



SUMMARY OF CHANGES:

INSTRUMENT NOS. 47 to 58 of 2021

Statements of Principles Nos. 47 to 58 of 2021 were signed by the Chairperson of the Repatriation Medical Authority (the Authority) on 23 April 2021. The day of commencement as specified in each of these Instruments is 24 May 2021.

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>.

Copies of each Instrument, the associated Explanatory Statement and a list of references relating to each Statement of Principles, are available in accordance with the *Veterans' Entitlements Act 1986* (the VEA), on written request from the RMA Secretariat.

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>.

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5 May 2021

SUMMARY OF CHANGES

Instr. No.	Title	Date of Commencement	ICD-10-AM Code
REPEALS			
47 & 48/2021	inguinal hernia	24/05/2021	K40
49 & 50/2021	open-angle glaucoma	24/05/2021	H40.1
51 & 52/2021	endometriosis	24/05/2021	N80
AMENDMENTS			
53 & 54/2021	cerebrovascular accident	24/05/2021	I61, I63, I64, G45.0, G45.1, G45.2, G45.8, G45.9 or G46
55 & 56/2021	ischaemic heart disease	24/05/2021	I20 to I25
57 & 58/2021	Guillain-Barre syndrome	24/05/2021	G61.0

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48/2021

inguinal hernia

These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 23 April 2020 concerning *inguinal hernia* 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The contents of these Instruments are in similar terms as the repealed Instruments.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. 47/2021)

- 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 'inguinal hernia' in subsection 7(2);
- revising the reference to 'ICD-10-AM code' in subsection 7(4);
- new factors in subsections 9(1) and 9(6) concerning having acute elevation of pressure within the abdominal cavity;
- new factors in subsections 9(2) and 9(7) concerning having chronic elevation of pressure within the abdominal cavity;
- revising the factors in subsections 9(3) and 9(8) concerning undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy;
- new factors in subsections 9(4) and 9(9) concerning having chronic onchocerciasis in the presence of a hanging groin;
- new factor in subsection 9(5) concerning having a kidney transplant, for clinical onset of uretero-inguinal hernia only;
- new factor in subsection 9(10) concerning having a colonoscopy where the colonoscope enters the inguinal hernia, for clinical worsening and for perforated inguinal hernia only;
- deleting the factors concerning the presence of increased intra-abdominal pressure, as these are now covered by the factors in subsections 9(1) and 9(6) concerning having acute elevation of pressure within the abdominal cavity and the factors in subsections 9(2) and 9(7) concerning having chronic elevation of pressure within the abdominal cavity;
- new definitions of 'hanging groin', 'MRCA' and 'VEA' in Schedule 1 - Dictionary;
- revising the definition of 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'anti-G straining manoeuvre' and 'increased intra-abdominal pressure'.

For BoP SoP (Instrument No. 48/2021)

- 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 'inguinal hernia' in subsection 7(2);
- revising the reference to 'ICD-10-AM code' in subsection 7(4);
- new factors in subsections 9(1) and 9(6) concerning having acute elevation of pressure within the abdominal cavity;
- new factors in subsections 9(2) and 9(7) concerning having chronic elevation of pressure within the abdominal cavity;
- revising the factors in subsections 9(3) and 9(8) concerning undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy;
- new factors in subsections 9(4) and 9(9) concerning having chronic onchocerciasis in the presence of a hanging groin;
- new factor in subsection 9(5) concerning having a kidney transplant, for clinical onset of uretero-inguinal hernia only;
- new factor in subsection 9(10) concerning having a colonoscopy where the colonoscope enters the inguinal hernia, for clinical worsening and for perforated inguinal hernia only;
- deleting the factors concerning the presence of increased intra-abdominal pressure, as these are now covered by the factors in subsections 9(1) and 9(6) concerning having acute elevation of pressure within the abdominal cavity and the factors in subsections 9(2) and 9(7) concerning having chronic elevation of pressure within the abdominal cavity;
- new definitions of 'hanging groin', 'MRCA' and 'VEA' in Schedule 1 - Dictionary;
- revising the definition of 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'anti-G straining manoeuvre' and 'increased intra-abdominal pressure'.

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<p>The determining of these Instruments finalises the investigation in relation to <i>inguinal hernia</i> as advertised in the Government Notices Gazette of 23 April 2020.</p>		
<p>49 & 50/2021</p>	<p>open-angle glaucoma</p>	<p>These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning <i>open-angle glaucoma</i> 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</p> <p>The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include:</p> <p>For RH SoP (Instrument No. 49/2021)</p> <ul style="list-style-type: none"> • 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 'open-angle glaucoma' in subsection 7(2); • including ICD-10-AM codes for 'open-angle glaucoma' in subsection 7(3); • revising the factors in subsections 9(1) and 9(12) concerning having glucocorticoid therapy as specified, by the inclusion of a note; • new factors in subsections 9(2) and 9(13) concerning having uveitis, scleritis or episcleritis; • new factors in subsections 9(3) and 9(14) concerning having a benign or malignant neoplasm or a non-neoplastic lesion of the affected eye; • revising the factors in subsections 9(4) and 9(15) concerning having growth of new blood vessels (neovascularisation) of the iridocorneal angle due to a condition or procedure involving the affected eye from the specified list of conditions or procedures; • revising the factors in subsections 9(5) and 9(16) concerning having trauma to the affected eye; • revising the factors in subsections 9(6) and 9(17) concerning having sympathetic ophthalmia, by the inclusion of a note; • new factors in subsections 9(9) and 9(20) concerning having a disease from the specified list of endocrine diseases; • new factors in subsections 9(10) and 9(21) concerning having hypertension; • new factors in subsections 9(11) and 9(22) concerning having dyslipidaemia; • deleting the factors concerning having a specified disorder of the affected eye or orbit, as these are now covered by the factors in subsections 9(2) and 9(13) concerning having uveitis, scleritis or episcleritis and the factors in subsections 9(3) and 9(14) concerning having a benign or malignant neoplasm or a non-neoplastic lesion of the affected eye; • deleting the factors concerning having Cushing's syndrome, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having a disease from the specified list of endocrine diseases; • deleting the factors concerning having Graves' disease, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having a disease from the specified list of endocrine diseases; • deleting the factors concerning having hypothyroidism, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having a disease from the specified list of endocrine diseases; • deleting the factors concerning having non-intraocular surgery to the affected eye; • deleting the factors concerning having received ionising radiation; • new definitions of 'episcleritis', 'glucocorticoid therapy as specified', 'dyslipidaemia', 'MRCA', 'scleritis', 'specified list of conditions or procedures', 'specified list of endocrine diseases', 'trauma' and 'VEA' in • Schedule 1 - Dictionary; • revising the definitions of 'equivalent glucocorticoid therapy', 'equivalent inhaled glucocorticoid', 'high or very high potency topical glucocorticoid', 'relevant service', 'sympathetic ophthalmia' and 'uveitis' in Schedule 1 - Dictionary; and • deleting the definitions of 'a specified condition or procedure', 'a specified disorder', 'cumulative equivalent dose', 'having glucocorticoid therapy as specified' and 'trauma as specified'. <p>For BoP SoP (Instrument No. 50/2021)</p> <ul style="list-style-type: none"> • 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 'open-angle glaucoma' in subsection 7(2); • including ICD-10-AM codes for 'open-angle glaucoma' in subsection 7(3); • revising the factors in subsections 9(1) and 9(10) concerning having glucocorticoid therapy as specified, by the inclusion of a note;

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		<ul style="list-style-type: none"> • new factors in subsections 9(2) and 9(11) concerning having uveitis, scleritis or episcleritis; • new factors in subsections 9(3) and 9(12) concerning having a benign or malignant neoplasm or a non-neoplastic lesion of the affected eye; • revising the factors in subsections 9(4) and 9(13) concerning having growth of new blood vessels (neovascularisation) of the iridocorneal angle due to a condition or procedure involving the affected eye from the specified list of conditions or procedures; • revising the factors in subsections 9(5) and 9(14) concerning having trauma to the affected eye; • revising the factors in subsections 9(6) and 9(15) concerning having sympathetic ophthalmia, by the inclusion of a note; • new factors in subsections 9(9) and 9(18) concerning having eye disease associated with Graves' disease or hypothyroidism; • deleting the factors concerning having a specified disorder of the affected eye or orbit, as these are now covered by the factors in subsections 9(2) and 9(11) concerning having uveitis, scleritis or episcleritis and the factors in subsections 9(3) and 9(12) concerning having a benign or malignant neoplasm or a non-neoplastic lesion of the affected eye; • deleting the factors concerning having Graves' diseases, as these are now covered by the factors in subsections 9(9) and 9(18) concerning having eye disease associated with Graves' disease or hypothyroidism; • deleting the factors concerning having hypothyroidism, as these are now covered by the factors in subsections 9(9) and 9(18) concerning having eye disease associated with Graves' disease or hypothyroidism; • deleting the factors concerning having non-intraocular surgery to the affected eye; • deleting the factors concerning having received ionising radiation; • deleting the factors concerning having Cushing's syndrome; • new definitions of 'episcleritis', 'glucocorticoid therapy as specified', 'MRCA', 'scleritis', 'specified list of conditions or procedures', 'trauma' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'equivalent glucocorticoid therapy', 'equivalent inhaled glucocorticoid', 'high or very high potency topical glucocorticoid', 'relevant service', 'sympathetic ophthalmia' and 'uveitis' in Schedule 1 - Dictionary; and • deleting the definitions of 'a specified condition or procedure', 'a specified disorder', 'cumulative equivalent dose', 'having glucocorticoid therapy as specified' and 'trauma as specified'. <p>On 24 December 2020, 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 <i>having non-intraocular surgery to the affected eye in the one month before the clinical onset of open-angle glaucoma</i> and <i>having non-intraocular surgery to the affected eye in the one month before the clinical worsening of open-angle glaucoma</i> from the reasonable hypothesis Statement of Principles and the deletion of factors relating to <i>having non-intraocular surgery to the affected eye in the one month before the clinical onset of open-angle glaucoma</i>, <i>having Cushing's syndrome within the 12 months before the clinical onset of open-angle glaucoma</i>, <i>having non-intraocular surgery to the affected eye in the one month before the clinical worsening of open-angle glaucoma</i> and <i>having Cushing's syndrome within the 12 months before the clinical worsening of open-angle glaucoma</i> from the balance of probabilities Statement of Principles. 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.</p> <p>The determining of these Instruments finalises the investigation in relation to <i>open-angle glaucoma</i> as advertised in the Government Notices Gazette of 7 May 2019.</p>
51 & 52/2021	endometriosis	<p>These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning <i>endometriosis</i> 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.</p> <p>The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include:</p> <p><i>For RH SoP (Instrument No. 51/2021)</i></p> <ul style="list-style-type: none"> • 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 'endometriosis' in subsection 7(2);

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		<ul style="list-style-type: none"> • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning having penetrating trauma or surgery, for clinical onset only; • new factor in subsection 9(2) concerning having a caesarean section, for clinical onset only; • new factor in subsection 9(3) concerning being underweight, for clinical onset only; • revising the factors in subsections 9(4) and 9(9) concerning taking estrogen only menopausal therapy; • revising the factors in subsections 9(5) and 9(10) concerning taking tamoxifen; • new factors in subsections 9(6) and 9(11) concerning inability to breastfeed, for parous women only; • new factor in subsection 9(7) concerning experiencing severe childhood abuse, for clinical onset only; • new factors in subsections 9(8) and 9(12) concerning having pelvic inflammatory disease or endometritis; • deleting the factors concerning having a body mass index (BMI) of less than 20, as the clinical onset factor is now covered by the factor in subsection 9(3) concerning being underweight, for clinical onset only, and the clinical worsening factor has been deleted; • new definitions of 'being underweight', 'menopausal hormone therapy', 'MRCA', 'severe childhood abuse' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'BMI' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definition of 'hormone replacement therapy'. <p>For BoP SoP (Instrument No. 52/2021)</p> <ul style="list-style-type: none"> • 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 'endometriosis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning having penetrating trauma or surgery, for clinical onset only; • revising the factors in subsections 9(2) and 9(3) concerning taking tamoxifen; • deleting the factors concerning having hormone replacement therapy, for postmenopausal women only; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definition of 'hormone replacement therapy'. <p>On 24 December 2020, 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 the factor relating to <i>having a BMI of less than 20 for the five years before the clinical worsening of endometriosis</i> from the reasonable hypothesis Statement of Principles and the deletion of the factors relating to <i>for postmenopausal women only, having hormone replacement therapy for the three months before the clinical onset of endometriosis</i> and <i>for postmenopausal women only, having hormone replacement therapy for the three months before the clinical worsening of endometriosis</i> from the balance of probabilities Statement of Principles. 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.</p> <p>The determining of these Instruments finalises the investigation in relation to endometrosis as advertised in the Government Notices Gazette of 29 October 2019.</p>
53 & 54/2021	cerebrovascular accident	<p>Amendment</p> <p>These instruments amend Statements of Principles Nos. 65 and 66 of 2015 concerning <i>cerebrovascular accident</i> by:</p> <p>For Instrument No. 65/2015</p> <ul style="list-style-type: none"> • inserting a new factor in paragraph 6(ooa) concerning 'having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)', for clinical onset only. <p>For Instrument No. 66/2015</p> <ul style="list-style-type: none"> • inserting a new factor in paragraph 6(eea) concerning 'having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)', for clinical onset only. <p>The determining of these Instruments finalises the investigation in relation to cerebrovascular accident as advertised in the Government Notices Gazette of 5 January 2021.</p>

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55 & 56/2021	ischaemic heart disease	<p>Amendment</p> <p>These instruments amend Statements of Principles Nos. 1 and 2 of 2016 concerning <i>ischaemic heart disease</i> by:</p> <p>For Instrument No. 1/2016</p> <ul style="list-style-type: none"> • inserting new factors in paragraphs 9(43)(ka) and 9(86)(ka) concerning 'having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)'; and • inserting new notes to subsections 9(43) and 9(86). <p>For Instrument No. 2/2016</p> <ul style="list-style-type: none"> • inserting new factors in paragraphs 9(33)(ka) and 9(66)(ka) concerning 'having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)'; and • inserting new notes to subsections 9(33) and 9(66). <p>The determining of these Instruments finalises the investigation in relation to <i>ischaemic heart disease</i> as advertised in the Government Notices Gazette of 5 January 2021.</p>
57 & 58/2021	Guillain-Barre syndrome	<p>Amendment</p> <p>These instruments amend Statements of Principles Nos. 23 and 24 of 2018 concerning <i>Guillain-Barre syndrome</i> by:</p> <p>For Instrument No. 23/2018</p> <ul style="list-style-type: none"> • revising the factor in subsection 9(1) concerning 'having an infection from the specified list of infections', for clinical onset only; and • revising the definition of 'specified list of infections' in Schedule 1 - Dictionary. <p>For Instrument No. 24/2018</p> <ul style="list-style-type: none"> • revising the factor in subsection 9(1) concerning 'having an infection from the specified list of infections'; and • revising the definition of 'specified list of infections' in Schedule 1 - Dictionary. <p>The determining of these Instruments finalises the investigation in relation to <i>Guillain-Barre syndrome</i> as advertised in the Government Notices Gazette of 5 January 2021.</p>