Submission to DSS, regarding the NDIS Supports Rule 10 (Section 10).

To Whom It May Concern 26.07.2025

Topic: Prescription lenses/glasses,

The definition is too broad and does not allow for consideration that a lens/glasses prescription may involve disability related needs due to permanent brain damage involving the visual system which is not related to general eye health and which is due to the person's progressive neurological disability.

Section 10 of the NDIS (Supports for Participants) Rules states that supports are not funded if they are more appropriately provided by another service system, such as the health system - and currently prescription glasses are classified here. However, this exclusion is too broad, and fails to consider complex disability-specific needs, particularly for neurological disabilities such as Multiple sclerosis (MS) and MS related vision impairment that is a neuro vision issue.

People with MS can experience long term impacts and damage to their visual system and vision capacity due to permanent and ongoing damage to their optic nerves from MS demyelination, resulting in impaired depth perception, double vision, loss of contrast vision, visual fatigue, and light sensitivity all of which are NOT able to be corrected by standard optometry prescription glasses.

Specialised non standard prescriptions such as prism lenses, tinted, filtered, spectral coloured lenses are not available under any scheme in Australia and are specifically required to support the management (not treatment) of the neurological vision and cognitive processes of the participant with MS vision impairment-disability.

Without access to ongoing as needed and consistent supply of individualised special prescription glasses/lenses the participant is being discriminated against, denied effective low cost neuro vision supports, and is adversely endangered in terms of loss of:

- Their capacity for safe mobility,
- Their capacity to drive a motor vehicle independently,
- Their access to economic involvement and wellbeing,
- Their capacity to undertake and complete tertiary study to improve their employment opportunities,
- Their independent access to the community,
- Their safety within their home,
- And their capacity to carry out activities of daily living such as meal preparation and have consistent nutritional support.

Denying the participant access to these reasonable and necessary low cost capacity building neuro vision supports, jeopardizes their independence in daily life and places them at increased avoidable risk of increased and forced need for other expensive formal supports, and imposes avoidable harms.

This denies the participant choice, control and agency in terms of them reaching for their goals within their lived experience and for them to have the opportunity to meet their NDIS goals for building and maintaining independent capacities - including neuro visual capacity.

Without anywhere else to go to obtain these necessary supports, the current situation places the participant at increased risk of cognitive decline through loss of neuro visual capacity within MS, avoidable accrual of disability, and increases their risk of poverty and homelessness through diminished capacity to engage in economic participation and study to improve one's outcomes and employment opportunities.

This situation does not align with the participants' NDIS goals or with best practice principles to limit cognitive decline and accrual of neurological vision disability which is linked to cognitive decline in MS. *It places the participant in harm's way and at increased avoidable risk of injury, and loss of capacity resulting in long term increased costs and need for formal supports, and is negligent in effect.*

The transitional rules around prescription glasses fail to consider or include the evidence that these specialised neuro vision glasses/lenses can and do significantly reduce the impact of disability, including slow the accrual of disability over time, stabilise cognitive decline, promote independence and safety, help build confidence for independent activity, improve contrast vision and safety walking, and support social and economic participation which are cornerstones of the NDIS.

There needs to be a distinction in the Section 10 rules around the differences between standard prescription glasses, and disability optical supports.

Vision impairment and visual disability is the second most reported aspect of MS disability.

Funding a participant with MS neuro vision impacts for a wheelchair that they do not need and did not ask for while denying them funding for a necessary and reasonable neuro vision support for their MS brain lacks a scientific and clinical basis and is not congruent with MS neurological disability needs for all participants. MS can have a visual system expression causing vision impairment and it can have a loss of movement-mobility disability expression. These are the two arms of MS disability and are well documented in the scientific literature.

Disparity currently exists between funding for mobility disability aids for MS and neuro vision disability-related needs for people with MS. There is disparity for MS neuro vision needs funding compared with other sensory needs (such as auditory processing devices eg. coclears, and augmented speech devices).

Pathways to recognise MS neuro vision impairment-disability need to be put into place within the NDIS as a matter of urgency.

Multiple sclerosis vision impairment results from optic neuritis and demyelination from MS activity in the central nervous system and brain; impacting and permanently damaging the optic nerves, which are the main nerve conduits involved in the process of vision.

Many people so affected by MS rely on a series of specialised prescription glasses, with prisms, filters, tints and spectral coloured lenses in order for their MS brains to be better able to assemble a more

accurate visual picture of their environment and for them to then be safely able to mobilise and have functional capacity for independence across the many areas of their daily lives - within their unique lived experience of their disability.

The definition of Assistive technology (AT) and the definition of Vision Equipment, need to be updated to include and align with the neuro vision needs for functional capacity for people with MS, and to include Behavioural optometry.

Please correct this unacceptable situation and add Specialised prescription glasses, with prisms, tints, filters and spectral coloured lenses for participants with MS related vision impairment-disability to the NDIS support list as a matter of urgency, along with Behavioural optometry.