



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
ANOSMIA
(REASONABLE HYPOTHESIS) (NO. 19 OF 2021)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning anosmia (Reasonable Hypothesis)* (No. 19 of 2021).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 118 of 2011 (Federal Register of Legislation No. F2011L01751) determined under subsection 196B(2) of the VEA concerning **anosmia**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **anosmia** and **death from anosmia** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles concerning **anosmia** (Reasonable Hypothesis) (No. 19 of 2021). This Instrument will in effect replace the repealed Statement of Principles.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 VEA and the *Military Rehabilitation and Compensation Act 2004* (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:
 - operational service under the VEA;
 - peacekeeping service under the VEA;
 - hazardous service under the VEA;
 - British nuclear test defence service under the VEA;
 - warlike service under the MRCA;
 - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting **anosmia** or death from **anosmia**, 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 6 November 2018 concerning **anosmia** 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 The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include: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 'anosmia' in subsection 7(2);
 - including ICD-10-AM codes for 'anosmia' in subsection 7(3);
 - revising the factor in subsection 9(1) concerning having sinusitis, for clinical onset only;
 - new factor in subsection 9(2) concerning having perennial allergic rhinitis, for clinical onset only;
 - new factor in subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only;
 - new factor in subsection 9(4) concerning having sarcoidosis, for clinical onset only;
 - revising the factor in subsection 9(6) concerning having a neurological disease from the specified list of neurological diseases, for clinical onset only;
 - new factor in subsection 9(7) concerning having hepatic encephalopathy, for clinical onset only;
 - new factor in subsection 9(8) concerning having chronic renal failure, for clinical onset only;
 - new factor in subsection 9(9) concerning having diabetes mellitus, for clinical onset only;
 - new factor in subsection 9(10) concerning having a disorder of mental health from the specified list of disorders of mental health, for clinical onset only;
 - revising the factor in subsection 9(11) concerning having a condition or procedure from the specified list of conditions and procedures, which damages the olfactory neuroepithelium, the olfactory bulb or the olfactory neural pathways in the brain, for clinical onset only;
 - revising the factor in subsection 9(12) concerning being treated with a drug, for clinical onset only;
 - new factor in subsection 9(13) concerning undergoing a course of therapeutic radiation for cancer, where the olfactory neuroepithelium, olfactory bulb, or olfactory neural pathways in the brain were in the field of radiation, for clinical onset only;
 - revising the factor in subsection 9(15) concerning taking intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses, for clinical onset only;
 - revising the factor in subsection 9(16) concerning inhaling fumes from a metal from the specified list of metals, or a compound containing a metal from the specified list of metals, for clinical onset only;
 - revising the factor in subsection 9(17) concerning inhaling fumes from a volatile substance from the specified list of volatile substances, for clinical onset only;

- revising the factor in subsection 9(18) concerning experiencing acute, symptomatic poisoning from a neurotoxic substance from the specified list of neurotoxic substances, for clinical onset only;
- revising the factor in subsection 9(19) concerning smoking of tobacco products, where smoking has not ceased, for clinical onset only;
- revising the factor in subsection 9(20) concerning having pellagra, for clinical onset only;
- new factor in subsection 9(21) concerning having vitamin B12 deficiency, for clinical onset only;
- new factor in subsection 9(22) concerning having envenomation by the Australian mulga snake (*Pseudoechis australis*) or the South African Berg adder (*Bitis atropos*), for clinical onset only;
- deleting the factor concerning having chronic nasal polyposis, for clinical onset only;
- deleting the factor concerning having a specified systemic disease, for clinical onset only, as this is now covered by the factors in:
 - subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only; and
 - subsection 9(4) concerning having sarcoidosis, for clinical onset only;
- deleting the factor concerning inability to obtain appropriate clinical management, for clinical worsening only;
- new definitions of 'chronic renal failure', 'MRCA', 'pack-year of tobacco products', 'perennial allergic rhinitis', 'specified list of autoimmune diseases', 'specified list of conditions and procedures', 'specified list of disorders of mental health', 'specified list of metals', 'specified list of neurological diseases', 'specified list of neurotoxic substances', 'specified list of volatile substances' and 'VEA' in Schedule 1 - Dictionary;
- revising the definition of 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'a neurotoxic substance from the specified list', 'a specified condition', 'a specified metal', 'a specified neurological disorder', 'a specified systemic disease', 'a specified volatile substance', 'nasal polyposis', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'significant vitamin B12 deficiency'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to **anosmia** in the Government Notices Gazette of 6 November 2018, 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, the Military Rehabilitation and Compensation 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 in relation to the investigation.
9. On 25 August 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 *having chronic nasal polyposis for at least the five years before the clinical onset of anosmia* and *inability to obtain appropriate clinical management for anosmia*. 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.

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 **anosmia** as advertised in the Government Notices Gazette of 6 November 2018.

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. 19 of 2021**

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

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(2) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA 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 and the Military Rehabilitation and Compensation 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 anosmia;
 - 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 as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting anosmia with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 118 of 2011; and
 - reflects developments in the available sound medical-scientific evidence concerning anosmia 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

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.