

REPATRIATION MEDICAL AUTHORITY

INSTRUMENT NO. 29 of 2006

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

EXPLANATORY NOTES FOR TABLING

1. The Repatriation Medical Authority ('the Authority'), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* ('the VEA') revokes Instrument No. 67 of 2002 of 10 October 2002 as amended by Instrument No. 25 of 2004 of 17 August 2004, determined under subsection 196B(2) of the VEA concerning **osteoporosis** and **death from osteoporosis**.
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **osteoporosis** and **death from osteoporosis** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles, Instrument No. 29 of 2006 concerning osteoporosis. This Instrument will in effect replace the revoked Statements of Principles.
3. The provisions of the *Military Rehabilitation and Compensation Act 2004* ('the MRCA') relating to claims for compensation commenced on 1 July 2004. Claims under section 319 of the MRCA for acceptance of liability for a service injury sustained, a service disease contracted or service death on or after 1 July 2004 are determined by the Military Rehabilitation and Compensation Commission by reference to Statements of Principles issued by the Authority pursuant to the VEA.
4. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
 - operational service under the VEA;
 - peacekeeping service under the VEA;
 - hazardous service under the VEA;
 - warlike service under the MRCA;
 - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting osteoporosis or death from osteoporosis, with the circumstances of that service.

5. This new instrument results from an investigation notified by the Authority in the Government Notices Gazette of 1 September 2004 concerning osteoporosis in accordance with section 196G of the Act. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
6. The contents of the new Instrument are in similar terms as the revoked Instruments. Comparing the new and the revoked Instruments, the differences include:
 - adopting the latest revised Instrument format, which commenced in 2005;
 - deleting the ICD code from the Instrument header;
 - revising the definition of ‘osteoporosis’ in clause 3;
 - rewording factors 6(c), 6(d), 6(x) and 6(y) relating to alcohol;
 - rewording factors 6(e) and 6(z) relating to chronic renal failure;
 - rewording factors 6(f) and 6(za) relating to drugs;
 - rewording factors 6(g) and 6(zb) relating to endocrine abnormality;
 - rewording factors 6(h) and 6(zc) relating to autoimmune disorders;
 - rewording factors 6(i) and 6(zd) relating to myeloma, lymphoma and systemic mastocytosis;
 - rewording factors 6(j) and 6(ze) relating to solid organ or bone marrow transplantation;
 - rewording factors 6(k) and 6(zf) relating to gastrointestinal disease;
 - rewording factors 6(l) and 6(zg) relating to anorexia nervosa;
 - rewording factors 6(n) and 6(zi) relating to calcium intake;
 - including new factors 6(o) and 6(zj) relating to BMI;
 - including new factors 6(p) and 6(zk) relating to physical activity;
 - including new factors 6(q) and 6(zl) relating to vitamin D deficiency;
 - including new factors 6(r) and 6(zm) relating to vitamin A consumption;
 - including new factors 6(s) and 6(zn) relating to vitamin C deficiency;
 - including new factors 6(t) and 6(zo) relating to cadmium;
 - including new factors 6(u) and 6(zp) relating to iron overload;
 - revising the definition of ‘chronic renal failure’, ‘ICD-10-AM code’, and ‘relevant service’ in clause 9;
 - including new definitions for ‘a drug from the specified list’, ‘a severe vitamin C deficiency’, ‘a specified autoimmune disorder’, ‘a specified endocrine abnormality’, ‘a specified gastrointestinal disease’, ‘acquired vitamin D deficiency’, ‘BMI’, ‘equivalent combination’, ‘iron overload’, and ‘MET’; in clause 9;
 - deleting definitions of ‘being immobile’, ‘being treated with a specified drug’, ‘chronic cholestatic liver disease’, ‘disseminated malignancy’, ‘hyperparathyroidism’, ‘hyperprolactinaemia’, ‘or the equivalent combination’, and ‘thyrotoxicosis’; and
 - specifying a date of effect for the Instrument in clause 11.
7. Further changes to the format of the Instrument reflect the commencement of the MRCA and clarify that pursuant to subsection 196B(3A) of the VEA, the

Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

8. Prior to determining this instrument, the Authority advertised its intention to undertake an investigation in relation to osteoporosis in the Government Notices Gazettes of 1 September 2004, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. No submissions were received for consideration by the Authority.
9. The determining of this new instrument finalises the investigation in relation to osteoporosis as advertised in the Government Notices Gazettes of 1 September 2004.
10. A list of references relating to the above condition is available, on written request, from the Repatriation Medical Authority Secretariat.