

**SUMMARY OF CHANGES:**

**INSTRUMENT NOS. 46 to 51 of 2020**

Statements of Principles Nos. 46 and 47 of 2020 were signed by the Chairperson of the Repatriation Medical Authority (the Authority) on 12 June 2020. The day of commencement as specified in each of these Instruments is 22 June 2020. The Authority decided to prioritise the determination and commencement of these Instruments to allow claims for coronavirus disease 2019 (COVID-19) to be dealt with rapidly.

Statements of Principles Nos. 48 to 51 were signed by the Chairperson of the Authority on 26 June 2020. The day of commencement as specified in each of these Instruments is 27 July 2020.

These Instruments have been lodged and registered with the Federal Register of Legislation, pursuant to section 15G of the *Legislation Act 2003* (Legislation Act). In accordance with the Legislation Act, the Office of Parliamentary Counsel must generally deliver a legislative instrument for laying before each House of the Parliament within six sitting days of that House after the instrument is registered with the instrument's registered explanatory statement. The Instruments and the associated Explanatory Statements registered with the Federal Register of Legislation are available from [http://www.legislation.gov.au](http://www.comlaw.gov.au).

A list of references relating to each Statement of Principles, is available on the Authority's website at <http://www.rma.gov.au>.

The 'User Guide to the RMA Statements of Principles' explains the meaning and purpose of each section of the Statement of Principles template which commenced in 2015. This document is available on the Authority's website at <http://www.rma.gov.au>.

For further information contact:

The Registrar

Repatriation Medical Authority

GPO Box 1014

Brisbane Qld 4001

T +61 7 3815 9404

F +61 7 3815 9412

E info@rma.gov.au

3 July 2020

**SUMMARY OF CHANGES**

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| --- | --- | --- | --- |
| **Instr. No.** | **Title** | **Date of Commencement** | **ICD-10-AM Code** |
| **DETERMINATIONS** |
|  |  |  |  |
| 46 & 47/2020 | coronavirus disease 2019 (COVID-19) | 22/06/2020 | Nil |
|  |  |  |  |
| **REPEALS** |
|  |  |  |  |
| 48 & 49/2020 | diabetes mellitus | 27/07/2020 | E10, E11, E12, E13 or E14 |
|  |  |  |  |
| 50 & 51/2020 | retinal vascular occlusion | 27/07/2020 | H34 |
|  |  |  |  |

Note:

* The investigation concerning 'retinal vascular occlusive disease' has resulted in the determination of Statements of Principles concerning retinal vascular occlusion.

| **SUMMARY OF CHANGES** |
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| 46 & 47/2020 | coronavirus disease 2019 (COVID-19) | **New Condition**These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 23 April 2020 concerning *coronavirus disease 2019 (COVID-19)* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence available to the Authority. **The determining of these new Instruments finalises the investigation in relation to *coronavirus disease 2019 (COVID-19),* as advertised in the Government Notices Gazette of 23 April 2020.** |
| 48 & 49/2020 | diabetes mellitus | These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *diabetes mellitus* 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.The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include:***For RH SoP*** ***(Instrument No. 48/2020)**** 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 'diabetes mellitus' in subsection 7(2);
* revising the reference to 'ICD-10-AM code' in subsection 7(4);
* revising the factors in subsections 9(1) and 9(9) concerning having an endocrine disorder;
* revising the factors in subsections 9(2) and 9(10) concerning solid organ transplant or bone marrow transplant;
* revising the factors in subsections 9(3) and 9(11) concerning having glucocorticoid therapy;
* revising the factors in subsections 9(4) and 9(12) concerning treatment with a drug from the Specified List 1 of drugs;
* revising the factors in subsections 9(5) and 9(13) concerning treatment with a drug from the antidepressant or antipsychotic classes of drugs;
* revising the factor in paragraph 9(6)(a) concerning surgery to the pancreas, for clinical onset and for type 1 diabetes mellitus only;
* new factor in paragraph 9(6)(b) concerning splenectomy for trauma, for clinical onset and for type 1 diabetes mellitus only;
* new factor in paragraph 9(6)(c) concerning therapeutic radiation for cancer where the pancreas was in the field of radiation, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(d) concerning having a specified pathological condition involving the pancreas, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(e) concerning haemolytic uraemic syndrome, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(f) concerning ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor), for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(h) concerning having infection with a Coxsackie B virus, for clinical onset and for type 1 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(a) and 9(23)(a) concerning smoking of tobacco products, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(b) and 9(23)(b) concerning exposure to second-hand smoke, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(c) and 9(23)(c) concerning being overweight or obese, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(d) and 9(23)(d) concerning inability to undertake moderate physical activity, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(f) and 9(23)(f) concerning non-alcoholic steatohepatitis, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(g) and 9(23)(g) concerning infection with human immunodeficiency virus, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(h) and 9(23)(h) concerning infection with hepatitis C virus, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(i) and 9(23)(i) concerning hypertension, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(j) and 9(23)(j) concerning chronic renal failure, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(k) and 9(23)(k) concerning gout and hyperuricaemia, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(l) and 9(23)(l) concerning posttraumatic stress disorder, for type 2 diabetes mellitus only;
* new factor in paragraph 9(7)(m) concerning depressive disorder, for clinical onset and for type 2 diabetes mellitus only;
* new factor in paragraph 9(7)(n) concerning bipolar disorder, for clinical onset and for type 2 diabetes mellitus only;
* revising the factor in paragraph 9(7)(o) concerning schizophrenia, for clinical onset and for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(q) and 9(23)(n) concerning anti-androgen therapy, for type 2 diabetes mellitus only, by the inclusion of a note;
* revising the factors in paragraphs 9(7)(r) and 9(23)(o) concerning being exposed to arsenic, for type 2 diabetes mellitus only, by the inclusion of a note;
* revising the factors in paragraphs 9(7)(s) and 9(23)(p) concerning being exposed to a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD), for type 2 diabetes mellitus only, by the inclusion of a note;
* new factor in paragraph 9(7)(t) concerning inability to breast feed, for clinical onset and for type 2 diabetes mellitus only;
* revising the factors in subsections 9(8) and 9(24) concerning pregnancy, for gestational diabetes mellitus and type 2 diabetes mellitus only;
* new factor in subsection 9(15) concerning splenectomy for trauma, for clinical worsening;
* new factor in subsection 9(16) concerning therapeutic radiation for cancer where the pancreas was in the field of radiation, for clinical worsening;
* revising the factor in subsection 9(19) concerning ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor), for clinical worsening;
* new factor in subsection 9(20) concerning depressive disorder, for clinical worsening;
* new factor in subsection 9(21) concerning bipolar disorder, for clinical worsening;
* new factor in subsection 9(22) concerning schizophrenia, for clinical worsening;
* deleting the factors concerning having posttraumatic stress disorder, depressive disorder, bipolar disorder or schizophrenia, as these disorders are now covered separately by the factors in paragraphs 9(7)(l) and 9(23)(l) concerning posttraumatic stress disorder, paragraph 9(7)(m) and subsection 9(20) concerning depressive disorder, paragraph 9(7)(n) and subsection 9(21) concerning bipolar disorder, and paragraph 9(7)(o) and subsection 9(22) concerning schizophrenia;
* new definitions of 'being overweight or obese', 'BMI', 'chronic renal failure', 'having infection with a Coxsackie B virus', 'hyperuricaemia', 'MRCA', 'pack-year of tobacco products', 'Specified List 1 of drugs', 'Specified List 2 of drugs', 'specified list of endocrine disorders' and 'VEA' in Schedule 1 - Dictionary;
* revising the definitions of 'anti-androgen therapy as specified', 'being exposed to second-hand smoke', 'equivalent glucocorticoid therapy', 'glucocorticoid therapy as specified' by the inclusion of a note, 'inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)' and 'relevant service' by the inclusion of a note, in Schedule 1 - Dictionary; and
* deleting the definitions of 'a drug from specified list 2', 'a drug or a drug from a class of drugs from specified list 1', 'a drug or a drug from a class of drugs from specified list 3', 'a specified endocrine disorder', 'being infected with a Coxsackie B virus', 'being overweight' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'.

***For BoP SoP*** ***(Instrument No. 49/2020)**** 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 'diabetes mellitus' in subsection 7(2);
* revising the reference to 'ICD-10-AM code' in subsection 7(4);
* revising the factors in subsections 9(1) and 9(9) concerning having an endocrine disorder;
* revising the factors in subsections 9(2) and 9(10) concerning having a solid organ transplant or bone marrow transplant;
* revising the factors in subsections 9(3) and 9(11) concerning having glucocorticoid therapy;
* revising the factors in subsections 9(4) and 9(12) concerning treatment with a drug from the Specified List 1 of drugs;
* revising the factors in subsections 9(5) and 9(13) concerning treatment with a drug from the antidepressant or antipsychotic classes of drugs;
* revising the factor in paragraph 9(6)(a) concerning surgery to the pancreas, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(b) concerning having a specified pathological condition involving the pancreas, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(c) concerning haemolytic uraemic syndrome, for clinical onset and for type 1 diabetes mellitus only;
* revising the factor in paragraph 9(6)(d) concerning ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor), for clinical onset and for type 1 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(a) and 9(21)(a) concerning smoking of tobacco products, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(b) and 9(21)(b) concerning exposure to second-hand smoke, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(c) and 9(21)(c) concerning being overweight or obese, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(d) and 9(21)(d) concerning inability to undertake moderate physical activity, for type 2 diabetes mellitus only;
* new factors in paragraphs 9(7)(f) and 9(21)(f) concerning non-alcoholic steatohepatitis, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(g) and 9(21)(g) concerning infection with human immunodeficiency virus, for type 2 diabetes mellitus only;
* revising the factors in paragraphs 9(7)(h) and 9(21)(h) concerning infection with hepatitis C virus, for type 2 diabetes mellitus only;
* new factor in paragraph 9(7)(i) concerning depressive disorder, for clinical onset and for type 2 diabetes mellitus only;
* new factor in paragraph 9(7)(j) concerning bipolar disorder, for clinical onset and for type 2 diabetes mellitus only;
* new factor in paragraph 9(7)(k) concerning schizophrenia, for clinical onset and for type 2 diabetes mellitus only;
* revising the factor in paragraph 9(7)(n) and 9(21)(k) concerning being exposed to arsenic, for type 2 diabetes mellitus only;
* revising the factors in subsections 9(8) and 9(22) concerning pregnancy for gestational diabetes mellitus and type 2 diabetes mellitus only;
* revising the factor in subsection 9(17) concerning ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor), for clinical worsening;
* new factor in subsection 9(18) concerning depressive disorder, for clinical worsening;
* new factor in subsection 9(19) concerning bipolar disorder, for clinical worsening;
* new factor in subsection 9(20) concerning schizophrenia, for clinical worsening;
* deleting the factors concerning having depressive disorder, bipolar disorder or schizophrenia, as these disorders are now covered separately by the factors in paragraph 9(7)(i) and subsection 9(18) concerning depressive disorder, paragraph 9(7)(j) and subsection 9(19) concerning bipolar disorder, and paragraph 9(7)(k) and subsection 9(20) concerning schizophrenia;
* deleting the factors concerning inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD);
* new definitions of 'being overweight or obese', 'MRCA', 'pack-year of tobacco products', 'Specified List 1 of drugs', 'Specified List 2 of drugs', 'specified list of endocrine disorders' and 'VEA' in Schedule 1 - Dictionary;
* revising the definitions of 'being exposed to second-hand smoke', 'equivalent glucocorticoid therapy', 'glucocorticoid therapy as specified' by the inclusion of a note and 'relevant service' by the inclusion of a note, in Schedule 1 - Dictionary; and
* deleting the definitions of 'a drug from specified list 2', 'a drug or a drug from a class of drugs from specified list 1', 'a drug or a drug from a class of drugs from specified list 3', 'a specified endocrine disorder', 'being overweight', 'inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'.

On 24 February 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments and the medical-scientific material considered by the Authority. This letter emphasised the deletion of the factors relating to *inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)*, from the balance of probabilities Statement of Principles*.* 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. Non-substantial changes were made to the proposed Instruments following this consultation process.**The determining of these Instruments finalises the investigation in relation to *diabetes mellitus* as advertised in the Government Notices Gazette of 6 November 2018.** |
| 50 & 51/2020 | retinal vascular occlusion | These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *retinal vascular occlusive 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.The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include:***For RH SoP*** ***(Instrument No. 50/2020)**** adopting the latest revised Instrument format, which commenced in 2015;
* specifying a day of commencement for the Instrument in section 2;
* revising the name of the condition from 'retinal vascular occlusive disease' to 'retinal vascular occlusion';
* new definition of 'retinal vascular occlusion' in subsection 7(2);
* revising the reference to 'ICD-10-AM code' in subsection 7(4);
* revising the factor in subsection 9(1) concerning smoking of tobacco products, for clinical onset;
* revising the factor in subsection 9(2) concerning hypertension, for clinical onset;
* revising the factor in subsection 9(3) concerning diabetes mellitus, for clinical onset;
* revising the factor in subsection 9(4) concerning being obese, for clinical onset;
* revising the factor in subsection 9(5) concerning dyslipidaemia, for clinical onset, by the inclusion of a note;
* revising the factor in subsection 9(6) concerning hyperhomocysteinaemia, for clinical onset;
* revising the factor in subsection 9(7) concerning arteritis, for clinical onset;
* revising the factor in subsection 9(8) concerning retinal vasculitis, for clinical onset;
* new factors in subsections 9(9) and 9(31) concerning non-inflammatory vasculopathy of the cerebral or retinal vessels;
* new factors in subsections 9(10) and 9(32) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* new factors in subsections 9(11) and 9(33) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* revising the factor in subsection 9(12) concerning vascular abnormality of the retinal vessels, for clinical onset;
* revising the factor in subsection 9(13) concerning migraine, for clinical onset;
* revising the factor in subsection 9(14) concerning infection with human immunodeficiency virus, for clinical onset;
* revising the factor in subsection 9(15) concerning ocular or orbital infection, for clinical onset;
* revising the factor in subsection 9(16) concerning direct external pressure to the eyeball, for clinical onset;
* revising the factor in subsection 9(17) concerning blunt or penetrating injury, for clinical onset;
* revising the factor in subsection 9(18) concerning taking a drug from the specified list of drugs, for clinical onset;
* revising the factor in subsection 9(19) concerning taking a combined oral contraceptive pill, for clinical onset;
* revising the factor in subsection 9(20) concerning an acute hypotensive episode, for clinical onset, by the inclusion of a note;
* revising the factor in paragraph 9(21)(a) concerning open-angle glaucoma, angle-closure glaucoma or ocular hypertension, for clinical onset and for retinal venous occlusion only, by the inclusion of a note;
* new factors in paragraphs 9(21)(b) and 9(43)(b) concerning chronic renal failure, for retinal venous occlusion only;
* revising the factor in paragraph 9(21)(c) concerning being severely dehydrated, for clinical onset and for retinal venous occlusion only;
* new factors in paragraphs 9(21)(d) and 9(43)(d) concerning obstructive sleep apnoea, for retinal venous occlusion only;
* revising the factor in paragraph 9(22)(a) concerning carotid artery disease, for clinical onset and for retinal arterial occlusion only;
* new factors in paragraphs 9(22)(b) and 9(44)(b) concerning cardiac disease with the potential to give rise to a retinal embolus, for retinal arterial occlusion only;
* new factors in paragraphs 9(22)(c) and 9(44)(c) concerning a non-cardiac potential source of retinal embolus, for retinal arterial occlusion only;
* new factors in paragraphs 9(22)(d) and 9(44)(d) concerning a procedure to the heart or the carotid artery, or an intravascular procedure involving the vessels of the head or neck, for retinal arterial occlusion only;
* new factor in subsection 9(23) concerning smoking of tobacco products, for clinical worsening;
* new factor in subsection 9(24) concerning hypertension, for clinical worsening;
* new factor in subsection 9(25) concerning diabetes mellitus, for clinical worsening;
* new factor in subsection 9(26) concerning being obese, for clinical worsening;
* new factor in subsection 9(27) concerning dyslipidaemia, for clinical worsening;
* new factor in subsection 9(28) concerning hyperhomocysteinaemia, for clinical worsening;
* new factor in subsection 9(29) concerning arteritis, for clinical worsening;
* new factor in subsection 9(30) concerning retinal vasculitis, for clinical worsening;
* new factor in subsection 9(34) concerning vascular abnormality of the retinal vessels, for clinical worsening;
* new factor in subsection 9(35) concerning migraine, for clinical worsening;
* new factor in subsection 9(36) concerning infection with human immunodeficiency virus, for clinical worsening;
* new factor in subsection 9(37) concerning ocular or orbital infection, for clinical worsening;
* new factor in subsection 9(38) concerning direct external pressure to the eyeball, for clinical worsening;
* new factor in subsection 9(39) concerning blunt or penetrating injury, for clinical worsening;
* new factor in subsection 9(40) concerning taking a drug from the specified list of drugs, for clinical worsening;
* new factor in subsection 9(41) concerning taking a combined oral contraceptive pill, for clinical worsening;
* new factor in subsection 9(42) concerning an acute hypotensive episode, for clinical worsening;
* new factor in paragraph 9(43)(a) concerning open-angle glaucoma, angle-closure glaucoma or ocular hypertension, for retinal venous occlusion only;
* new factor in paragraph 9(43)(c) concerning being severely dehydrated, for clinical worsening and for retinal venous occlusion only;
* new factor in paragraph 9(44)(a) concerning carotid artery disease, for clinical worsening and for retinal arterial occlusion only;
* revising the factor in subsection 9(45) concerning inability to obtain appropriate clinical management for retinal vascular occlusion;
* deleting the factor concerning thromboangiitis obliterans (Buerger's disease), as this is covered by the factors in subsections 9(7) and 9(29) concerning arteritis;
* deleting the factor concerning microscopic polyangiitis, as this is now covered by the factors in subsections 9(8) and 9(30) concerning retinal vasculitis;
* deleting the factor concerning systemic lupus erythematosus, as this is now covered by the factors in subsections 9(8) and 9(30) concerning retinal vasculitis;
* deleting the factor concerning antiphospholipid antibody syndrome, as this is now covered by the factors in subsections 9(10) and 9(32) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* deleting the factor concerning paroxysmal nocturnal haemoglobinuria, for clinical onset and for retinal venous occlusion only, as this is now covered by the factors in subsections 9(10) and 9(32) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* deleting the factor concerning having a haematological disorder, as this is now covered by the factors in subsections 9(10) and 9(32) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* deleting the factor concerning having a disease from the specified list affecting the cerebral or retinal vessels, as the factor is now covered by the factors in subsections 9(9) and 9(31) concerning non-inflammatory vasculopathy of the cerebral or retinal vessels, and by the factors in subsections 9(11) and 9(33) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning having a lesion of the tissues within the orbit, a lesion of the optic nerve or a lesion within the eye, as these are now covered by the factors in subsections 9(11) and 9(33) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning ipsilateral neoplasm infiltrating the optic nerve or within the eye, for clinical onset, as this is now covered by the factors in subsections 9(11) and 9(33) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning a potential source of embolus to the eye, for retinal arterial occlusion only, as the factor is now covered by the factors in paragraphs 9(22)(b) and 9(44)(b) concerning having a cardiac disease with the potential to give rise to a retinal embolus, for retinal arterial occlusion only; by the factors in paragraphs 9(22)(c) and 9(44)(c) concerning having a non-cardiac potential source of retinal embolus, for retinal arterial occlusion only; and by the factors in paragraphs 9(22)(d) and 9(44)(d) concerning undergoing a procedure to the heart or the carotid artery, or an intravascular procedure involving the vessels of the head or neck, for retinal arterial occlusion only;
* deleting the factor concerning using a drug belonging to the nonsteroidal anti-inflammatory class of drugs;
* new definitions of 'being severely dehydrated', 'BMI', 'chronic renal failure', 'disorder that is associated with a hypercoagulable state or hyperviscosity', 'MRCA', 'pack-year of tobacco products', 'retinal vasculitis', 'specified list of drugs', 'specified list of systemic arteritides' and 'specified list of vasculopathies' and 'VEA' in Schedule 1 - Dictionary;
* revising the definitions of 'being obese', 'dyslipidaemia' and 'relevant service' in Schedule 1 - Dictionary; and
* deleting the definitions of 'a disease from the specified list', 'a drug from the specified list', 'a haematological disorder from the specified list of haematological disorders that are associated with a hypercoagulable state', 'a potential source of embolus to the eye', 'antiphospholipid antibody syndrome', 'dehydrated', 'hyperhomocysteinaemia', 'ocular or orbital infection', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'paroxysmal nocturnal haemoglobinuria', 'prolonged external pressure to the eyeball' and 'trauma, including surgical trauma'.

***For BoP SoP*** ***(Instrument No. 51/2020)**** adopting the latest revised Instrument format, which commenced in 2015;
* specifying a day of commencement for the Instrument in section 2;
* revising the name of the condition from 'retinal vascular occlusive disease' to 'retinal vascular occlusion';
* new definition of 'retinal vascular occlusion' in subsection 7(2);
* revising the reference to 'ICD-10-AM code' in subsection 7(4);
* revising the factor in subsection 9(1) concerning smoking of tobacco products, for clinical onset;
* revising the factor in subsection 9(2) concerning hypertension, for clinical onset;
* revising the factor in subsection 9(3) concerning diabetes mellitus, for clinical onset;
* revising the factor in subsection 9(4) concerning dyslipidaemia, by the inclusion of a note;
* revising the factor in subsection 9(5) concerning hyperhomocysteinaemia, for clinical onset;
* revising the factor in subsection 9(6) concerning arteritis, for clinical onset;
* revising the factor in subsection 9(7) concerning retinal vasculitis, for clinical onset;
* new factors in subsections 9(8) and 9(28) concerning non-inflammatory vasculopathy of the cerebral or retinal vessels;
* new factors in subsections 9(9) and 9(29) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* new factors in subsections 9(10) and 9(30) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* revising the factor in subsection 9(11) concerning vascular abnormality of the retinal vessels, for clinical onset;
* revising the factor in subsection 9(12) concerning migraine, for clinical onset;
* revising the factor in subsection 9(13) concerning infection with human immunodeficiency virus, for clinical onset;
* revising the factor in subsection 9(14) concerning ocular or orbital infection, for clinical onset;
* new factors in subsections 9(15) and 9(35) concerning direct external pressure to the eyeball;
* revising the factor in subsection 9(16) concerning blunt or penetrating injury, for clinical onset;
* revising the factor in subsection 9(17) concerning taking a drug from the specified list of drugs, for clinical onset;
* revising the factor in subsection 9(18) concerning taking a combined oral contraceptive pill, for clinical onset;
* revising the factor in paragraph 9(19)(a) concerning open-angle glaucoma, angle-closure glaucoma or ocular hypertension, for clinical onset and for retinal venous occlusion, by the inclusion of a note;
* new factors in paragraphs 9(19)(b) and 9(39)(b) concerning chronic renal failure, for retinal venous occlusion only;
* revising the factor in paragraph 9(19)(c) concerning being severely dehydrated, for clinical onset and for retinal venous occlusion only;
* revising the factor in paragraph 9(20)(a) concerning carotid artery disease, for clinical onset and for retinal arterial occlusion only;
* new factors in paragraphs 9(20)(b) and 9(40)(b) concerning cardiac disease with the potential to give rise to a retinal embolus, for retinal arterial occlusion only;
* new factors in paragraphs 9(20)(c) and 9(40)(c) concerning a non-cardiac potential source of retinal embolus, for retinal arterial occlusion only;
* new factors in paragraphs 9(20)(d) and 9(40)(d) concerning a procedure to the heart or the carotid artery, or an intravascular procedure involving the vessels of the head or neck, for retinal arterial occlusion only;
* new factor in subsection 9(21) concerning smoking of tobacco products, for clinical worsening;
* new factor in subsection 9(22) concerning hypertension, for clinical worsening;
* new factor in subsection 9(23) concerning diabetes mellitus, for clinical worsening;
* new factor in subsection 9(24) concerning dyslipidaemia, for clinical worsening;
* new factor in subsection 9(25) concerning hyperhomocysteinaemia, for clinical worsening;
* new factor in subsection 9(26) concerning arteritis, for clinical worsening;
* new factor in subsection 9(27) concerning retinal vasculitis, for clinical worsening;
* new factor in subsection 9(31) concerning vascular abnormality of the retinal vessels, for clinical worsening;
* new factor in subsection 9(32) concerning migraine, for clinical worsening;
* new factor in subsection 9(33) concerning infection with human immunodeficiency virus, for clinical worsening;
* new factor in subsection 9(34) concerning ocular or orbital infection, for clinical worsening;
* new factor in subsection 9(36) concerning blunt or penetrating injury, for clinical worsening;
* new factor in subsection 9(37) concerning taking a drug from the specified list of drugs, for clinical worsening;
* new factor in subsection 9(38) concerning taking a combined oral contraceptive pill, for clinical worsening;
* new factor in paragraph 9(39)(a) concerning open-angle glaucoma, angle-closure glaucoma or ocular hypertension, for clinical worsening and for retinal venous occlusion only;
* new factor in paragraph 9(39)(c) concerning being severely dehydrated, for clinical worsening and for retinal venous occlusion only;
* new factor in paragraph 9(40)(a) concerning carotid artery disease, for clinical worsening and for retinal arterial occlusion only;
* revising the factor in subsection 9(41) concerning inability to obtain appropriate clinical management for retinal vascular occlusion;
* deleting the factor concerning microscopic polyangiitis, as this is covered by the factors in subsections 9(7) and 9(27) concerning retinal vasculitis;
* deleting the factor concerning systemic lupus erythematosus, as this is covered by the factors in subsections 9(7) and 9(27) concerning retinal vasculitis;
* deleting the factor concerning having a haematological disorder, as this is covered by the factors in subsections 9(9) and 9(29) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* deleting the factor concerning antiphospholipid antibody syndrome, as this is covered by the factors in subsections 9(9) and 9(29) concerning a disorder that is associated with a hypercoagulable state or hyperviscosity;
* deleting the factor concerning having a disease from the specified list affecting the cerebral or retinal vessels, as the factor is now covered by the factors in subsections 9(8) and 9(28) concerning non-inflammatory vasculopathy of the cerebral or retinal vessels, and the by factors in subsections 9(10) and 9(30) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning having a lesion of the tissues within the orbit, a lesion of the optic nerve or a lesion within the eye, as these are now covered by the factors in subsections 9(10) and 9(30) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning ipsilateral neoplasm infiltrating the optic nerve or within the eye, for clinical onset, as this is covered by the factors in subsections 9(10) and 9(30) concerning benign or malignant neoplasm or non-neoplastic mass lesion;
* deleting the factor concerning a potential source of embolus to the eye, as the factor is now covered by the factors in paragraphs 9(20)(b) and 9(40)(b) concerning cardiac disease with the potential to give rise to a retinal embolus, for retinal arterial occlusion only; by the factors in paragraphs 9(20)(c) and 9(40)(c) concerning a non-cardiac potential source of retinal embolus, for retinal arterial occlusion only; and by the factors in paragraphs 9(20)(d) and 9(40)(d) concerning a procedure to the heart or the carotid artery, or an intravascular procedure involving the vessels of the head or neck, for retinal arterial occlusion only;
* deleting the factor concerning using a drug belonging to the nonsteroidal anti-inflammatory class of drugs;
* deleting the factor concerning being obese;
* deleting the factor concerning having paroxysmal nocturnal haemoglobinuria, for retinal venous occlusion only;
* deleting the factor concerning having thromboangiitis obliterans (Buerger's disease), for retinal venous occlusion only;
* new definitions of 'being severely dehydrated', 'chronic renal failure', 'disorder that is associated with a hypercoagulable state or hyperviscosity', 'MRCA', 'pack-year of tobacco products', 'retinal vasculitis', 'specified list of drugs', 'specified list of systemic arteritides', 'specified list of vasculopathies' and 'VEA' in Schedule 1 - Dictionary;
* revising the definitions of 'dyslipidaemia', and 'relevant service' in Schedule 1 - Dictionary; and
* deleting the definitions of 'a disease from the specified list', 'a drug from the specified list', 'a haematological disorder from the specified list of haematological disorders that are associated with a hypercoagulable state', 'a potential source of embolus to the eye', 'antiphospholipid antibody syndrome', 'being obese', 'dehydrated', 'hyperhomocysteinaemia', 'ocular or orbital infection', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'paroxysmal nocturnal haemoglobinuria' and 'trauma, including surgical trauma'.

On 24 February 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments and the medical-scientific material considered by the Authority. This letter emphasised the deletion of the factor relating to *using a drug belonging to the nonsteroidal anti-inflammatory class of drugs* from the reasonable hypothesis Statement of Principles, and the deletion of the factors relating to *using a drug belonging to the nonsteroidal anti-inflammatory class of drugs*; *being obese*; *having paroxysmal nocturnal haemoglobinuria, for retinal venous occlusion only*; and *having thromboangiitis obliterans (Buerger's disease), for retinal venous occlusion only.* 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. Non-substantial changes were made to the proposed Instruments following this consultation process.**The determining of these Instruments finalises the investigation in relation to *retinal vascular occlusive disease* as advertised in the Government Notices Gazette of 6 November 2018.**  |