fully operational no-fault National Injury Insurance Scheme (NIIS) is a major gap in the system of care for Australians living with catastrophic injury sustained in circumstances that are not adequately covered by existing insurance options.

Failure to complete the NIIS has also delivered a substantial and unnecessary cost burden to the NDIS. As a result, the absence of a fully operational NIIS continues to be a key sustainability issue for the design and evolution of the NDIS.

The Alliance has campaigned for a National Injury Insurance Scheme (NIIS) since 2002 and was pleased to see it recommended in the Productivity Commission's 2011 Report on the need for a national social insurance scheme for Australians living with disability<sup>1</sup>.

In that report, the Productivity Commission recommended the establishment of the NIIS as a companion scheme to the National Disability Insurance Scheme (NDIS). As a critically important companion program to the National Disability Insurance Scheme, the NIIS was conceived as an important part of Australia's health system infrastructure, funding vital hospital and community based rehabilitation as well as developing and maintaining a critical rehabilitation workforce.

While the motor vehicle and workplace injury streams of the NIIS are now operational nationally, the medical and general injury streams remain in limbo leaving the NIIS incomplete. The ramifications for injured Australians and for the NDIS are significant.

Without a completed NIIS, individuals sustaining catastrophic medical or general injuries will rely on community fundraising and inadequate community rehabilitation services from State/Territory health systems unable to deliver the quantum of support required. Without a completed NIIS, these individuals will continue to turn to the NDIS as the only 'lifeboat in the ocean' to provide the care and support the NIIS should be delivering.

As well as providing a fit for purpose recovery and lifetime support pathway for injured Australians, completing the NIIS remains a key sustainability measure for the NDIS.

The NDIS Review must therefore recommend the NIIS be completed by prioritising the establishment of the general and medical injury streams as a matter of urgency.

## Catastrophic injuries in Australia

While Australian data on catastrophic injury is not definitive, in its 2011 *Inquiry Report into Disability Care and Support*, the Productivity Commission reported that approximately 1000 catastrophic injuries are sustained in Australia each year. Catastrophic injuries include spinal cord injuries, acquired brain injuries, amputations and severe burns.

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<sup>1</sup> Productivity Commission *Disability Care and Support*, Report No 54, Vol 2, Canberra, 2011. See Chapters 17 and 18 particularly.

The table below estimates the different causes of catastrophic injury in Australia. <sup>2</sup>

Type of injury	Estimated proportion %
General Injury	32 <sup>3</sup>
Motor vehicle	49
Workplace	8
Medical treatment	11

### **Existing insurance schemes ...a patchwork of inequity**

People sustaining catastrophic motor vehicle and workplace accidents injuries are now covered by the NIIS. But for those suffering catastrophic injuries through other causes, Australia's existing insurance system offers little hope or efficacy.

The current patchwork of statutory personal injury schemes; cause specific schemes such as crimes compensation schemes; sport specific schemes such as the NSW Sporting Injury Insurance Scheme; public liability insurance; the common law; and the underfunded public healthcare system is not only inequitable, but results in many injured people missing out on the rehabilitation and other supports they need.

In commenting on this poor state of affairs, the Productivity Commission stated that fewer than 50% of people with catastrophic injury have access to insurance. Only some 10% are able to establish liability through public liability schemes for general injuries such as diving accidents where there is no signage, or falls due to unsafe equipment.<sup>4</sup>

Furthermore, there is no clear path to access rehabilitation and lifetime care through either the private insurance market or common law for these people.

People sustaining catastrophic injuries who cannot access the NIIS also have poor outcomes. Some taking common law action face years long delays while others are denied access to

<sup>2</sup> Walsh, J. Aimery, C. Cuff, C. Cutter, A. Gifford, D. Heath, D. Moran, G. and Watson, B. 2002, *Options and Issues for Long Term Care in Accident Compensation*, Institute of Actuaries of Australia LTC Task Force, PriceWaterhouseCoopers, March 2005. Stated also in Productivity Commission, *Disability Care and Support*, Report No 54, Vol 2, Canberra, 2011: 783.

<sup>3</sup> Based on the experience of the New Zealand Accident Compensation Corporation, that reports the figure for general injury in that scheme is 50% of total injuries, the figure of 31% for general injury is likely to be an underestimate

<sup>4</sup> Cited by John Walsh in a briefing to Australian Sporting Peak bodies (unpublished) convened by the Alliance in December 2017.

compensation because they are unable to nominate an at-fault party to sue. In all cases, these individuals are denied the opportunity to maximise their recovery and regain their independence as far as possible, thereby reducing care costs over the life course.

### ***Common law actions for injury compensation are problematic***

Relying on common law action as solution remains problematic for catastrophically injured Australians for several reasons. These include high legal and other transaction costs; uncertain financial outcomes; and lump sum settlements unlikely to last a lifetime. The significant litigation and time delays that are inherent in these actions further exacerbate poor social and health outcomes for individuals and families alike.

Relying on an underfunded public health system or trying to pursue common law compensation thus brings its own well documented problems that include:

- Time lags of up to 10 years to settle a claim;
- Significant delays in accessing rehabilitation that compromise recovery and regaining capacity;
- Actions that can only be pursued if there is someone 'at fault' to sue;
- Cases often settle for much less than the injured person needs for lifetime care meaning their settlements run out early and they then look to the NDIS for assistance;
- High legal and transaction costs (up to 40%).

Guy Swain who sustained a catastrophic injury from a diving accident at Bondi beach, offers a case in point regarding the problems with pursuing common law actions. As a result of this accident, Mr Swain was left a quadriplegic at 28 years of age. He sued Waverley Council and received \$3.75m in damages.<sup>5</sup>

The Council appealed this decision and while its appeal was subsequently dismissed,<sup>6</sup> Mr Swain was unable to access the funds he had been awarded while the appeal process was underway. The amount he was eventually awarded was insufficient to meet his care needs over the long term and years were lost pursuing the case.

### **Lifetime cost of care**

Depending on the extent of injury and other factors, the lifetime cost of care for people with catastrophic brain and spinal cord injury varies but can, for example, be in excess of \$10M-\$15M. This cost includes medical and rehabilitation services, home and vehicle modifications, specialised equipment and personal care.

Without the completed NIIS, the significant burden of care cost for injured Australians is borne by the NDIS. Because the NDIS does not provide rehabilitation, recovery from a

<sup>5</sup> See <https://www.theage.com.au/national/beach-quadruplegic-wins-3-75m-20020514-gdu7cs.html>

<sup>6</sup> See <https://www.hcourt.gov.au/assets/publications/judgment-summaries/2005/hca4-2005-02-9.pdf>

catastrophic injury is dependent on the depleted resources of health systems that are unable to provide the quantum of input required.

When Prime Minister Julia Gillard announced the NDIS trial sites in 2013, she described the old disability system the new social insurance scheme for disability was intended to replace as a circumstance where

*... you basically get a ticket in what can be a very cruel lottery...where access to services and support depends on your postcode or on the cause of your disability rather than on your need.<sup>7</sup>*

More than ten years later, people who acquire a lifelong disability from a catastrophic Injury sustained on the sporting field, through common assault, from a domestic accident, from a fall or from medical injury, are subject to the same cruel lottery because the National Injury Insurance Scheme has not been completed.

By dictating the pathway of care and support for injured people based on the cause of injury rather than the consequences, the absence of the NIIS' no fault medical and general injury streams does two things.

First, these substandard arrangements deliver worse outcomes than those for injured people able to access the injury scheme's no fault motor vehicle and workplace injury streams.

Second, they deliver catastrophically injured Australians straight to the door of the NDIS.

Given that these participants were not budgeted for in the initial estimates of NDIS costs, this creates a significant and growing liability on the Commonwealth for cost overrun.

With the NDIS already struggling with an unprecedented blow out in scheme costs, adding these missing streams to the NIIS so that injured Australians are diverted to the fully operational NIIS, is vital to the achievement of a sustainable NDIS.

## Completing the NIIS

In its landmark 2011 *Disability Care and Support Report*,<sup>8</sup> the Productivity Commission proposed a no fault National Injury Insurance Scheme to fund medical, rehabilitation and disability support services for people sustaining catastrophic injury in any one of four injury streams. These are the motor vehicle, workplace, medical and general injury streams.

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<sup>7</sup> Lunn, S. "Disability scheme to battle 'cruel lottery' of care", *The Australian*, May 1 2012.

<sup>8</sup> For a comprehensive explanation of why an NIIS is needed, see Chapter 17 of the Report.

<https://www.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume2.pdf>.

In referring to the needs of injured Australians, the Productivity Commission also outlined why a separate sister scheme to the NDIS was needed, saying that an NIIS would:

- Provide cover for the approximately 1000 people eligible for the NIIS's assistance each year
- Cover the necessary health costs associated with catastrophic injuries, such as acute care and rehabilitation services.
- Reduce the cost of the NDIS through a fully funded injury insurance scheme
- Make use of existing expertise and institutions of existing accident compensation schemes
- Use incentives to deter risky behaviour and reduce local risks that can contribute to accidents.

The Productivity Commission also suggested that already established no fault schemes such as the Victorian Transport Accident Commission (TAC) and Tasmania's Motor Accident Insurance Board (MAIB) offered a viable blueprint for the design of the NIIS and referenced New Zealand's Accident Compensation Corporation (ACC) as another a successful model for the NIIS.<sup>9</sup>

To build capacity and workforce, the Productivity Commission further recommended that the NIIS be implemented before the NDIS so that it could enable the establishment of a workforce and other systems for the NDIS to use as a base for its own systems.

Rather than the NIIS being a single scheme such as New Zealand's Accident Compensation Commission (ACC), the Productivity Commission recommended a federated system that would initially incorporate state no-fault schemes for motor vehicle and workplace injuries.

In 2014, governments agreed on a set of minimum benchmarks for the NIIS motor vehicle and workers compensation injury streams that underpinned this first stage of the NIIS.<sup>10</sup> Under these minimum benchmarks, States and Territories agreed to implement no fault catastrophic injury cover in their motor vehicle and workers compensation schemes where such coverage did not exist.

The medical and general injury streams were to follow the motor vehicle and workplace injury reforms.

By July 2016, all States and Territories had no fault motor vehicle and workers compensation schemes in place, with Queensland and WA the last states to come on board.

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<sup>9</sup> The ACC covers all accidents including those arising from motor vehicle, workplace, sporting and domestic accidents, as well as those incurred in public spaces such as beaches, parks or footpaths. See <https://www.acc.co.nz/>

<sup>10</sup> See <https://treasury.gov.au/programs-initiatives-consumers-community/niis/agreed-minimum-benchmarks-for-motor-vehicle-accidents>

### *The missing general injury and medical injury streams*

Following agreement to implement no-fault catastrophic injury schemes for motor vehicle and workplace injury schemes, initial scoping work was undertaken for the medical injury stream in 2015.

Unfortunately, progress on this work stalled with the Council of Australian Governments' (COAG) June 2017 decision not to proceed with this stream in the NIIS at that stage. The reasons for this have not been made public.

However, at the June 2017 COAG meeting, it was also agreed that treasury officials would scope options for inclusion of the general injury stream, which would include catastrophic injuries from sporting, domestic and other accidents. Consideration of general injury was to occur at the COAG's first 2018 meeting.

Despite this intention and the urgent need for this work to be completed, the general injury stream remains in limbo and incomplete. Despite the Alliance's many requests to Treasury officials for information on progress of this important work, there has been no public update or visible activity since 2017.

As a result, there is no agreement in place for Commonwealth, State or Territory Governments to commit to funding and establishing the general accident or medical injury streams of the NIIS.

Without the inclusion of these injury streams in the NIIS, anyone who acquires a catastrophic injury in these areas will not have access to the community rehabilitation therapies they need to recover from their injury. While they will be eligible to obtain disability supports through the NDIS, the NDIS does not fund rehabilitation.

Without the NIIS and access to comprehensive rehabilitation therapies and the intensive lifetime care and support they require, injured Australians who are forced to rely on the NDIS will be denied the chance to recover from their injuries, maximise their independence and maintain their health and well being. The NDIS will also be liable to fund the greater levels of care and support these individuals will consequently require.

Without the full NIIS, families will suffer significantly reduced income through loss of paid employment; poor health and well being outcomes; and increased rates of family breakdown as the stress of providing intensive care and support takes its toll.

Furthermore, the funding and support available to people suffering catastrophic injuries through existing personal injury schemes or the common law is completely inadequate to provide the lifetime care and support they require.

An example is the set of schemes managed by the NSW Sporting Injuries Committee. The Committee manages a number of schemes under NSW's legislative umbrella including one for school children and one for amateur clubs. Under these schemes, severity of impairment



is insured for but at token levels of cover. This includes a lifetime maximum of only \$171,000 for significant injuries.<sup>11</sup>

While other sporting bodies and some bicycle organisations have different insurance coverage, none of these are lifetime no fault arrangements. Nor are they benchmarked against lifetime care schemes as the general injury stream of the NIIS is intended to do.

These schemes were no help to Alex Richter who became a quadriplegic at the age of 16 when he fell from his mountain bike, landed on his head and broke his neck.<sup>12</sup> Lacking the substantial resources he needed to progress his recovery, Alex's school community came together to raise the funds Alex needed to continue his rehab and recovery. This vital fundraising continues today through the Ride for Richter Foundation that was established to raise the funds Alex continues to rely on to "...live his best life".<sup>13</sup>

Where there is no compensation or statutory scheme, injured people and families are again forced to turn to crowdfunding and private fundraising. Like Alex's story, this link to a story about injured footballer, Tai, who was paralysed from the neck down from an injury sustained while playing football,<sup>14</sup> is a further example of the kind of crowdfunding that routinely occurs after these injuries.

Yet monies raised through such charitable enterprises barely cover the cost of rehabilitation and care needed in the first few months post injury, let alone sustain the support needed over the life course. In Tai's case, while his fund raising campaign exceeded its goal, the money raised barely covered part of the first year of support for Tai.

Professor Chris Del Mar faced a similar dilemma. The world-renowned GP went for an early-morning surf before work on the Gold Coast and in a freak accident, suffered a catastrophic spinal cord injury that left him dependent on a wheelchair and voice activated computer. Because he was over 65 and ineligible for the NDIS, Professor Del Mar's colleagues turned to crowdfunding to raise the funds to purchase the equipment he needed and make his home accessible.<sup>15</sup>

In describing what was needed, the fundraising page explained that because Professor Del Mar was ineligible for NDIS funding, "... he will not receive any funding for the considerable home modifications which are necessary for him to leave hospital. He will receive limited government assistance for only some of the equipment that he needs.

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<sup>11</sup> Parliament of NSW, Sporting Injuries Insurance Act 1978 No 141.

<sup>12</sup> See <https://www.smh.com.au/healthcare/inspiring-hope-spinal-cord-injury-trials-offer-alex-a-chance-of-wriggling-his-fingers-20230412-p5czw8.html>

<sup>13</sup> See <https://www.ridewithrichter.org/wishlist/>

<sup>14</sup> See <https://www.adelaidenow.com.au/news/south-australia/flood-of-gofundme-donations-for-paralysed-south-australian-footballer-tai-martinpage-after-ntfl-neck-injury/news-story/54403fa2ea0a4a107446297892f31798>

<sup>15</sup> See <https://www1.racgp.org.au/newsgp/professional/after-a-major-spinal-injury-this-renowned-gp-resea?feed=RACGPnewsGPArticles>

“Some of the priorities are to arrange home modifications and equipment, and make arrangements for the ongoing care that he’ll need, so that he can return home as soon as possible.

“Chris’s equipment needs range from the mundane (e.g. hospital bed), to those which will enable him to participate in life and the community (e.g. powered wheelchair, modified vehicle, and various specialised communication and IT devices).”<sup>16</sup>

Barely covering one year of support, the fundraiser raised \$162,636.

In responding to another football sporting injury, a recent community fundraising campaign for injured NSW footballer Nathan Stapleton, again reiterates that despite the presence of abundant community goodwill and people willing to support the injured person and their family financially, the money raised was completely inadequate to manage the consequences of his injury for Nathan and his family.<sup>17</sup>

It is frustrating to see such effort going into community activation like this, especially as the funds raised will ultimately not meet the needs of the individual.

## Why not rely on the NDIS?

The advent of the NDIS and the time and effort committed to establishing this social insurance scheme, has tended to completely overshadow the completion of the NIIS.

Despite the fact that it does not provide rehabilitation services, it has been all too easy to look to the NDIS and rely on its provision of disability supports as the appropriate response for injured Australians.

Often made to justify the delay or abandonment of the complete NIIS, this is a view held by those with a vested interest in maintaining the common law approach, or by institutions that benefit from the cost shift to the Commonwealth that relying on the NDIS delivers.

But the NDIS cannot be used as a safety net for people with catastrophic injury. Nor can it be used as a substitute for the NIIS. The following reasons explain why.

### Cost

The \$22B initially estimated as the annual cost of the NDIS did not include the lifetime support of people with catastrophic injury. This was because the Productivity Commission had located this cost as the responsibility of their proposed NIIS.

Failing to deliver the completed NIIS has had an enduring and adverse impact on NDIS sustainability, a consequence the NDIA itself has acknowledged.

<sup>16</sup> See <https://www.gofundme.com/f/85svf-help-get-chris-home>

<sup>17</sup> See <https://www.gofundme.com/f/nathan-stapletons-spinal-injury-recovery>

In its submission to the 2017 Productivity Commission *Review of NDIS Costs*, the NDIA estimated that without the general and medical injury streams of a completed NIIS, the extra cost for the NDIS will be “...about \$23 million in 2018-19, but would increase to about \$226 million in 2025-26 and to about \$1.3 billion in 2040-41.”<sup>18</sup>

Because the Commonwealth has to assume lifetime funding responsibility for catastrophically injured people through the NDIS as a cost overrun, the NDIA identified the absence of the completed NIIS as a financial sustainability risk for the NDIS.<sup>19</sup>

### **Medical and rehabilitation services are not covered**

The NDIS only funds the disability support costs of living with the disability arising from a catastrophic injury. But responding to a catastrophic injury requires medical and rehabilitation costs to be in place from day one.

As they are not covered by the NDIS, these costs must be met by individuals and families, or by stretched public health systems. This is the reason why injury schemes exist separately to disability schemes – they have the capacity to respond early, integrate medical, rehabilitation and disability services and stay the course.

The key problem with systemic reliance on the NDIS to fund support for people with catastrophic injuries is that it does not fund rehabilitation. The fact that rehabilitation services are extremely limited in the public health system means people simply miss out and their recovery is significantly compromised.

The NDIA's refusal to fund rehabilitation was confirmed in an answer to a Question on Notice from the Senate Community Affairs Committee Estimates hearing held on 15 December 2022.

In responding to a question about the NDIA's policy on the provision of community based (non inpatient) rehabilitation services to participants with brain and spinal cord injury, amputation or vision impairment that would otherwise be covered by the NIIS, the NDIA said that

As per the Applied Principles and Tables of Services, the health system is responsible for short-term services and therapies after a recent surgery or medical event – for example rehabilitation and follow-up care. The NDIS may fund maintenance supports related to a person's disability-related impairments that impact functional capacity<sup>20</sup>

<sup>18</sup> Productivity Commission, *Review of NDIS Costs Inquiry Report*, Canberra, 2017: 259.

<sup>19</sup> National Disability Insurance Agency, *Submission to the Productivity Commission Review of NDIS Costs*, April 2017: 113.

<sup>20</sup> Answer to Question on Notice 261, Community Affairs Legislation Committee, 15 October 2022.

In response to a further Question on Notice asking whether the NDIS funded rehabilitation services for this group in any capacity, the NDIA stated that

Rehabilitation is a health system responsibility. The NDIA may fund maintenance supports related to a person's disability-related impairments that impact functional capacity.<sup>21</sup>

## NIIS funding options

Unlike the NDIS, the NIIS has a range of funding sources available to it including premium income and government subsidy.

How the remaining injury streams of the NIIS will be funded is yet to be decided. While the medical injury stream has an existing funding base through medical indemnity insurance premiums, the general injury stream has never been funded before and new funding sources must be identified.

Various funding methods have been canvassed in recent years. These have included combinations of:

- State and territory government funding;
- User pays approaches for sporting injuries;
- Local government rates levies;
- Increased taxes on alcohol or licenced premises;
- An increase in public liability insurance premiums.

No matter what funding source or combination of sources is favoured to raise a general injury premium, new money must be found.

## Age eligibility

While eligibility for the NDIS stops at age 65, there is no age limit for any of the NIIS streams.

As a result, people sustaining such catastrophic injuries as spinal cord or brain injury after the age of 65, are covered.

## Community awareness

Most Australians presume the rehabilitation and other services needed by those suffering a catastrophic injury are simply part of our health system and are shocked to find – usually when a loved one urgently needs these responses – that this is not the case.

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<sup>21</sup> Answer to Question on Notice 262, Community Affairs Legislation Committee, 15 October 2022.

The misapprehension that the NDIS will cover everyone fully has further silenced public calls for government to fully implement the NIIS.

## Delivering a complete NIIS

### *Significant support for completion*

A core group of organisations support the completion of the NIIS. These include spinal and brain injury organisations, medical peaks such as the AMA and the Australasian College of Rehabilitation Physicians.

In 2017, the YPINH National Alliance convened a meeting of major sporting codes. Representatives from the Australian Football League, the National Rugby League, the Australian Rugby Union, Tennis Australia, Swimming Australia, Cricket Australia and the Jockeys Association attended.

Together with their peak body, the Coalition of Major Professional and Participation Sports (COMPPS), these sporting representatives strongly supported the NIIS covering catastrophic sporting injury through the general injury stream. A number of their members had already been through costly, drawn out common law claims and these members and their associations were highly unsatisfied with the process and the outcomes.

Support for the urgent completion of the NIIS has also come from the Australian Small Business and Family Enterprise Ombudsman, Ms Kate Carnell.

In the final report of her 2020 Insurance Inquiry, Ms Carnell called for the urgent implementation of the NIIS for the benefit of small business, saying

Nine years on from the Productivity Commission Report a NIIS is still under consideration<sup>22</sup>...to the detriment of Australians and small businesses.<sup>23</sup>

### *Implementing the general injury stream*

Responsibility for completing the NIIS currently sits with Treasury and has traditionally been in the portfolio responsibilities of the Assistant Treasurer.

However, when work on the NIIS has been undertaken previously, it has been the province of the Council for Federal Financial Relations.

Convened by the Social Policy Division of Treasury, a working party on the NIIS has previously existed, its membership including senior officers from jurisdictional treasury departments.

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<sup>22</sup> The ABC (2020), *Catastrophically injured Australians still waiting for national insurance scheme meant to roll out with NDIS.*

<sup>23</sup> <https://www.niba.com.au/2020/12/09/insurance-market-failure-a-national-crisis-asbfeo/>

While the Commonwealth has taken a coordinating role in chairing this working party, it has not driven it as a reform program. While there are financial and political hurdles that must be overcome, many accruing at the state and territory level, there are significant benefits in resuming this process as a matter of urgency.

However, Treasury's long standing lack of stakeholder engagement and leadership to deliver the NIIS has contributed significantly to the lack of progress on the NIIS and is not the right portfolio to lead this important work.

The Alliance believes that locating the NIIS in the Government Services portfolio where it will sit in close proximity to the NDIS, is imperative for successful completion of Australia's National Injury Insurance Scheme.

### ***Engaging with States and Territories***

The NDIS and the Commonwealth have long called on state and territory governments to do more in the area of disability services but have not taken the opportunity to engage the jurisdictions and drive the NIIS reform.

Much of the work on the general injury and medical injury streams will need close state involvement, and a general injury stream is likely to be delivered through state and territory lifetime support schemes. These schemes may also administer the medical injury stream.

This would provide opportunities to develop interface arrangements and cross program protocols around disability supports between service programs that (with the right governance frameworks) can inform or include the NDIS. This is another area that has been seriously undeveloped by the NDIS acting on its own.

Expanding the state and territory lifetime care schemes to deliver the general and medical streams of the NIIS also offers the opportunity for these schemes to deliver NDIS administrative functions.

Operating at a jurisdictional level, this will situate the states and territories as formal partners in the successful delivery of both the NDIS as well as the NIIS.

### **Conclusion**

Despite strong support across the Australian community and by industry and disability peak bodies, completing the NIIS has been overlooked in state and federal governments' focus on disability reform through delivery of the NDIS.

The failure of successive governments to pursue the completion of the NIIS is a serious policy and governance failure. This is particularly galling when the same governments raise their alarm over the increasing cost of the NDIS, and the unwillingness of states and territories to provide services for injured people with disability by not providing comprehensive inpatient and community based rehabilitation.

The completion of the NIIS will not only fill a critical gap in the treatment and lifetime support of people injured in non-compensable circumstances.

It will also provide a much needed catalyst to redraw the funding arrangements for disability services between the levels of government and take significant cost pressure off the NDIS.

## Recommendations

- 1 The Australian Government commit to completing the NIIS with the States and Territories.
- 2 Transfer ministerial responsibility for the NIIS to the Minister for the NDIS and Government Services.
- 3 Include requirements for contributing to the general and medical injury streams of the NIIS in the next NDIS bi-lateral agreements with the states and territories.
- 4 Reconvene the NIIS working group to be chaired by the Commonwealth. The NDIA should be joined to this work.
- 5 Convene a NIIS advisory group with representation from sporting bodies, local government, medical and patient groups and key disability peaks.

## Further Information

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