Australian Government

Repatriation Medical Authority

# EXPLANATORY STATEMENT

## STATEMENT OF PRINCIPLES CONCERNING BRONCHIECTASIS (REASONABLE HYPOTHESIS) (NO. 77 OF 2026)

***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

1. This is the Explanatory Statement to the *Statement of Principles concerning* ***bronchiectasis*** *(Reasonable Hypothesis)* (No. 77 of 2026).

**Background**

2. The Repatriation Medical Authority (the Authority), under section 370CG of the *Military Rehabilitation and Compensation Act 2004* (the MRCA), repeals Instrument No. 30 of 2017 (Federal Register of Legislation No. F2017L00467) determined under subsection 196B(2) of the VEA concerning bronchiectasis.

3. The Authority is of the view that there is sound medical-scientific evidence that indicates that bronchiectasis and death from bronchiectasis can be related to particular kinds of service. The Authority has therefore determined pursuant to section 370CB of the MRCA a Statement of Principles concerning bronchiectasis (Reasonable Hypothesis) (No. 77 of 2026). This Instrument will in effect replace the repealed Statement of Principles.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 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:

- hazardous service;
- British nuclear test defence service;
- warlike service;
- non-warlike service

before it can be said that a reasonable hypothesis has been raised connecting bronchiectasis or death from bronchiectasis, with the circumstances of that service. The Statement of Principles has been determined for the purposes of the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 28 April 2025 concerning bronchiectasis in accordance with section 370CJ of the MRCA. 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 The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:

- adopting the latest revised Instrument format, which commenced in July 2026;
- specifying a day of commencement for the Instrument in section 2;
- revising the definition of 'bronchiectasis' in subsection 7(2);
- revising subsection 10(2) to clarify that only the clinical worsening aspect of the factors in section 9 apply in relation to material contribution to, or aggravation of, bronchiectasis. This replaces the previous reference to factors 9(23) to 9(45) for consistency of format;
- revising the factor in subsection 9(5) concerning pulmonary tuberculosis or nontuberculous mycobacterial infection;
- revising the factor in subsection 9(6) concerning bronchial obstruction to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(7) concerning aspiration pneumonitis to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(8) concerning gastro-oesophageal reflux disease to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(9) concerning allergic bronchopulmonary aspergillosis to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(10) concerning asthma to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(12) concerning autoimmune connective tissue diseases;
- revising the factor in subsection 9(13) concerning inflammatory bowel disease to combine separate clinical onset and clinical worsening factors into a single factor;
- revising the factor in subsection 9(14) concerning a compromised immune system;
- revising the factor in subsection 9(15) concerning human T-cell lymphotropic virus;
- revising the factor in subsection 9(16) concerning inhaling toxic vapours, gases or fumes of a chemical agent;
- revising the factor in subsection 9(17) concerning arsenic;
- revising the factor in subsection 9(19) concerning inability to obtain appropriate clinical management before clinical worsening only;
- new factor in subsection 9(3) concerning lower respiratory tract infection before clinical worsening only;
- new factor in subsection 9(18) concerning having smoked one pack-year before clinical worsening only;
- deleting the factors concerning haematological malignancy, solid organ or bone marrow transplantation, immunosuppressive drug and human immunodeficiency virus as these are now covered by the factor in subsection 9(14) concerning a substantially compromised immune system;
- deleting the factors concerning sulphur mustard (mustard gas) as this is now covered by the factor in subsection 9(16) concerning inhaling toxic vapours, gases or fumes of a chemical agent;
- deleting the subfactors of eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome), Takayasu arteritis, mixed connective tissue disease,

relapsing polychondritis, ankylosing spondylitis, dermatomyositis, polymyositis from the factor concerning connective tissue diseases;
- deleting factors concerning fibrosis or fibrosing interstitial lung disease;
- deleting factors concerning sarcoidosis;
- deleting factors concerning occupational lung disease;
- new definition of 'one pack-year' in Schedule 1 - Dictionary;
- revising the definition of 'allergic bronchopulmonary aspergillosis' and 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'being exposed to arsenic as specified', 'immunosuppressive drug', 'specified list of chemical agents', 'specified list of connective tissue diseases', 'specified list of occupational lung diseases' and 'VEA'.

**Consultation**

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation into bronchiectasis in the Government Notices Gazette of 28 April 2025 and provided a copy of the notice 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 370CH of the MRCA, and other persons with relevant expertise. No submissions were received in response to the investigation.

9. On 11 June 2026, 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. The correspondence highlighted the proposed deletion of factors relating to *fibrosis or fibrosing interstitial lung disease, sarcoidosis, occupational lung disease* and the subfactors of *eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome), Takayasu arteritis, mixed connective tissue disease, relapsing polychondritis, ankylosing spondylitis, dermatomyositis, polymyositis* from the factor concerning connective tissue diseases. The organisations were invited to make representations on the proposed Instrument prior to its determination. No submissions were received, and consequently, no changes were made to the Instrument following consultation.

**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 bronchiectasis as advertised in the Government Notices Gazette of 28 April 2025.

**References**

12. A list of references relating to the above condition is available on the Authority's website at: www.rma.gov.au. Any other document referred to in this Statement of

Principles is available on request to the Repatriation Medical Authority at the following address:

Email: info@rma.gov.au
Post: 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. 77 of 2026**

**Kind of Injury, Disease or Death:** **Bronchiectasis**

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 section 370CB of the *Military Rehabilitation and Compensation Act 2004* (the MRCA) for the purposes of the MRCA. Chapter 9A of the MRCA 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 MRCA, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have bronchiectasis;
- facilitates the review of such decisions by the Veterans' Review Board and the Administrative Review 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 bronchiectasis with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
- replaces Instrument No. 30 of 2017; and
- reflects developments in the available sound medical-scientific evidence concerning bronchiectasis 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 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, ICESCR; 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, ICESCR 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.

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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.