



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
ISCHAEMIC HEART DISEASE
(REASONABLE HYPOTHESIS) (NO. 27 OF 2025)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning ischaemic heart disease (Reasonable Hypothesis)* (No. 27 of 2025).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 1 of 2016 (Federal Register of Legislation No. F2016L00001) determined under subsections 196B(2) and (8) of the VEA concerning **ischaemic heart disease**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **ischaemic heart disease** and **death from ischaemic heart disease** 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 **ischaemic heart disease** (Reasonable Hypothesis) (No. 27 of 2025). This Instrument will in effect replace the repealed Statement of Principles.

Purpose and Operation

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. 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 **ischaemic heart disease** or death from **ischaemic heart disease**, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 7 November 2023 concerning **ischaemic heart disease**

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.

7. The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:

- specifying a day of commencement for the Instrument in section 2;
- revising the definition of 'ischaemic heart disease' in subsection 7(2);
- revising ICD-10-AM codes for 'ischaemic heart disease' in subsection 7(3);
- revising the reference to 'ICD-10-AM code' in subsection 7(4);
- revising the factor in subsection 9(3) concerning being obese or overweight;
- revising the factor in subsection 9(4) concerning having persistently abnormal blood lipid levels;
- revising the factor in subsection 9(5) concerning where smoking has not ceased;
- revising the factor in subsection 9(6) concerning where smoking has ceased;
- revising the factor in subsection 9(7) concerning where exposure to second-hand tobacco smoke has not ceased;
- revising the factor in subsection 9(8) concerning where exposure to second-hand tobacco smoke has ceased;
- revising the factor in subsection 9(9) concerning the where the use of smokeless tobacco has not ceased;
- revising the factor in subsection 9(10) concerning where the use of smokeless tobacco has ceased;
- revising the factor in subsection 9(11) concerning an inability to undertake any physical activity;
- revising the factor in subsection 9(14) concerning having chronic kidney disease;
- revising the factor in subsection 9(15) concerning having hypothyroidism;
- revising the factor in subsection 9(16) concerning having Hashimoto thyroiditis;
- revising the factor in subsection 9(18) concerning having radiotherapy for cancer;
- revising the factor in subsection 9(19) concerning 1,2 propylene glycol dinitrate (Otto fuel II);
- revising the factor in subsection 9(20) concerning undergoing a procedure involving catheterisation of the affected coronary artery;
- revising the factor in subsection 9(21) concerning having infective endocarditis; for clinical onset only;
- revising the factor in subsection 9(22) concerning having syphilis involving the coronary arteries;
- revising the factor in subsection 9(23) concerning having one of the following vasculitides;
- revising the factor in subsection 9(24) concerning having thromboangiitis obliterans;
- revising the factor in subsection 9(25) concerning having one of the following systemic inflammatory rheumatological diseases;
- revising the factor in subsection 9(26) concerning having a hypercoagulable state;

- revising the factor in subsection 9(27) concerning having one of the following clinically significant disorders of mental health;
- revising the factor in subsection 9(28) concerning taking combined estrogen-progestogen contraception;
- revising the factor in subsection 9(29) concerning taking any of the following medications;
- revising the factor in subsection 9(30) concerning being treated with antipsychotic agents;
- revising the factor in subsection 9(31) concerning taking a non-topical, non-steroidal, anti-inflammatory drug;
- revising the factor in subsection 9(32) concerning having bilateral orchidectomy (orchiectomy);
- revising the factor in subsection 9(33) concerning taking one of the following anti-androgen medications;
- revising the factor in subsection 9(34) concerning phenoxy acid herbicides 2,4-dichlorophenoxyacetic acid (2,4-D) or 2,4,5-trichlorophenoxyacetic acid (2,4,5-T);
- revising the factor in subsection 9(35) concerning 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD);
- revising the factor in subsection 9(36) concerning inhaling chronically polluted air;
- revising the factor in subsection 9(37) concerning consuming salt;
- revising the factor in subsection 9(38) concerning alcohol consumption;
- revising the factor in subsection 9(39) concerning sleep apnoea;
- revising the factor in subsection 9(41) concerning night shift work;
- revising the factor in subsection 9(42) concerning human immunodeficiency virus;
- revising the factor in subsection 9(44) concerning gout or hyperuricaemia;
- revising the factor in subsection 9(45) concerning undertaking physical activity;
- revising the factor in subsection 9(46) concerning experiencing a category 1A stressor;
- revising the factor in subsection 9(47) concerning experiencing a category 1B stressor;
- revising the factor in subsection 9(48) concerning experiencing an acute severe stressful event;
- revising the factor in subsection 9(49) concerning experiencing the death of a family member or close friend;
- revising the factor in subsection 9(50) concerning using illicit drugs;
- revising the factor in subsection 9(51) concerning having an episode of acute cholinergic poisoning from exposure to an organophosphorus ester;
- revising the factor in subsection 9(52) concerning being exposed to ambient temperatures of 38 degrees Celsius or above or zero degrees Celsius or below;
- revising the factor in subsection 9(53) concerning inhaling polluted air;
- revising the factor in subsection 9(54) concerning being envenomated, for clinical onset only;
- revising the factor in subsection 9(55) concerning having an acute hypersensitivity reaction, for clinical onset only;
- revising the factor in subsection 9(56) concerning having an infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);

- revising the factor in subsection 9(57) concerning having influenza;
- revising the factor in subsection 9(58) concerning being pregnant;
- new factor in subsection 9(59) concerning having a hypertensive emergency or crisis;
- new factor in subsection 9(60) concerning having atrial fibrillation or atrial flutter;
- new factor in subsection 9(61) concerning having bilateral oophorectomy;
- deleting factor concerning having hyperhomocysteinaemia;
- deleting factor concerning an inability to consume fish;
- deleting factor concerning having infective endocarditis, for clinical worsening only;
- deleting factor concerning working long hours;
- deleting factor concerning being envenomated, for clinical worsening only;
- deleting factor concerning having an acute hypersensitivity reaction, for clinical worsening only;
- new definitions of 'being obese or overweight', 'hypertensive emergency or crisis', 'non-steroidal, anti-inflammatory drugs', 'one pack-year', 'smokeless tobacco', in Schedule 1 - Dictionary;
- revising the definitions of 'being sedentary', 'chronically polluted air', 'clinically significant disorder of mental health', 'corpse', 'cumulative equivalent dose', 'periodic, heavy alcohol consumption', 'polluted air', 'witness' in Schedule 1 - Dictionary; and
- deleting the definitions of 'acute, severe, emotional stressor', 'alcohol', 'alcohol intoxication', 'amphetamines as specified', 'antiandrogen therapy as specified', 'being exposed to second-hand smoke', 'being obese', 'cigarettes per day, or the equivalent thereof in other tobacco products', 'chronic kidney disease', 'cold snap', 'drug, food or environmental agent from the specified list', 'dyslipidaemia', 'extreme cold', 'extreme heat', 'heatwave', 'hypercoagulable state as specified', 'long hours', 'MET', 'obstructive sleep apnoea', 'pack-year of cigarettes, or the equivalent thereof in other tobacco products', 'significant other', 'Specified List 1 of drugs', 'Specified List 2 of drugs' and 'specified list of autoimmune diseases'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to **ischaemic heart disease** in the Government Notices Gazette of 7 November 2023, 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, the Military Rehabilitation and Compensation 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 in relation to the investigation.
9. On 22 November 2024, 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:
 - *9(13) & 9(56) deleting factor concerning having hyperhomocysteinaemia;*
 - *9(30) & 9(73) deleting factor concerning an inability to consume fish;*

- 9(82) deleting factor concerning having infective endocarditis, for clinical worsening only;
- 9(36) & 9(79) deleting factor concerning working long hours;
- 9(86)(j) deleting factor concerning being envenomated, for clinical worsening only;
- 9(86)(k) deleting factor concerning having an acute hypersensitivity reaction, for clinical worsening only;

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. No changes were made to the proposed Instrument following this consultation process.

Human Rights

10. 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

11. The determining of this Instrument finalises the investigation in relation to **ischaemic heart disease** as advertised in the Government Notices Gazette of 7 November 2023.

References

12. A list of references relating to the above condition is available on the Authority's website at: www.rma.gov.au. Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: info@rma.gov.au
 Post: 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. 27 of 2025**

Kind of Injury, Disease or Death: **Ischaemic heart disease**

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(2) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors connecting particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
 - facilitates claimants in making, and the Repatriation Commission and the Military Rehabilitation and Compensation 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 ischaemic heart disease;
 - 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 ischaemic heart disease with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 1 of 2016; and
 - reflects developments in the available sound medical-scientific evidence concerning ischaemic heart disease 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, ICESCR; 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, ICESCR 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;
 - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
 - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

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.