



Australian Government
Repatriation Medical Authority

REPATRIATION MEDICAL AUTHORITY

INSTRUMENT NO. 79 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. 29 of 2009 determined under subsection 196B(2) of the VEA concerning **trigeminal neuropathy**.
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **trigeminal neuropathy** and **death from trigeminal neuropathy** 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 trigeminal neuropathy (No. 79 of 2015). This Instrument will in effect replace the revoked Statement 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 trigeminal neuropathy or death from trigeminal neuropathy, 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 an investigation notified by the Authority in the Government Notices Gazette of 5 September 2012 concerning trigeminal neuropathy in accordance with section 196G of the VEA. 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 this Instrument are in similar terms as the revoked Instrument. Comparing this Instrument and the revoked Instrument, the differences include:
- adopting the latest revised Instrument format, which commenced in 2015;
 - specifying a day of commencement for the Instrument in section 2;
 - revising the definition of 'trigeminal neuropathy' in subsection 7(2);
 - revising the factors in subsections 9(1) & 9(29) concerning 'multiple sclerosis, Charcot-Marie-Tooth disease or another demyelinating disease';
 - revising the factors in subsections 9(2) & 9(30) concerning 'a mass lesion';
 - new factors in subsections 9(3) & 9(31) concerning 'cervical disc prolapse or cervical syringomyelia';
 - revising the factors in subsections 9(4) & 9(32) concerning 'a haematological malignancy or lymphoproliferative disease';
 - revising the factors in subsections 9(5) & 9(33) concerning 'a cerebrovascular accident involving the brainstem';
 - revising the factors in subsections 9(6) & 9(34) concerning 'a dental, orthodontic or surgical procedure involving the affected trigeminal nerve';
 - revising the factors in subsections 9(7) & 9(35) concerning 'a traumatic injury to the affected trigeminal nerve';
 - new factors in subsections 9(8) & 9(36) concerning 'a moderate to severe traumatic brain injury';
 - revising the factors in subsections 9(9) & 9(37) concerning 'maxillary, sphenoid or frontal sinus barotrauma';
 - revising the factors in subsections 9(10) & 9(38) concerning 'a disease from the specified list of inflammatory connective tissue diseases';
 - revising the factors in subsections 9(11) & 9(39) concerning 'a vasculitis from the specified list of systemic vasculitides';
 - revising the factors in subsections 9(12) & 9(40) concerning 'a benign fibro-osseous lesion';
 - revising the factors in subsections 9(13) & 9(41) concerning 'an infection from the specified list of infections';
 - new factors in subsections 9(14) & 9(42) concerning 'human immunodeficiency virus';
 - revising the factors in subsections 9(15) & 9(43) concerning 'acute herpes zoster';
 - revising the factors in subsections 9(16) & 9(44) concerning 'amyloidosis or diabetes mellitus';
 - revising the factors in subsections 9(17) & 9(45) concerning 'a drug from the specified list of drugs';
 - new factors in subsections 9(18) & 9(46) concerning 'biphosphonate-related osteonecrosis of the jaw';
 - revising the factors in subsections 9(19) & 9(47) concerning 'trichloroethylene';
 - revising the factors in subsections 9(20) & 9(48) concerning 'an episode of acute intoxication';
 - revising the factors in subsections 9(21) & 9(49) concerning 'a course of therapeutic radiation';
 - new factors in subsections 9(22) & 9(50) concerning 'ionising radiation';
 - new factors in subsections 9(23) & 9(51) concerning 'osteoradionecrosis of the mandible';

- new factors in subsections 9(24) & 9(52) concerning 'a procedure from the specified list of procedures';
- new factors in subsections 9(25) & 9(53) concerning 'lumbar puncture or epidural anaesthesia';
- new factors in subsections 9(26) & 9(54) concerning 'being envenomated by the spider *Loxosceles rufescens*';
- new factors in subsections 9(27) & 9(55) concerning 'facial contact dermatitis following direct contact with the anthurium plant (*Anthurium* sp)';
- new factors in subsections 9(28) & 9(56) concerning 'limbic encephalitis in the presence of a malignant neoplasm';
- deleting the factors concerning 'radiofrequency ablation' as they are covered by factors in subsections 9(24) & 9(52) concerning 'a procedure from the specified list of procedures';
- new definitions of 'benign fibro-osseous lesion', 'cumulative equivalent dose', 'limbic encephalitis', 'MRCA', 'specified list of drugs', 'specified list of infections', 'specified list of inflammatory connective tissue diseases', 'specified list of procedures', 'specified list of systemic vasculitides', 'traumatic injury' and 'VEA' in Schedule 1 - Dictionary;
- revising the definitions of 'mass lesion' and 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'a benign osseous lesion', 'a chemical substance from the specified list', 'a course of therapeutic radiation', 'a drug from the specified list', 'a haematological malignancy or lymphoproliferative disorder from the specified list', 'a localised infection from the specified list', 'a systemic disease from the specified list', 'a systemic vasculitis from the specified list', 'a traumatic injury to the affected trigeminal nerve', 'a viral, bacterial or protozoal infection from the specified list', 'acute intoxication', 'an inflammatory connective tissue disease from the specified list' and 'radiofrequency ablation'.

Consultation

7. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to trigeminal neuropathy in the Government Notices Gazette of 5 September 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. One submission was received for consideration by the Authority during the investigation.

Human Rights

8. 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

9. The determining of this Instrument finalises the investigation in relation to trigeminal neuropathy as advertised in the Government Notices Gazette of 5 September 2012.

References

10. 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. 79 of 2015**

Kind of Injury, Disease or Death: **Trigeminal neuropathy**

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 trigeminal neuropathy;
 - 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 trigeminal neuropathy with the circumstances of eligible service rendered by a person, as set out in clause 4 of the Explanatory Notes;
 - replaces Instrument No. 29 of 2009; and
 - reflects developments in the available sound medical-scientific evidence concerning trigeminal neuropathy which have occurred since that earlier instrument was 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'¹;

- 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

¹ 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.