Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme
Parliament House
CANBERRA ACT 2600

By email: minister.butler@health.gov.au

8 May 2026

Dear Minister,

2026–2031 National Health Reform Agreement (NHRA) Addendum

Congratulations on concluding the NHRA Addendum with the states and territories. I am writing in follow up to my letter of January 2025 to seek your engagement in supporting improvements to the health of people with intellectual disability through implementation of the Addendum.

The National Centre of Excellence in Intellectual Disability Health ('the Centre') welcomes the commitment in the Principles of the NHRA Addendum that "all governments will strive to eliminate differences in health status of those groups currently experiencing poor health outcomes relative to the wider community".

People with intellectual disability, who represent about 2 per cent of the population, experience some of the worst health outcomes of any population group in Australia. They die on average some 27 years earlier than the rest of the population, largely due to preventable causes including chronic disease and mental illness.

People with intellectual disability are frequent users of Australia's hospital system. In New South Wales, for example, they present to emergency departments and are admitted to hospital twice as often, experiencing potentially preventable admissions at 3.5 to 4.5 times the rate. They use mental health services almost six times as often as the rest of the population. People with intellectual disability report poor experiences and adverse outcomes in the

health system and the need for more repeat presentations, as the communication of many health professionals is insufficiently adapted to their needs.

The Centre sees several important opportunities to improve the health of people with intellectual disability under the NHRA Addendum:

1. It will be important to identify people with intellectual disability as a priority population group in the development of the National Health Reform Strategy and the new Health System Performance Assessment Framework. They should be separately identifiable in performance data so that efforts to improve their health outcomes can be measured and adjusted where needed. When there are only general references to 'people with disability', people with intellectual disability are often forgotten as a group. Through my membership of the National Disability Data Asset Council, I am available to assist the Australian Institute of Health and Welfare in further developing data in this area.

2. In developing the Service Model Reform Funding (SMRF) program of work, consideration should be given to trialling, evaluating and scaling better and more efficient models of care for people with intellectual disability. The Disability Royal Commission highlighted the NSW Specialised Intellectual Disability Health Teams as a model that should be expanded across all jurisdictions. This could be considered as part of the SMRF.

   There may also be opportunities to demonstrate, evaluate and scale better approaches to better practice models in the timely discharge of NDIS participants and potential NDIS participants from hospital in line with directions for future work set out at paragraphs C56-57 of the Addendum. Preventive health care models for people with intellectual disability in primary care could also be trialled, building on current NHMRC-funded research led by the University of New South Wales. In addition, the Centre has been working with the Independent Hospital and Aged Care Pricing Authority on the feasibility of an intellectual disability adjustment for hospital funding. We would urge this to be considered as part of the reviews foreshadowed at Schedule A to the Addendum.

3. In increasing the capacity and capability of the health workforce (paragraph G33a) and improving the transparency of teaching and training funding (paragraph G35), strong efforts are needed to improve the capability of the health workforce in intellectual disability health. For university-level training, the Centre urges governments to assist in the implementation of the Intellectual Disability Health Capability Framework. For continuing professional development, the Centre urges governments to increase the uptake of intellectual disability health modules by publicly-funded health care workers. In our view, training on unconscious bias in health settings should be mandatory.

The Centre is Australia's leading source of expertise on intellectual disability health and looks forward to working with governments as the Addendum is implemented to aid in addressing the significant health disadvantages experienced by people with intellectual disability. I can be contacted at j.trollor@unsw.edu.au or on telephone 02 9348 2126 if you or your officials would like to discuss any of the above issues.

I have written in similar terms to state and territory health ministers.

Yours sincerely

Scientia Professor Julian Trollor AM
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