

EXPLANATORY STATEMENT

STATEMENT OF PRINCIPLES CONCERNING HEPATITIS C (BALANCE OF PROBABILITIES) (NO. 14 OF 2018)

VETERANS' ENTITLEMENTS ACT 1986 MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning hepatitis C* (*Balance of Probabilities*) (No. 14 of 2018).

Background

- 2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), revokes Instrument No. 55 of 2008, determined under subsection 196B(3) of the VEA concerning **hepatitis C**.
- 3. The Authority is of the view that on the sound medical-scientific evidence available it is more probable than not that **hepatitis C** and **death from hepatitis C** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(3) of the VEA a Statement of Principles concerning **hepatitis C** (Balance of Probabilities) (No. 14 of 2018). This Instrument will in effect replace the revoked 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 exist, and which of those factors must be related to the following kinds of service rendered by a person:
 - eligible war service (other than operational service) under the VEA;
 - defence service (other than hazardous service and British nuclear test defence service) under the VEA;
 - peacetime service under the MRCA,

before it can be said that, on the balance of probabilities, hepatitis C or death from hepatitis C is connected 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 2 October 2015 concerning hepatitis C 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 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 'hepatitis C' in subsection 7(2);
 - revising the reference to 'ICD-10-AM code' in subsection 7(4);
 - revising the factor in subsection 9(1) concerning 'being exposed to the hepatitis C virus', by the inclusion of a Note;
 - new factor in subsection 9(3)(a) concerning 'human immunodeficiency virus', for chronic hepatitis C only;
 - new factor in subsection 9(3)(b) concerning 'solid organ, stem cell or bone marrow transplantation', for chronic hepatitis C only;
 - revising the factors in subsections 9(3)(c) & 9(3)(d) concerning 'alcohol', for chronic hepatitis C only;
 - revising the factor in subsection 9(3)(e) concerning 'severe hepatic iron overload', for chronic hepatitis C only;
 - revising the factor in subsection 9(3)(f) concerning 'chronic infection with schistosomiasis involving the liver', for chronic hepatitis C only;
 - deleting the factor concerning 'immunocompromised state' which is now covered by the new factors 9(3)(a) and 9(3)(b) above;
 - deleting the factor concerning 'being obese', for clinical worsening only;
 - new definitions of 'MRCA' and 'VEA' in Schedule 1 Dictionary;
 - revising the definitions of 'being exposed to the hepatitis C virus', 'iron overload', 'relevant service' and 'specified body substance' in Schedule 1 Dictionary; and
 - deleting the definitions of 'being in an immunosuppressed state' and 'being obese'.

Consultation

- 8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to hepatitis C in the Government Notices Gazette of 2 October 2015, 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.
- 9. On 4 August 2017, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments concerning hepatitis C and the medical-scientific material considered by the Authority. This letter emphasised the deletion of a factor relating to *being obese* from the Balance of Probabilities Instrument. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instruments 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 hepatitis C as advertised in the Government Notices Gazette of 2 October 2015.

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



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. 14 of 2017

Kind of Injury, Disease or Death: Hepatitis C

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 hepatitis C;
- 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 exist before it can be said that, on the balance of probabilities, hepatitis C is connected with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
- replaces Instrument No. 55 of 2008; and
- reflects developments in the available sound medical-scientific evidence concerning hepatitis C 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

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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.