



**Australian Government**  
**Repatriation Medical Authority**

**REPATRIATION MEDICAL AUTHORITY**

**INSTRUMENT NO. 85 of 2015**

***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. 23 of 2007 determined under subsection 196B(2) of the VEA concerning **cardiomyopathy**, and Instrument No. 35 of 2007 determined under subsection 196B(2) of the VEA concerning **familial hypertrophic cardiomyopathy**.
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **cardiomyopathy** and **familial hypertrophic cardiomyopathy** and **death from cardiomyopathy** and **death from familial hypertrophic cardiomyopathy** 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 concerning cardiomyopathy (No. 85 of 2015). This Instrument will in effect replace the revoked Statements of Principles.

**Purpose and Operation**

3. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
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;
  - British nuclear test defence 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 cardiomyopathy or death from cardiomyopathy, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

5. This Instrument results from investigations notified by the Authority in the Government Notices Gazette of 2 May 2012 in relation to cardiomyopathy and familial hypertrophic cardiomyopathy, in accordance with section 196G of the VEA.

The investigations 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 this Instrument are in similar terms as the revoked Instruments. Comparing this Instrument and the revoked Instruments, the differences include:

- adopting the latest revised Instrument format, which commenced in 2015;
- specifying a day of commencement for the Instrument in section 2;
- combining the separate Instruments concerning *cardiomyopathy* and *familial hypertrophic cardiomyopathy* into an Instrument entitled 'cardiomyopathy';
- revising the definition of 'cardiomyopathy' in subsection 7(2);
- revising the factors in subsections 9(2) & 9(33) concerning 'alcohol', for males only;
- revising the factors in subsections 9(3) & 9(34) concerning 'alcohol', for females only;
- new factors in subsections 9(4) & 9(35) concerning 'poisoning with cobalt';
- revising the factors in subsections 9(6) & 9(37) concerning 'an anthracycline';
- revising the factors in subsections 9(7) & 9(38) concerning 'a chemotherapeutic agent from the specified list of chemotherapeutic agents';
- new factors in subsections 9(8) & 9(39) concerning 'tacrolimus';
- revising the factors in subsections 9(9) & 9(40) concerning 'chloroquine or hydroxychloroquine';
- revising the factors in subsections 9(10) & 9(41) concerning 'a drug or a drug from a class of drugs from Specified List of Drugs No. 1';
- new factors in subsections 9(11) & 9(42) concerning 'a drug from Specified List of Drugs No. 2';
- revising the factors in subsections 9(13) & 9(44) concerning 'human immunodeficiency virus';
- new factors in subsections 9(15) & 9(46) concerning 'Whipple's disease';
- revising the factors in subsections 9(16) & 9(47) concerning 'a disorder from the specified list of endocrine disorders';
- revising the factors in subsections 9(17) & 9(48) concerning 'acquired generalised lipodystrophy';
- new factors in subsections 9(19) & 9(50) concerning 'giant cell myocarditis, or a disease from the specified list of inflammatory connective tissue diseases';
- new factors in subsections 9(20) & 9(51) concerning 'a vasculitis from the specified list of systemic vasculitides';
- new factors in subsections 9(21) & 9(52) concerning 'coeliac disease';
- revising the factors in subsections 9(22) & 9(53) concerning 'an infiltrative disease';
- revising the factors in subsections 9(23) & 9(54) concerning 'a course of therapeutic radiation';
- new factors in subsections 9(24) & 9(55) concerning 'ionising radiation';
- new factors in subsections 9(25) & 9(56) concerning 'clinically apparent nutritional deficiency';
- new factor in subsection 9(27) concerning 'being obese', for clinical onset only;
- revising the factors in subsections 9(28) & 9(58) concerning 'chronic renal failure';

- new factors in subsections 9(29) & 9(59) concerning 'cirrhosis of the liver';
- revising the factors in subsections 9(30) & 9(60) concerning 'being envenomated';
- revising the factor in subsection 9(31) concerning 'undertaking physical activity', for familial hypertrophic cardiomyopathy only;
- new factors in subsections 9(32)(a) & 9(62)(a) concerning 'a category 1A stressor', for takotsubo cardiomyopathy only;
- new factors in subsections 9(32)(b) & 9(62)(b) concerning 'a category 1B stressor', for takotsubo cardiomyopathy only;
- new factors in subsections 9(32)(c) & 9(62)(c) concerning 'an injury or illness, major trauma or septicaemia', for takotsubo cardiomyopathy only;
- new factors in subsections 9(32)(d) & 9(62)(d) concerning 'a cerebrovascular accident or subarachnoid haemorrhage', for takotsubo cardiomyopathy only;
- deleting factors concerning 'cocaine, amphetamines or amphetamine derivatives', as they are now covered by the factors in subsections 9(11) & 9(42) concerning 'a drug from Specified List of Drugs No. 2';
- deleting factors concerning 'a specified autoimmune condition', as they are now covered by the factors in subsections 9(19) & 9(50) concerning 'giant cell myocarditis, or a disease from the specified list of inflammatory connective tissue diseases' and factors in subsections 9(20) & 9(51) concerning 'a vasculitis from the specified list of systemic vasculitides';
- deleting factors concerning 'clinically apparent thiamine deficiency' and 'selenium deficiency', as they are now covered by the factors in subsections 9(25) & 9(56) concerning 'clinically apparent nutritional deficiency';
- deleting factors concerning 'heart transplant', 'nonsteroidal anti-inflammatory drugs (NSAIDs)', 'corticosteroids' and 'morbid obesity';
- new definitions of 'anthracycline', 'artificial ventilation', 'being obese', 'category 1A stressor', 'category 1B stressor', 'chronic renal failure', 'cumulative equivalent dose', 'eyewitness', 'familial hypertrophic cardiomyopathy', 'infiltrative disease', 'lipodystrophy', 'MRCA', 'specified jellyfish', 'specified list of chemotherapeutic agents', 'Specified List of Drugs No. 1', 'Specified List of Drugs No. 2', 'specified list of endocrine disorders', 'specified list of inflammatory connective tissue diseases', 'specified list of nutritional deficiencies', 'specified list of systemic vasculitides', 'takotsubo cardiomyopathy', 'VEA' and 'Whipple's disease' in Schedule 1 - Dictionary;
- revising the definitions of 'a hypersensitivity reaction of the myocardium to a drug', 'being peripartum' and 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'a course of therapeutic radiation', 'a drug from Specified List 1', 'a specified autoimmune disease', 'a specified disorder', 'a specified endocrine disorder', 'a specified spider', 'beriberi', 'carybdeid box jellyfish', 'immunosuppressive drugs', 'selenium deficiency' and 'severe chronic renal failure'.

## Consultation

7. Prior to determining this Instrument, the Authority advertised its intention to undertake investigations in relation to cardiomyopathy and familial hypertrophic cardiomyopathy in the Government Notices Gazette of 2 May 2012, 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 during the investigation.

8. On 19 February 2015, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority. This letter emphasised the deletion of factors relating to *heart transplant, nonsteroidal anti-inflammatory drugs (NSAIDS), corticosteroids and morbid obesity*. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority. Minor changes were made to the content of the proposed Instrument following this consultation process, and a revised Instrument format was applied.

### **Human Rights**

9. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

### **Finalisation of Investigation**

10. The determining of this Instrument finalises the investigations in relation to cardiomyopathy and familial hypertrophic cardiomyopathy as advertised in the Government Notices Gazette of 2 May 2012.

### **References**

11. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001



**Australian Government**  
**Repatriation Medical Authority**

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 85 of 2015**

**Kind of Injury, Disease or Death:** **Cardiomyopathy**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have cardiomyopathy;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting cardiomyopathy with the circumstances of eligible service rendered by a person, as set out in clause 4 of the Explanatory Notes;
  - replaces Instrument No. 23 of 2007 concerning cardiomyopathy, and Instrument No. 35 of 2007 concerning familial hypertrophic cardiomyopathy; and
  - reflects developments in the available sound medical-scientific evidence concerning cardiomyopathy and familial hypertrophic cardiomyopathy which have occurred since those earlier instruments were determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

### **Human Rights Implications**

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:

- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
- the right to an adequate standard of living (Art 11, ICSECR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
- the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICSECR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members; and
- the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD).

### **Conclusion**

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.