



Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 2 of 2016)

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 4

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Includes amendments up to: Amendment Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 98 of 2021) (F2021L01168)

The day of commencement of this Amendment Statement of Principles concerning ischaemic heart disease is 20 September 2021.

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 2 of 2016)* that shows the text of the law as amended and in force on 20 September 2021.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name

This is the Statement of Principles concerning *ischaemic heart disease (Balance of Probabilities)* (No. 2 of 2016).

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

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

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about ischaemic heart disease and death from ischaemic heart disease.

Meaning of ischaemic heart disease

- (2) For the purposes of this Statement of Principles, ischaemic heart disease means a cardiac disability characterised by insufficient blood flow to the muscle tissue of the heart due to atherosclerosis, thrombosis, vasospasm or dissection of the coronary arteries.
- (3) While ischaemic heart disease attracts ICD-10-AM code I20 to I25, in applying this Statement of Principles the meaning of ischaemic heart disease is that given in subsection (2).
- (4) 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), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

Death from ischaemic heart disease

- (5) For the purposes of this Statement of Principles, ischaemic heart disease, in relation to a person, includes death from a terminal event or

condition that was contributed to by the person's ischaemic heart disease.

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that ischaemic heart disease and death from ischaemic heart disease can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, ischaemic heart disease or death from ischaemic heart disease is connected with the circumstances of a person's relevant service:

- (1) having hypertension before the clinical onset of ischaemic heart disease;
- (2) having diabetes mellitus before the clinical onset of ischaemic heart disease;
- (3) being obese for at least five years within the 15 years before the clinical onset of ischaemic heart disease;

Note: *being obese* is defined in the Schedule 1 - Dictionary.

- (4) having dyslipidaemia before the clinical onset of ischaemic heart disease;

Note: *dyslipidaemia* is defined in the Schedule 1 - Dictionary.

- (5) where smoking has not ceased prior to the clinical onset of ischaemic heart disease:
 - (a) smoking an average of at least three cigarettes per day, or the equivalent thereof in other tobacco products, for at least the one year before the clinical onset of ischaemic heart disease; or
 - (b) smoking at least one half pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of ischaemic heart disease;

Note: *cigarettes per day, or the equivalent thereof in other tobacco products* and *pack-year of cigarettes, or the equivalent thereof in other tobacco products* are defined in the Schedule 1 - Dictionary.

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- (6) where smoking has ceased prior to the clinical onset of ischaemic heart disease:
- (a) smoking at least one half pack-year but less than five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of ischaemic heart disease, and the clinical onset of ischaemic heart disease has occurred within five years of smoking cessation;
 - (b) smoking at least five pack-years but less than 20 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of ischaemic heart disease, and the clinical onset of ischaemic heart disease has occurred within 20 years of smoking cessation; or
 - (c) smoking at least 20 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of ischaemic heart disease;

Note: *pack-year of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (7) where exposure to second-hand smoke has not ceased, being exposed to second-hand smoke for at least 1 000 hours before the clinical onset of ischaemic heart disease;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (8) where exposure to second-hand smoke has ceased:
- (a) being exposed to second-hand smoke for at least 1 000 hours but less than 5 000 hours before the clinical onset of ischaemic heart disease, and the clinical onset of ischaemic heart disease has occurred within five years of the last exposure to second-hand smoke; or
 - (b) being exposed to second-hand smoke for at least 5 000 hours before the clinical onset of ischaemic heart disease;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (9) where the use of chewing tobacco has not ceased, using chewing tobacco on more days than not for at least one year before the clinical onset of ischaemic heart disease;

- (10) where the use of chewing tobacco has ceased:
- (a) using chewing tobacco on more days than not for at least one year but less than five years before the clinical onset of ischaemic heart disease, and the clinical onset of ischaemic heart disease has occurred within five years of ceasing to use chewing tobacco; or
 - (b) using chewing tobacco on more days than not for at least five years before the clinical onset of ischaemic heart disease;

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- (11) an inability to undertake any physical activity greater than three METs for at least the five years before the clinical onset of ischaemic heart disease;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (12) being sedentary for a cumulative total of at least 12 hours per day on more days than not for at least the five years before the clinical onset of ischaemic heart disease;

Note: **being sedentary** is defined in the Schedule 1 - Dictionary.

- (13) having chronic kidney disease before the clinical onset of ischaemic heart disease;

Note: **chronic kidney disease** is defined in the Schedule 1 - Dictionary.

- (14) having hypothyroidism or Hashimoto's thyroiditis with hypothyroidism for at least two years within the ten years before the clinical onset of ischaemic heart disease;

- (15) having received a cumulative equivalent dose of at least 1 sievert of ionising radiation to the heart at least one year before the clinical onset of ischaemic heart disease;

Note: **cumulative equivalent dose** is defined in the Schedule 1 - Dictionary.

- (16) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical onset of ischaemic heart disease;

- (17) having a clinically significant disorder of mental health as specified for at least the five years before the clinical onset of ischaemic heart disease;

Note: **clinically significant disorder of mental health as specified** is defined in the Schedule 1 - Dictionary.

- (18) using a combined oral contraceptive pill containing at least 30 micrograms of ethinyl oestradiol for at least the 21 days before the clinical onset of ischaemic heart disease;

- (19) being treated with a drug, or a drug from a class of drugs, from Specified List 1 of drugs, where that drug cannot be ceased or substituted, at the time of the clinical onset of ischaemic heart disease;

Note: **Specified List 1 of drugs** is defined in the Schedule 1 - Dictionary.

- (20) using a drug belonging to the non-steroidal anti-inflammatory class of drugs, excluding aspirin, paracetamol and topical non-steroidal anti-inflammatory drugs, for a continuous period of at least seven days before the clinical onset of ischaemic heart disease, where the last dose

of the drug within that period was taken within the seven days before the clinical onset of ischaemic heart disease;

- (21) having bilateral orchiectomy before the clinical onset of ischaemic heart disease;
- (22) having antiandrogen therapy with a gonadotrophin releasing hormone agonist (including goserelin and leuprorelin) for at least the seven days before the clinical onset of ischaemic heart disease;
- (23) having thrombosis of a coronary artery as a result of being in a hypercoagulable state as specified at the time of the clinical onset of ischaemic heart disease;

Note: *hypercoagulable state as specified* is defined in the Schedule 1 - Dictionary.

- (24) inhaling ambient chronically polluted air as specified for at least 2 000 hours within the five years before the clinical onset of ischaemic heart disease;

Note: *ambient chronically polluted air as specified* is defined in the Schedule 1 - Dictionary.

- (25) an inability to consume an average of at least 100 grams per day of vegetables or fruits, for at least the five years before the clinical onset of ischaemic heart disease;
- (26) an inability to consume an average of at least 100 grams of fish per fortnight for at least the five years before the clinical onset of ischaemic heart disease;
- (27) an inability to sleep for an average of at least five hours daily for at least the one year before the clinical onset of ischaemic heart disease;
- (28) being infected with human immunodeficiency virus for at least five years before the clinical onset of ischaemic heart disease;
- (29) having periodontitis for at least the five years before the clinical onset of ischaemic heart disease;
- (30) having infective endocarditis or syphilis involving the coronary arteries at the time of the clinical onset of ischaemic heart disease;
- (31) undergoing a procedure involving catheterisation of the affected coronary artery within the five years before the clinical onset of ischaemic heart disease;
- (32) having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical onset of ischaemic heart disease;

Note: *specified list of autoimmune diseases* is defined in the Schedule 1 - Dictionary.

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- (33) for angina, acute myocardial infarction or sudden death from ischaemic heart disease only:
- (a) undertaking physical activity of six METs or more within the 12 hours before the clinical onset of ischaemic heart disease;
 - (b) experiencing a category 1A stressor within the 12 hours before the clinical onset of ischaemic heart disease;
 - (c) experiencing a category 1B stressor within the 12 hours before the clinical onset of ischaemic heart disease;
 - (d) experiencing an acute, severe, emotional stressor within the 12 hours before the clinical onset of ischaemic heart disease;
 - (e) experiencing the death of a significant other within the six months before the clinical onset of ischaemic heart disease;
 - (f) using a drug from Specified List 2 of drugs within the 24 hours before the clinical onset of ischaemic heart disease;
 - (g) having an episode of acute cholinergic poisoning from exposure to an organophosphorus ester within the seven days before the clinical onset of ischaemic heart disease;
 - (h) being exposed to:
 - (i) an environment of extreme heat during a heatwave; or
 - (ii) an environment of extreme cold during a cold snap; or
 - (iii) an abrupt alteration of temperature by ten degrees Celsius or more, to extreme heat or to extreme cold;for a period of at least six hours within the seven days before the clinical onset of ischaemic heart disease;
 - (i) inhaling ambient highly polluted air as specified for at least two hours within the seven days before the clinical onset of ischaemic heart disease;
 - (j) being envenomated by a snake, scorpion, wasp, bee, hornet, spider, fish or jellyfish within the 24 hours before the clinical onset of ischaemic heart disease;
 - (k) having an acute hypersensitivity reaction involving the coronary arteries as a result of being exposed to a drug, food or environmental agent from the specified list within the 12 hours before the clinical onset of ischaemic heart disease;
 - (ka) having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) within the 30 days before the clinical onset of ischaemic heart disease;
 - (l) having influenza or a lower respiratory tract infection within the 30 days before the clinical onset of ischaemic heart disease; or
 - (m) being pregnant within the six weeks before the clinical onset of ischaemic heart disease;

Note 1: SARS-CoV-2 is the virus which causes coronavirus disease 2019 (COVID-19).

Note 2: ***acute cholinergic poisoning; acute, severe, emotional stressor; ambient highly polluted air as specified; category 1A stressor; category 1B stressor; cold snap; drug,***

food or environmental agent from the specified list; extreme cold; extreme heat; heatwave; organophosphorus ester; MET; significant other and Specified List 2 of drugs are defined in the Schedule 1 - Dictionary.

- (34) having hypertension before the clinical worsening of ischaemic heart disease;
- (35) having diabetes mellitus before the clinical worsening of ischaemic heart disease;
- (36) being obese for at least five years within the 15 years before the clinical worsening of ischaemic heart disease;

Note: **being obese** is defined in the Schedule 1 - Dictionary.

- (37) having dyslipidaemia before the clinical worsening of ischaemic heart disease;

Note: **dyslipidaemia** is defined in the Schedule 1 - Dictionary.

- (38) where smoking has not ceased prior to the clinical worsening of ischaemic heart disease:
 - (a) smoking an average of at least three cigarettes per day, or the equivalent thereof in other tobacco products, for at least the one year before the clinical worsening of ischaemic heart disease; or
 - (b) smoking at least one half pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of ischaemic heart disease;

Note: **cigarettes per day, or the equivalent thereof in other tobacco products** and **pack-year of cigarettes, or the equivalent thereof in other tobacco products** are defined in the Schedule 1 - Dictionary.

- (39) where smoking has ceased prior to the clinical worsening of ischaemic heart disease:
 - (a) smoking at least one half pack-year but less than five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of ischaemic heart disease, and the clinical worsening of ischaemic heart disease has occurred within five years of smoking cessation;
 - (b) smoking at least five pack-years but less than 20 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of ischaemic heart disease, and the clinical worsening of ischaemic heart disease has occurred within 20 years of smoking cessation; or
 - (c) smoking at least 20 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of ischaemic heart disease;

Note: **pack-year of cigarettes, or the equivalent thereof in other tobacco products** is defined in the Schedule 1 - Dictionary.

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- (40) where exposure to second-hand smoke has not ceased, being exposed to second-hand smoke for at least 1 000 hours before the clinical worsening of ischaemic heart disease;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (41) where exposure to second-hand smoke has ceased:
- (a) being exposed to second-hand smoke for at least 1 000 hours but less than 5 000 hours before the clinical worsening of ischaemic heart disease, and the clinical worsening of ischaemic heart disease has occurred within five years of the last exposure to second-hand smoke; or
 - (b) being exposed to second-hand smoke for at least 5 000 hours before the clinical worsening of ischaemic heart disease;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (42) where the use of chewing tobacco has not ceased, using chewing tobacco on more days than not for at least one year before the clinical worsening of ischaemic heart disease;

- (43) where the use of chewing tobacco has ceased:
- (a) using chewing tobacco on more days than not for at least one year but less than five years before the clinical worsening of ischaemic heart disease, and the clinical worsening of ischaemic heart disease has occurred within five years of ceasing to use chewing tobacco; or
 - (b) using chewing tobacco on more days than not for at least five years, before the clinical worsening of ischaemic heart disease;

- (44) an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of ischaemic heart disease;

Note: *MET* is defined in the Schedule 1 - Dictionary.

- (45) being sedentary for a cumulative total of at least 12 hours per day on more days than not for at least the five years before the clinical worsening of ischaemic heart disease;

Note: *being sedentary* is defined in the Schedule 1 - Dictionary.

- (46) having chronic kidney disease before the clinical worsening of ischaemic heart disease;

Note: *chronic kidney disease* is defined in the Schedule 1 - Dictionary.

- (47) having hypothyroidism or Hashimoto's thyroiditis with hypothyroidism for at least two years within the ten years before the clinical worsening of ischaemic heart disease;

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- (48) having received a cumulative equivalent dose of at least 1 sievert of ionising radiation to the heart at least one year before the clinical worsening of ischaemic heart disease;

Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.

- (49) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical worsening of ischaemic heart disease;

- (50) having a clinically significant disorder of mental health as specified for at least the five years before the clinical worsening of ischaemic heart disease;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (51) using a combined oral contraceptive pill containing at least 30 micrograms of ethinyl oestradiol for at least the 21 days before the clinical worsening of ischaemic heart disease;

- (52) being treated with a drug, or a drug from a class of drugs, from Specified List 1 of drugs, where that drug cannot be ceased or substituted, at the time of the clinical worsening of ischaemic heart disease;

Note: *Specified List 1 of drugs* is defined in the Schedule 1 - Dictionary.

- (53) using a drug belonging to the non-steroidal anti-inflammatory class of drugs, excluding aspirin, paracetamol and topical non-steroidal anti-inflammatory drugs, for a continuous period of at least seven days before the clinical worsening of ischaemic heart disease, where the last dose of the drug within that period was taken within the seven days before the clinical worsening of ischaemic heart disease;

- (54) having bilateral orchiectomy before the clinical worsening of ischaemic heart disease;

- (55) having antiandrogen therapy with a gonadotrophin releasing hormone agonist (including goserelin and leuprorelin) for at least the seven days before the clinical worsening of ischaemic heart disease;

- (56) having thrombosis of a coronary artery as a result of being in a hypercoagulable state as specified at the time of the clinical worsening of ischaemic heart disease;

Note: *hypercoagulable state as specified* is defined in the Schedule 1 - Dictionary.

- (57) inhaling ambient chronically polluted air as specified for at least 2 000 hours within the five years before the clinical worsening of ischaemic heart disease;
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Note: *ambient chronically polluted air as specified* is defined in the Schedule 1 - Dictionary.

- (58) an inability to consume an average of at least 100 grams per day of vegetables or fruits, for at least the five years before the clinical worsening of ischaemic heart disease;
- (59) an inability to consume an average of at least 100 grams of fish per fortnight for at least the five years before the clinical worsening of ischaemic heart disease;
- (60) an inability to sleep for an average of at least five hours daily for at least the one year before the clinical worsening of ischaemic heart disease;
- (61) being infected with human immunodeficiency virus for at least five years before the clinical worsening of ischaemic heart disease;
- (62) having periodontitis for at least the five years before the clinical worsening of ischaemic heart disease;
- (63) having infective endocarditis or syphilis involving the coronary arteries at the time of the clinical worsening of ischaemic heart disease;
- (64) undergoing a procedure involving catheterisation of the affected coronary artery within the five years before the clinical worsening of ischaemic heart disease;
- (65) having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical worsening of ischaemic heart disease;

Note: *specified list of autoimmune diseases* is defined in the Schedule 1 - Dictionary.

- (66) for acute myocardial infarction or sudden death from ischaemic heart disease only:
 - (a) undertaking physical activity of six METs or more within the 12 hours before the clinical worsening of ischaemic heart disease;
 - (b) experiencing a category 1A stressor within the 24 hours before the clinical worsening of ischaemic heart disease;
 - (c) experiencing a category 1B stressor within the 24 hours before the clinical worsening of ischaemic heart disease;
 - (d) experiencing an acute, severe, emotional stressor within the 12 hours before the clinical worsening of ischaemic heart disease;
 - (e) experiencing the death of a significant other within the six months before the clinical worsening of ischaemic heart disease;
 - (f) using a drug from Specified List 2 of drugs within the 24 hours before the clinical worsening of ischaemic heart disease;

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- (g) having an episode of acute cholinergic poisoning from exposure to an organophosphorus ester within the seven days before the clinical worsening of ischaemic heart disease;
 - (h) being exposed to:
 - (i) an environment of extreme heat during a heatwave; or
 - (ii) an environment of extreme cold during a cold snap; or
 - (iii) an abrupt alteration of temperature by ten degrees Celsius or more, to extreme heat or to extreme cold;for a period of at least six hours within the seven days before the clinical worsening of ischaemic heart disease;
 - (i) inhaling ambient highly polluted air as specified for at least two hours within the seven days before the clinical worsening of ischaemic heart disease;
 - (j) being envenomated by a snake, scorpion, wasp, bee, hornet, spider, fish or jellyfish within the 24 hours before the clinical worsening of ischaemic heart disease;
 - (k) having an acute hypersensitivity reaction involving the coronary arteries as a result of being exposed to a drug, food or environmental agent from the specified list within the 12 hours before the clinical worsening of ischaemic heart disease;
 - (ka) having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) within the 30 days before the clinical worsening of ischaemic heart disease;
 - (l) having influenza or a lower respiratory tract infection within the 30 days before the clinical worsening of ischaemic heart disease; or
 - (m) being pregnant within the six weeks before the clinical worsening of ischaemic heart disease;

Note 1: SARS-CoV-2 is the virus which causes coronavirus disease 2019 (COVID-19).

Note 2: *acute cholinergic poisoning; acute, severe, emotional stressor; ambient highly polluted air as specified; category 1A stressor; category 1B stressor; cold snap; drug, food or environmental agent from the specified list; extreme cold; extreme heat; heatwave; organophosphorus ester; MET; significant other and Specified List 2 of drugs* are defined in the Schedule 1 - Dictionary.

- (67) inability to obtain appropriate clinical management for ischaemic heart disease.

10 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 factors set out in subsections 9(34) to 9(67) apply only to material contribution to, or aggravation of, ischaemic heart disease where the

person's ischaemic heart disease was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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(3) 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

In this instrument:

acute cholinergic poisoning means symptoms and signs due to the inhibition of acetylcholinesterase enzyme activity which occur within the 24 hours following exposure. These symptoms and signs are: acute paralysis, overwhelming bronchial secretions, bradycardia, gastrointestinal distress, miosis, lacrimation or diarrhoea.

acute, severe, emotional stressor means an event which causes a sudden, intense emotional or psychological response, such as an emergency incident or an emotionally charged situation.

ambient chronically polluted air as specified means air with average annual concentrations of particulate matter with an aerodynamic diameter of $< 2.5 \mu\text{m}$ (PM2.5) exceeding $8 \mu\text{g}/\text{m}^3$.

ambient highly polluted air as specified means air with 24 hour average concentrations of:

- (a) particulate matter with an aerodynamic diameter of $< 2.5 \mu\text{m}$ (PM2.5) exceeding $25 \mu\text{g}/\text{m}^3$; or
- (b) particulate matter with an aerodynamic diameter of $< 10 \mu\text{m}$ (PM10) exceeding $50 \mu\text{g}/\text{m}^3$.

amphetamines as specified means any one of the following drugs:

- (a) 3,4-methylenedioxymethamphetamine (ecstasy);
- (b) crystal methamphetamine (ice);
- (c) methamphetamine (speed); or
- (d) paramethoxymethamphetamine.

being exposed to second-hand smoke means being in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by a person who is smoking.

being obese means:

- (a) having a Body Mass Index (BMI) of 30 or greater; or
- (b) for males, having a waist circumference exceeding 102 centimetres; or
- (c) for females, having a waist circumference exceeding 88 centimetres.

Note: **BMI** is also defined in the Schedule 1 - Dictionary.

being sedentary means waking behaviour characterised by an average energy expenditure of 1.5 METs or less while in a sitting or reclining posture.

BMI means W/H^2 and where:

W is the person's weight in kilograms; and

H is the person's height in metres.

category 1A stressor means one of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

category 1B stressor means one of the following severe traumatic events:

- (a) killing or maiming a person;
- (b) being an eyewitness to a person being killed or critically injured;
- (c) being an eyewitness to atrocities inflicted on another person;
- (d) participating in the clearance of a corpse or a critically injured casualty; or
- (e) viewing a corpse or a critically injured casualty as an eyewitness.

Note: *corpse* and *eyewitness* are also defined in the Schedule 1 - Dictionary.

chronic kidney disease means having a glomerular filtration rate of less than 60 mL/min/1.73 m² for a period of at least three months, or the presence of irreversible kidney damage.

cigarettes per day, or the equivalent thereof in other tobacco products means either cigarettes, pipe tobacco or cigars, alone or in any combination, where one tailor-made cigarette approximates one gram of tobacco; or one gram of cigar, pipe or other smoking tobacco.

clinically significant disorder of mental health as specified means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:

- (a) agoraphobia;
- (b) anxiety disorder;
- (c) depressive disorder;
- (d) panic disorder;
- (e) posttraumatic stress disorder;
- (f) schizophrenia; or
- (g) social anxiety disorder.

cold snap means three or more days of unusually low maximum and minimum temperatures.

corpse means the human remains or body parts of one or more persons who have met a violent or horrific death.

Note: Examples of a violent or horrific death may include death due to suicide, gunshot, improvised explosive devices, natural and technological disasters, terrorist attacks or motor vehicle accidents. Seeing a closed body bag or viewing a body in an open-casket coffin are excluded from this definition.

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in *Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth)*, Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017.

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

drug, food or environmental agent from the specified list means:

- (a) beta-lactam antibiotics;
- (b) histidine contaminated fish (scombroid syndrome);
- (c) latex;
- (d) succinylated gelatin (Gelofusine); or
- (e) other drug, food or agent where there is evidence of an associated systemic allergic reaction.

dyslipidaemia means persistently abnormal blood lipid levels, diagnosed by a medical practitioner and evidenced by:

- (a) a total serum cholesterol level greater than 5.5 mmol/L; or
- (b) a serum low density lipoprotein level greater than 4.0 mmol/L; or
- (c) a serum high density lipoprotein cholesterol level less than 1.0 mmol/L; or
- (d) the regular administration of drug therapy to normalise blood lipid levels.

extreme cold means zero degrees Celsius or below.

extreme heat means 40 degrees Celsius or above.

eyewitness means a person who experiences an incident first hand and can give direct evidence of it. This excludes persons exposed only to public broadcasting or mass media coverage of the incident.

heatwave means three or more days of unusually high maximum and minimum temperatures.

hypercoagulable state as specified means any one of the following:

- (a) acquired activated protein C resistance;
- (b) acquired antithrombin III deficiency;
- (c) acquired dysfibrinogenaemia;
- (d) acquired protein C deficiency;
- (e) acquired protein S deficiency;
- (f) antiphospholipid syndrome;
- (g) aplastic anaemia;
- (h) disseminated intravascular coagulation;
- (i) essential thrombocythaemia;
- (j) haemolytic uraemic syndrome;
- (k) heparin-induced thrombocytopenia;
- (l) hyperfibrinogenaemia;
- (m) hyperproteinaemia;
- (n) hyperviscosity syndrome;
- (o) immune thrombocytopenic purpura;
- (p) myeloma;
- (q) myeloproliferative disease;
- (r) nephrotic syndrome;
- (s) paroxysmal nocturnal haemoglobinuria;
- (t) polycythaemia vera;
- (u) secondary thrombocytosis; or
- (v) sickle cell disorder.

ischaemic heart disease—see subsection 7(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

MET means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate.

organophosphorus ester means an agent used to inhibit acetylcholinesterase, and includes the organophosphate pesticides chlorpyrifos, dichlorvos, EPN (ethyl p-nitrophenyl theonobenzenephosphonate), leptophos, methamidophos, mipafox (diisopropyl phosphorofluoridate), omethoate, parathion, TOCP (tri-ortho-cresyl phosphate), trichlorfon and trichloronat.

pack-year of cigarettes, or the equivalent thereof in other tobacco products means a calculation of consumption where one pack-year of cigarettes equals

20 tailor-made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

significant other means a person who has a close family bond or a close personal relationship and is important or influential in one's life.

Specified List 1 of drugs means:

- (a) antipsychotics;
- (b) aromatase inhibitors;
- (c) bevacizumab;
- (d) capecitabine;
- (e) docetaxel;
- (f) ephedrine;
- (g) ergotamine;
- (h) erlotinib;
- (i) fluorouracil;
- (j) paclitaxel;
- (k) phentermine;
- (l) pseudoephedrine;
- (m) sorafenib; or
- (n) triptans, including sumatriptan.

Specified List 2 of drugs means:

- (a) amphetamines as specified;
- (b) cocaine; or
- (c) marijuana.

Note: **amphetamines as specified** is also defined in the Schedule 1 - Dictionary.

specified list of autoimmune diseases means:

- (a) ankylosing spondylitis;
- (b) Behcet disease;
- (c) dermatomyositis;
- (d) eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome);
- (e) giant cell (temporal) arteritis;

-
- (f) IgA vasculitis (Henoch-Schönlein purpura);
 - (g) microscopic polyangiitis;
 - (h) mucocutaneous lymph node syndrome (Kawasaki disease);
 - (i) non-specific autoimmune vasculitis;
 - (j) polyarteritis nodosa;
 - (k) polymyositis;
 - (l) psoriasis;
 - (m) psoriatic arthritis;
 - (n) rheumatoid arthritis;
 - (o) Sjögren syndrome;
 - (p) systemic lupus erythematosus;
 - (q) systemic sclerosis;
 - (r) Takayasu arteritis;
 - (s) thromboangiitis obliterans (Buerger disease); or
 - (t) granulomatosis with polyangiitis (Wegener granulomatosis).

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 2 of 2016)</i>	4 January 2016 F2016L00003	25 January 2016	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	
<i>Veterans' Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018)</i>	28 August 2018 F2018L01188	24 September 2018	
<i>Amendment Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 56 of 2021)</i>	27 April 2021 F2021L00492	24 May 2021	

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Amendment Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 98 of 2021)</i>	23 August 2021 F2021L01168	20 September 2021	

Endnote 4—Amendment history

Provision affected	How affected
Section 2.....	rep LA s 48D
Section 4.....	rep LA s 48C
Schedule 1 – Dictionary – cumulative equivalent dose.....	rs. No. 58 of 2017
Schedule 1 – Dictionary – category 1B stressor..	rs. No. 87 of 2018
Schedule 1 – Dictionary – eyewitness.....	rs. No. 87 of 2018
Schedule 1 – Dictionary – corpse.....	ad. No. 87 of 2018
Subsection 9(33).....	am No. 56 of 2021
Subsection 9(66).....	am No. 56 of 2021
Subsection 9(32).....	rs No. 98 of 2021
Subsection 9(65).....	rs No. 98 of 2021
	ed C4
Schedule 1 – Dictionary – specified autoimmune collagen vascular disease.....	rep No. 98 of 2021
Schedule 1 – Dictionary – specified list of autoimmune diseases...	ad No. 98 of 2021

Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

Subsection 9(65)**Kind of editorial change**

Give effect to the misdescribed amendment as intended

Details of editorial change

Section 4 of the *Amendment Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 98 of 2021)* provides, in part, as follows:

4 Amendment

The Statement of Principles concerning *ischaemic heart disease (Balance of Probabilities)* (No. 2 of 2016) (Federal Register of Legislation No. F2016L00003) is amended in the following manner:

Section	Amendment
9(65)	<p><i>Replace the existing factor in subsection 9(32) with the following:</i></p> <p>having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical worsening of ischaemic heart disease;</p> <p>Note: <i>specified list of autoimmune diseases</i> is defined in the Schedule 1 - Dictionary.</p>

The instruction in the column headed “**Amendment**” refers to subsection 9(32) rather than subsection 9(65).

This compilation was editorially changed to apply the amendment to subsection 9(65) and give effect to the misdescribed amendment as intended.