



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
RENAL STONE DISEASE
(REASONABLE HYPOTHESIS) (NO. 69 OF 2019)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning renal stone disease (Reasonable Hypothesis)* (No. 69 of 2019).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 65 of 2010 (Federal Register of Legislation No. F2010L02304) determined under subsection 196B(2) of the VEA concerning **renal stone disease**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **renal stone disease** and **death from renal stone 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 **renal stone disease (Reasonable Hypothesis)** (No. 69 of 2019). This Instrument will in effect replace the repealed Statement of Principles.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 renal stone disease or death from renal stone 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 14 November 2017 concerning renal stone 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 had 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:

- 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 'renal stone disease' in subsection 7(2);
- revising the reference to 'ICD-10-AM code' in subsection 7(4);
- revising the factor in subsection 9(2) concerning 'primary hyperparathyroidism';
- new factor in subsection 9(3) concerning 'post-surgical hypoparathyroidism';
- revising the factor in subsection 9(5) concerning 'having a haematological disease';
- revising the factor in subsection 9(6) concerning 'gout or hyperuricaemia';
- new factor in subsection 9(7) concerning 'tumour lysis syndrome';
- revising the factor in subsection 9(8) concerning 'diarrhoea';
- new factor in subsection 9(10) concerning 'distal renal tubular acidosis';
- revising the factor in subsection 9(11) concerning 'a urinary tract infection';
- revising the factor in subsection 9(12) concerning 'an acquired narrowing or obstruction of the ureter, ureteropelvic junction or renal calyx';
- new factor in subsection 9(13) concerning 'having a gastrointestinal disease';
- new factor in subsection 9(14) concerning 'having undergone: (a) malabsorptive bariatric procedure; or (b) ileal resection or ileal bypass surgery; or (c) Roux-en-Y gastric bypass surgery';
- new factor in subsection 9(15) concerning 'having a systemic disease';
- revising the factor in subsection 9(16) concerning 'a drug or a drug from a class of drugs';
- new factor in subsection 9(17) concerning 'a vitamin D supplement';
- revising the factor in subsection 9(18) concerning 'a urinary diversion procedure';
- revising the factor in subsection 9(19) concerning 'neurogenic bladder';
- revising the factor in subsection 9(21) concerning 'being immobile';
- revising the factor in subsection 9(22) concerning 'inability to consume an average of at least 400 grams of calcium per day';
- new factor in subsection 9(23) concerning 'inadequate fluid intake';
- revising the factor in subsection 9(24) concerning 'being overweight or obese';
- revising the factor in subsection 9(26) concerning 'a renal transplant';
- revising the factor in subsection 9(27) concerning 'inhaling cadmium fumes';
- revising the factor in subsection 9(28) concerning 'experiencing spaceflight';
- deleting the factors concerning 'myeloproliferative disorder' and 'haemolytic anaemia' as they are subsumed by the factor in subsection 9(5) concerning 'having a haematological disease';
- deleting the factor concerning 'chemotherapy-induced tumour lysis' as it is subsumed by the factor in subsection 9(7) concerning 'tumour lysis syndrome';
- deleting the factors concerning 'inflammatory bowel disease', 'chronic pancreatitis' and 'biliary cirrhosis' as they are subsumed by the factor in subsection 9(13) concerning 'having a gastrointestinal disease';

- deleting the factors concerning 'Roux-en-Y gastric bypass surgery' and 'partial or complete ileal resection or ileal bypass surgery' as they are subsumed by the factor in subsection 9(14) concerning 'having undergone: (a) malabsorptive bariatric procedure; or (b) ileal resection or ileal bypass surgery; or (c) Roux-en-Y gastric bypass surgery';
- deleting the factors concerning 'type 2 diabetes mellitus', 'sarcoidosis' and 'Sjogren's syndrome' as they are subsumed by the factor in subsection 9(15) concerning 'having a systemic disease';
- deleting the factor concerning 'being bed-bound' as it is subsumed by the factor in subsection 9(21) concerning 'being immobile';
- deleting the factor concerning 'hyperthyroidism';
- deleting the factor concerning 'ingesting ethylene glycol or diethylene glycol';
- new definitions of 'being immobile', 'being overweight or obese', 'BMI', 'distal renal tubular acidosis', 'hyperuricaemia', 'malabsorptive bariatric procedure', 'MRCA', 'neurogenic bladder', 'specified list of drugs', 'specified list of gastrointestinal diseases', 'specified list of haematological diseases', 'specified list of systemic diseases', 'tumour lysis syndrome' and 'VEA' in Schedule 1 - Dictionary;
- revising the definitions of 'inadequate fluid intake', 'relevant service', 'urease-producing bacteria' and 'urinary diversion procedure' in Schedule 1 - Dictionary; and
- deleting the definitions of 'a drug or a drug from a class of drugs from the specified list', 'bed-bound' and 'being obese'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to renal stone disease in the Government Notices Gazette of 14 November 2017, 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. One submission was received for consideration by the Authority during the investigation.
9. On 21 February 2019, 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 *hyperthyroidism* and *ingesting ethylene glycol or diethylene glycol*. 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 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 renal stone disease as advertised in the Government Notices Gazette of 14 November 2017.

References

12. 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. 69 of 2019**

Kind of Injury, Disease or Death: **Renal stone 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 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 renal stone 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 renal stone disease with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 65 of 2010; and
 - reflects developments in the available sound medical-scientific evidence concerning renal stone 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, 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;
 - 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.