

## **Submission to Parliamentary Inquiry into TAC**

My name is Tamara Tesseyman and I have been a claimant with TAC since Feb 2013.

My position is that the TAC scheme is not consistently operating in a way that is fair, timely or recovery focussed for claimants but instead causes claimants more harm. I also believe some of the practices appear to fall short of the obligations of the Transport Accident Act 1986.

This submission outlines systemic issues affecting legitimate claims, dispute processes, provider access, and system interactions, as reflected in my experience and the experiences of other claimants.

### **Key Points:**

- Legitimate claims for surgery, treatment and equipment are frequently delayed, disputed or restricted
- Decision making processes create barriers to accessing reasonable treatment
- The system conflates fraud control with restriction of legitimate claims
- Provider fee structures and administrative burden reduce claimants access to care
- TAC cost shift to NDIS leading to legitimate claimants experiencing gaps and delays in care
- Compensation system is not executed in a spirit of fairness and a greater negative burden is placed on women, young people and business owners

These issues are systemic in nature and result in measurable harm to claimants.

### **Impacts:**

- Worsened health and function
- Delayed recovery and return to work
- Psychological harm and financial stress caused to claimants
- Permanently disabled claimants without long term care
- Cost shifting to adversarial processes instead of treatment for claimants
- Women, young people and business owners under compensated for their loss of earning capacity

## **Key Recommendations:**

- Introduce enforceable time-frames for treatment approvals and appeals
- Provide funded legal representation for claimants in appeals and VCAT processes
- Require greater weight to be given to treating practitioners opinions
- Remove the use of arbitrary end dates on treatment
- Align provider fee structures with market rates and reduce administrative burden
- Introduce protections in compensation processes for woman, young people, business owners
- Separate fraud detection processes from routine claims management and introduce safeguards for claimants
- Introduce genuine claimant voice representation in all levels of TAC decision making
- Implement cultural change within TAC to prioritise recovery over adversarial processes
- Establish an independent oversight body with genuine claimant representation
- Clarify TAC responsibility for long term injuries and permanent disability
- Establish VCAT penalties for TAC unresolved disputes
- Ensure full transparency of decisions making, including access to all documentation without FOI barriers
- Clarify boundaries of TAC and NDIS and processes for dealing with overlap

## **Introduction:**

I was injured in 2013 while walking on a footpath into a Bunnings Warehouse with my family. Our beautiful 4-year-old son was holding my hand. A couple of meters walking behind us were my husband and our sweet 2-year-old son. In one second our lives changed. An elderly driver had slammed his foot on his accelerator instead of on the brake and crushed us both against the store wall with his tires spinning. Our injuries were catastrophic. After handing our son to my husband I fell to the ground and saw my leg looked like it had exploded. My left foot was resting against my left thigh, the flesh and bone below my knee open, jagged, and exposed. I looked up to see our son's left leg hanging limply, bleeding and open. We did not yet understand how bad his injuries were. We later learnt that his right hip, femur and pelvis were also badly damaged during the impact. We are still learning the consequences of his injuries 13 years later and trying to help him have a good normal quality of life.

We received the very best of care in hospital and by the skills and determination of the medical teams of The Royal Children's Hospital and the Royal Melbourne Hospital we were both able to have our limbs reconstructed. We had a long road ahead of us and my leg still wasn't safe yet but it was good news. It was then years of recovery, surgeries and treatments while being supported by our family and pushing through with our own pure grit. Our son worked so hard to recover and he was so positive all the way along. He was a sporty boy and as soon as he could get back on his legs he was working towards kicking a ball. He did his part to heal and when it came time for TAC to support him through his growing teenage years he has been let down so many times.

Our family were warned while in hospital by staff that we needed to contact lawyers to help us through the TAC process. We had naively believed that TAC, being a government run insurance company, would take care of us for anything we needed as a result of being injured in a car crash. We soon learnt that you cannot navigate this system without a lawyer. We learned that nothing with TAC would be about reducing our trauma or treating us with fairness or dignity.

### **System Summary**

TAC make it hard for claimants to access treatment by reviewing requests without cause and denying treatment without providing evidence for questioning our practitioners opinion. At the same time TAC make it less appealing for providers to deal with TAC clients by requiring excessive administration, rejecting treatment requests and paying lower rates with long waiting times for payment. They then make it hard for claimants to appeal those decisions by not providing information, by not providing legal representation to claimants and requiring an end date on treatments negotiated through legal and internal appeals processes. TAC systematically stack the cards against claimants.

### **Terms of Reference 1 - Claims Processes & Disputes**

My first phone contact with TAC was to make the application for claim. The hospital needed us to have a claim number, so despite pain, trauma and fear I contacted them. The person I spoke to on the phone had no idea how to treat a person who had just experienced a life threatening event. She asked for details of my injury and replied by saying "so you have a broken leg then". I do not remember what I said next but I remember crying in my room.

Initially TAC approved the treatments requested by our specialists from hospital. They began limiting and then cutting off treatments around the two year mark post injury for me. This pattern is not isolated. The consistent pattern for many claimants is that treatment is initially approved, then increasingly reviewed, delayed and ultimately denied as time progresses post injury.

Our son was monitored every year to make sure his legs were growing properly because both legs had damage to growth plates. When children's growth plates are damaged it can take years to know the full impact of their injuries. It was when his growth started accelerating around 11 that his symptoms increased and eventually he wasn't able to make it through a full cricket match or football game. He loved sport and never gave up. The pain continued and he received treatment but the weakness and pain never fully resolved. This culminated in a meniscus tear in his knee during a rugby match at age 14. Our sons mental health declined rapidly resulting in three years of heartbreaking distress for our son and family.

Immediately after the injuries my son and I worked really hard to just keep our limbs attached to our bodies. As parents my husband and I prioritised keeping our family together and not losing our relationship in the trauma. We had plans for our family before our injuries. We wanted another child. We wanted to camp with our family, travel Australia, create gardens, ride bikes, swim in the ocean, give our children a full childhood. Trauma doesn't care what your plans or intentions are. Trauma has been with us since that day in 2023 and it is still with us today. Some days, months, years are easier than others. Trauma took our beautiful son from us and put him through torture for those teenage years when you should be learning who you are. Our whole family endured that torture and during some of those times we were just holding on by a thread. At the same time TAC cut my access to psychology and kept reviewing and halting my sons physiotherapy. This continued to set him back physically and mentally.

I have felt burnt out many times over the years fighting for what my son and I are rightly entitled to. This causes harm in two major ways. TAC's treatment approval/denial process is stressful which then worsens the diagnosed mental illness I have developed from the initial crash. They then create harm by causing me to miss out on the treatments I need to survive a life with any kind of dignity. They do this knowing I have mental illness due to the crash and knowing that stress reduces my capacity. They know this because they know I have PTSD and they are a trauma based service. This demonstrates how the claims processes is structurally designed to contribute to both psychological deterioration and reduced capacity for claimants to engage in dispute resolution.

I believe TAC are not meeting the legal obligation of the Transport Accident Act Section 60(2)(a) 'the reasonable costs of road accident rescue services, medical services, hospital services, nursing services, disability services, rehabilitation services, transportation costs, vocational rehabilitation services and ambulance services received in Australia because of the transport accident'. I personally have had physiotherapy, home services, exercise physiology, psychology, Ankle Foot Orthosis, Podiatry services ceased, delayed and reviewed without cause. As a result my conditions have deteriorated and there have been years where I have barely left our home.

When I had my lawyer appeal some of these decisions in 2016 TAC negotiated with them a set amount of these services and required me to sign a document that ended any future access to Home Services, Physiotherapy, and Exercise Physiology. I was being treated at the time for PTSD and was particularly unwell. TAC were paying for the treatment at the time. It doesn't seem right to me to be able to do that to a person. My son has also had his physiotherapy and equipment delayed, ceased and reviewed. TAC use the inconsistent interpretation of the definition of 'reasonable' to avoid paying for services claimants need as a result of their injuries. This raises concerns about whether the application of "reasonable" is being used as a clinical standard or as a mechanism to restrict access to treatment.

TAC claimants are by the very nature of being involved in a motor vehicle crash traumatised. There are different levels of this trauma and my family experienced significant trauma. The first contact we have with TAC should be with a person who is trauma informed. The trauma experienced by motor vehicle crash survivors is a specific kind of trauma that is due to your life or the life of your loved ones being threatened. My son and I could have lost our lives. A 500kg beast came for us and tried to kill us. That's all our brain sees. We have to re-train our brain from its survival hard wiring. It takes your trust of the world away. Every member of TAC from the top down needs to have a deep understanding of how that trauma affects people. Not just one day learning about trauma but the foundation of TAC culture needs to be trauma informed and focussed. TAC employees should be experts in trauma because this is what they are dealing with on a daily basis. This is where the relationship begins. It can go well or it can start a terrible relationship with TAC and end up with a lack of trust leading to higher legal costs for TAC.

Due to the volume of rejected treatment requests claimants face multiple appeals. Each rejected treatment requires a separate appeal or VCAT application. The appeals process does not provide

claimants with the information or documentation used by the medical review panel to make their decision. Claimants are left with no information and no power in this appeal process. We have to pay for our own legal representation. There is a huge imbalance of power in this claims process. Claimants have to pay the fees for VCAT and their own legal fees or represent themselves. Claimants are not provided with all of the documentation TAC has and claimants are often suffering from mental illness caused by the road trauma and stress from the claims process. I have not yet had the capacity to take my appeals to VCAT. It makes me feel ill to contemplate going to tribunal. My only option is to let the time lapse and miss out on treatment or pay myself. This demonstrates that while appeal pathways technically exist, they are not practically accessible for many claimants, particularly those experiencing psychological injury.

If a claimant involves a lawyer for the internal appeals process TAC negotiate with the lawyers for a set amount of the treatment and an end date. This is the only option available to the lawyers. So no matter the outcome our treatments will end. Putting an end date on any treatment is detrimental to claimants. It has caused me extra harm and distress that I am not going to be ready by that end date and I have become so overwhelmed at times that I become mentally unwell and cannot function. I have in the past then spiralled into months of not leaving my home or engaging with treatment. Putting an end date on treatments is not best practice for any part of my injury or recovery in general.

Our experience is not isolated. I have had the opportunity to speak with other claimants in a TAC support group who have experienced all of these things and worse. This process leads to delays in treatment which lead to worse health outcomes and functional decline. This reflects a systemic issue rather than individual circumstances.

As far the compensation component of TAC goes it is a gruelling, traumatising, damaging process targeted at people in the middle of trauma and PTSD. Claimants have to hand over every piece of information about ourselves that can be used to quantify our worth. If there was something negative happen in our past we have to expose that so TAC can use it to save some money. If we have taken time off for raising small children or worked less while raising small children this is another opportunity for TAC to reduce our worth.

I was a 30 year old mother of two on the day I was crushed against a wall with my son. For myself who had been through one of the worst traumas a parent can experience, through no fault of my

own, I was then expected to negotiate and justify why I deserved more than \$200,000 total for my pain and suffering, and loss of earning capacity for the rest of my life. This offer shows the intention of TAC. To offer the least amount possible and hope we go away. I was so naive to this process because I had the belief that the purpose of TAC was for Victorians to have a fair system.

This interaction with TAC compensation process was dehumanising. The TAC lawyers and representatives remained faceless in another room while I sat with my husband and lawyers. I felt like a pawn being moved used to make and save money. It was insulting and distressing. I could only think of my families future. I had not been able to work for 2 years since our injuries and I would probably not be able to work again. How was I going to be able to financially contribute to my family? I had worked or studied since I was 14 and knew families cannot live on one wage. I felt penalised for being a woman, a mother and a business owner. This process demonstrated to me that the compensation framework relies heavily on past income rather than future earning capacity, which disproportionately disadvantages women, young people and business owners.

TAC took the opportunity that our life circumstances had presented to them as an opportunity to save money. It is within the legislation that they can do this. They don't have to do this but they chose to do this. I was young, had spent my 20's studying, working part time, took a year to travel, started a family business, and started a family so my history of income reflected this. It did not reflect my future potential earning. We had started our family business in 2008 and it burnt to the ground in the 2009 Black Saturday Bushfires in Marysville. We struggled, pushed and compromised to stay in temporary premises and employ local staff until we had to begin again in another town at the end of 2011. By Feb 2013 we had to shut our doors again when we were injured. TAC used this interruption to our lives and our business to reduce my worth.

This highlights how life circumstances outside of a claimant's control can be used to reduce compensation outcomes, even where those circumstances do not reflect long term earning potential. The final offer from TAC was more than the original offer but well below the poverty line for a woman of 30 to earn for the rest of her life. I had lost 37 years of working future. I cried a lot and we decided we could not deal with this process anymore so we agreed to the offer. TAC have the upper hand in this situation too. But TAC never asked me what my plans were for the future and how I envisioned my working life to turn out. Most women have plans for when their small children need them less.

Our lawyers told us if we didn't accept the offer and instead went to court that there are two ways it could go. If a jury offered us less than the offer we would have to take the lesser amount, pay our own legal fees and TAC legal fees and if a jury offered us more than the offer but only marginally more we would still be worse off because going to court would cost at least \$100,000 and usually the judge does not award full payment of legal fees by TAC. We felt strung up. Like we had no real option. TAC also make it impossible to be specific about what value they put on my working future because they lumped the pain and suffering and loss of earning capacity together. There is no transparency here. It makes me wonder what they are going to do to our son.

Every single day we are fighting to keep our son alive in quiet ways. We make strategic decisions to keep him busy, keep him safe, keep him mentally well. We watch him in pain, limping, frustrated, tired. It makes me cry often. We have to read documents with assessments that warn of more future pain, arthritis, hip replacement and worsening mental illness. This is part of every single day for us. Our son will be dealing with TAC compensation process in the near future. I feel confident from my experience that TAC will not move forward in that process with compassion and integrity. They will make an offensively low offer and require him to go through the harrowing long process of assessments, conferences with lawyers, more insulting offers and the complete anguish of having no control of your future. It is a form of mental torture I have already lived through and I am preparing to go through it again with our son. It makes me sick that they would do this to a young person who was so young and so innocent when the full use of his strong, healthy, athletic body was taken from him. He did not deserve what happened to him on 25/2/2013 and he doesn't deserve the torture TAC inflicts.

This is where women, young people and business owners are specifically disadvantaged and harmed by the legislation and TAC. Women are often the person in a family to take time off due to child birth and child care. Although it is not always the case there are smarter people than I who can explain how women in this age bracket are earning less when they have families. Business owners are often re-investing into their business especially in the early years. This was our case due to the interruptions we were investing in planning and design for the return to our business and choosing to live on less while we built the business. This is common for business planning. Young people who are injured as children or in their early adulthood also often don't have a strong income history. So how do TAC value them? As low as possible I imagine. I know I will find out because our son will have to go through this process soon. It fills me with dread; a long term ongoing psychological impact of the compensation process itself.

I don't believe it has to be like this. If TAC has integrity they can lead the compensation process with fairness and integrity. The stakes for claimants are much higher than for TAC. There must be a solution to make this process fair for women, young people and business owners. TAC should not be able to pay people less than a liveable wage for a persons future loss of earning.

### **Terms of Reference 2 - Circumstances and systems related to fraudulent claims**

Fraudulent claims effect all claimants. Claimants already exist as part of a stigmatised group. People question why we cannot work anymore when they see us at an event or at the shopping centre, not knowing we had to prepare for this 'outing' by reducing activity before and allowing for extra rest after and taking extra pain relief. People take for granted the ease with which they walk and that for some people it takes all of their energy to walk safely without tripping. Some people think if I can write a submission to parliament then I should be able to sit at a computer and enter data. They don't see the amount of time it took me to write this or that I had to do it as a constant merry-go-round of standing, sitting and laying in bed over the past month. I personally want fraudulent claims and fraudulent providers exposed. The problem is that as a result of increased suspicion legitimate claims are subject to excessive scrutiny resulting in delays and disputes all without clear justification. Our care is delayed, we experience psychological harm and our trust in the system is eroded.

TAC took the opportunity in 2026 to deny liability for our sons knee injury. When I requested and reviewed the documents the review panel used to make this decision, I noted that the panel had omitted records confirming our son was experiencing pain, weakness and being treated for his knee prior to the meniscus injury at age 14. I know these records exist because I have a copy of the hospital documents, yet the years referencing his knee symptoms and treatment were excluded from TAC decision making. I refer to this as cherry picking. I don't know if the medical panel cherry picked the information they used or the information provided to them was cherry picked. I consider this to be fraudulent behaviour on the part of TAC.

Claimants are not protected from this behaviour. This experience raises serious concerns about the completeness and balance of information relied upon in TAC's internal decision-making processes. Where claimants are not provided access to the materials used to make decisions, and where

relevant clinical evidence may be omitted, there is a risk that legitimate claims are not assessed fairly or accurately. These claimants also do not have legal representation through this process so cannot adequately advocate for themselves against a team of TAC lawyers.

The TAC send requests for treatment to their internal Medical Review Panels without providing reasons for questioning the recommendation of claimants treating practitioners. Claimants are left to wonder is this because they believe my provider is being fraudulent, because TAC think I am fraudulent or is TAC trying to save themselves money.

It is important to claimants that TAC anti-fraud systems do not overcorrect and increase suspicion which leads to the over-surveillance of legitimate claimants. The IME system is part of this. TAC use IME's to decline treatment. I have heard many stories of TAC using multiple IME's until they get the recommendations they want. This sounds like TAC are using the fraud detection process to deny legitimate claims. I have experienced at least 8 IME's for the common law process and they are a terrible, vulnerable, exposing experiences that should not be used for saving TAC money or detecting fraud unless there is clear evidence that fraud is probable. IME's should be used to help a claimant get a clear idea of where their injuries stand and what treatments and recommendations can help them live as best as possible with the injuries they have.

The emphasis on fraud prevention appears disproportionate to its prevalence and dollar cost to TAC. The true cost becomes the delays, denials and adversarial scrutiny to claimants. I would like TAC to ensure more precisely targeted fraud detection and that this fraud detection process be separate from routine claims management. There should be safeguards to protect legitimate claimants from secondary harm. One of the consequences of misclassifying legitimate claims as questionable is the burden on claimants to always prove they are sick. Having to prove you are sick all the time keeps you stuck there.

It is more than important for this to change. It will save lives. I have lost count of the TAC claimants I have talked to who have spoken about suicide, whether they were currently suicidal or had been previously. They always say it is because of the TAC's treatment. They tell me they can't do it anymore and they are too much of a burden to their families because of the stress they are under. I have felt this way myself over the years. I wonder if there is anyone taking notice of the number of people dying from suicide because they are having treatments delayed, denied and having their worth discounted and questioned by TAC. This is the cost people are paying. Are people suicidal

because TAC legitimately believe claimants are trying to defraud them out of a wheelchair, a medical bed or some physiotherapy sessions? This is not acceptable to me and I don't believe it is acceptable to the wider Victorian community.

### **Terms of Reference 3 - Private Provider discretion to set fees above MBS**

For a start it is important to remember that the Medicare Benefits Schedule does not set market rates for services but instead provides a partial rebate. For example when TAC was paying for my psychologist they would pay their fee which is approximately \$202 per session and is significantly below the Australian Psychological Society suggested private fee of \$318. My psychologist chooses to only charge me the TAC amount in order to spare me the gap. This is very generous of her but this shifts the burden to her. She does not charge the APA recommended fee but her usual fee is above TAC's payment rate. On top of that gap in fee the psychologist has an increased administrative burden and payment delays when taking on TAC clients. This makes it hard for claimants to find psychologists.

I myself have had to call around to numerous clinic regularly being told that their clinicians do not see TAC clients. When I have asked why that is I have been told it is because TAC are difficult to deal with, clients have to pay a gap fee and TAC do not always pay because they dispute treatment. These providers can take on NDIS or private clients and not have the same burden and be paid appropriately for their service. This a clear indicator of a policy issue at TAC that systematically causes harm to claimants.

I have been told by psychologists, physiotherapists, sports physicians, surgeons, psychiatrists, and GP's that they do not see TAC clients. This reduces the pool of providers my son and I have access to and makes seeking treatment even harder because we live outside of Melbourne. It is especially hard to find mental health support because there are already long waiting lists. This causes delays to treatment and in the end lack of treatment and function decline. I have been looking for 12 months for a Psychiatrist for my son. I hear this same story from TAC claimants all the time.

Our GP's retired last year and we still have not been able to find a replacement who knows how to deal with TAC and is willing to deal with TAC. In the mean time treatments are delayed. I recently learned that our GP's were not even billing TAC for our injury related consultations and instead billing to Medicare. The consequence of this is that TAC don't have a record of the consultation and

believe there is a gap in a claimants treatment which they use as a reason to deny other treatments. This is alarming. GP's are charging medicare for our motor vehicle crash injury consultations. I believe this is widespread and needs to be investigated.

My husband and I currently pay for our sons psychologist privately because he does not deal with TAC and we are meant to get reimbursed but the barrier for me is submitting the receipts. I have Complex PTSD from the crash so as a result barriers become overwhelming for me. I have piles of receipts to submit for different treatment because TAC make the process so difficult for providers and claimants. It is overwhelming. TAC have shifted that cost to our family.

In 2025 I was forced to go to the media to get support from the community to request TAC make a decision about my Ankle Foot Orthosis(AFO). Firstly I had received a letter from TAC in 2024 that they would be reviewing my Orthotist entitlements, to which I sent a colourfully worded email because I cannot walk outside my home without my Orthosis. When my AFO was wearing out my Orthotist requested a new, upgraded AFO, that would give me more independence and safety walking up and down stairs and especially down inclines. We submitted a thorough request and included written a statement about how the upgraded AFO would improve my quality of life. TAC referred it to the review panel and I waited and waited. While I waited for the decision my old AFO had completely broken and I wasn't able to walk outside the home. Thats when I went to the media. It took the media contact for TAC to make the decision. Meanwhile I have had to bare my story and my families privacy to the public. It is not something I do lightly and it is not something I should have to do. I am private, I am strong and TAC make me expose myself. It is dehumanising.

When we don't have access to treatment providers the outcomes for claimants worsen and our disability is increased. The inquiry need to review TAC fee structures relative to market rates not MBS, improve the payment process and reduce the administrative burden on providers. It needs to be as simple for providers as the process for claiming on NDIS, Health Insurance or Medicare.

**Terms of Reference: Interactions with other services such at NDIS:**

My only experience with TAC interactions with NDIS is my observation that TAC cost shift to NDIS using two mechanisms. Firstly TAC directly suggest to claimants that we contact NDIS after they have denied our treatments. I have seen other claimants paperwork with this in writing and I have been suggested by TAC over the phone to apply to NDIS. The other mechanism TAC use to shift

cost to NDIS is through their poor treatment of providers. When I have made contact with service providers, who don't deal with TAC due to the difficulties mentioned above in this document, I have been recommended by them to get an NDIS assessment. When TAC has rejected my claims for treatment and equipment I have had my own treatment providers suggest I be assessed for NDIS and they have told me stories other clients who have been successful at this due to rejections from TAC.

I myself have not applied for NDIS because I cannot face another assessment process by another insurance entity but also because my disability is caused directly by my motor vehicle crash injuries. That makes me ineligible for NDIS support. I believe taking from the NDIS is unethical when that system is for people who are not covered by TAC. This is an important question I have. What happens to us claimants who have a permanent life long disability caused by motor vehicle crash? Who is responsible for supporting us? There needs to be clarification around the responsibility boundaries of TAC and NDIS.

### **Cross-Cutting Systemic Issues**

Across all areas of this submission there are several systemic issues that exist throughout the entire claims process.

A significant issue is the imbalance of power between TAC and claimants. TAC has access to legal representation, internal medical panels and full information, while claimants are often unwell, unrepresented and do not have access to the same information. Claimants are also not aware of the correct terminology to use or their legal rights. This creates a situation where claimants cannot effectively advocate for themselves even when decisions are incorrect.

Another systemic issue is the lack of transparency in decision making. Claimants are not provided with the full documentation used to make decisions and are often required to go through FOI processes to access information. This creates barriers to understanding and challenging decisions and reduces trust in the system.

There is also a consistent pattern of treatment delay leading to deterioration in health and function. Delays in approving treatment or disputes over treatment result in worsening physical and psychological conditions, which increases long term costs and reduces recovery outcomes.

The system is not trauma informed. Claimants are dealing with significant trauma and mental health challenges, yet the processes they are required to navigate are complex, adversarial and often re-traumatising.

Finally, there is a systemic reliance on adversarial processes rather than early resolution. Disputes are escalated rather than resolved, leading to increased legal costs and delayed recovery.

### **Recommendations:**

These recommendations are based on the systemic issues identified in this submission:

- Introduce genuine claimant voice representation at all levels of TAC decision making
- Implement cultural change within TAC to prioritise recovery over adversarial processes
- Establish an independent oversight body with claimant representation
- Introduce enforceable timeframes for treatment approvals and appeals
- Provide funded legal representation for claimants in appeals and VCAT processes
- Require greater weight to be given to treating practitioners' opinions
- Ensure full transparency of decision making, including access to all documents without FOI barriers
- Remove the use of arbitrary end dates on treatment
- Clarify TAC responsibility for long term injuries and permanent disability
- Introduce protections in compensation processes for women, young people and business owners
- Align provider fee structures with market rates and reduce administrative burden
- Separate fraud detection processes from routine claims management and introduce safeguards for legitimate claimants
- Enforceable time-frames for TAC review of treatment and appeals process
- Penalties for TAC disputes reaching VCAT
- Clarification of the responsibility boundaries of TAC and NDIS

These reforms would improve recovery outcomes, reduce long term costs, and restore fairness and trust in the system

### **Conclusion:**

All Victorians and TAC claimants deserve evidence based reforms to TAC. Our families experiences outlined in this submission reflect a system that currently, too often places barriers in the way of recovery rather than supporting it. When access to treatment is delayed, denied, or made difficult to challenge, the consequences are deeply human, affecting individuals and families, their health, independence, and quality of life.

A system designed to support people after traumatic injury must not contribute to further harm. Reforms must ensure that decisions are transparent, evidence-based, and centred on the needs of claimants, with fair access to treatment and a genuinely accessible pathway to challenge decisions.

This inquiry represents an important opportunity to restore confidence in the system and to ensure that TAC operates in a way that reflects both its legislative obligations and the expectations of the Victorian community.

I appreciate all of the people who have made submissions to this inquiry. I especially appreciate those people writing about their personal experience with TAC. Writing this submission is like writing about your abuser. It, in itself, is traumatic. My hope is that future TAC claimants enter a system that is better; safer for them.