

Statement of Principles

concerning

MITRAL VALVE PROLAPSE  
(Reasonable Hypothesis)

(No. 15 of 2023)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 27 February 2023

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| The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of: |
| Professor Terence Campbell AM  Chairperson |

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1 Definitions 6

1. Name

This is the Statement of Principles concerning *mitral valve prolapse* *(Reasonable Hypothesis)* (No. 15 of 2023).

1. Commencement

This instrument commences on 27 March 2023.

1. Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

1. Repeal

The Statement of Principles concerning mitral valve prolapse No. 43 of 2014 (Federal Register of Legislation No. F2014L00471) made under subsection 196B(2) of the VEA is repealed.

1. Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about mitral valve prolapse and death from mitral valve prolapse.

Meaning of **mitral valve prolapse**

* 1. For the purposes of this Statement of Principles, mitral valve prolapse:
     1. means a degenerative, structural disorder of the mitral valve apparatus in which there is systolic displacement of an abnormally thickened or redundant mitral leaflet into the left atrium, and where this disorder has been confirmed by echocardiographic studies; and
     2. excludes:
        1. flail mitral valve leaflet;
        2. inherited connective tissue disorders including Marfan syndrome;
        3. isolated mitral regurgitation in the absence of echocardiographic evidence of mitral valve prolapse; and
        4. mitral valve disorder due to rheumatic heart disease.

Note 1: Mitral valve prolapse is also known as Barlow syndrome, Barlow disease or floppy mitral valve syndrome.

Note 2: The diagnosis of mitral valve prolapse does not include displacement or billowing of the anterior mitral valve leaflet identified only in the 4-chamber apical view.

* 1. While mitral valve prolapse attracts ICD‑10‑AM code I34.1, in applying this Statement of Principles the meaning of mitral valve prolapse is that given in subsection (2).
  2. For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from **mitral valve prolapse**

* 1. For the purposes of this Statement of Principles, mitral valve prolapse,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's mitral valve prolapse.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

1. Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical‑scientific evidence that indicates that mitral valve prolapse and death from mitral valve prolapse can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: ***MRCA***, ***relevant service*** and ***VEA*** are defined in the Schedule 1 – Dictionary.

1. Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting mitral valve prolapse or death from mitral valve prolapse with the circumstances of a person's relevant service:

* 1. inability to obtain appropriate clinical management for mitral valve prolapse.

1. Relationship to service
   1. The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
   2. The factor set out in subsection 9(1) applies only to material contribution to, or aggravation of, mitral valve prolapse where the person's mitral valve prolapse was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

* 1. if a factor referred to in section 9 applies in relation to a person; and
  2. that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1. Definitions
   1. In this instrument:
      1. ***mitral valve prolapse***—see subsection 7(2).
      2. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      3. ***relevant service*** means:
         1. operational service under the VEA;
         2. peacekeeping service under the VEA;
         3. hazardous service under the VEA;
         4. British nuclear test defence service under the VEA;
         5. warlike service under the MRCA; or
         6. non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

* + 1. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
       1. pneumonia;
       2. respiratory failure;
       3. cardiac arrest;
       4. circulatory failure; or
       5. cessation of brain function.
    2. ***VEA*** means the *Veterans' Entitlements Act 1986*.