

STANDING COMMITTEE ON LAW AND JUSTICE 2018 REVIEW OF THE DUST DISEASES SCHEME

STATE INSURANCE REGULATORY AUTHORITY (SIRA) PRE-HEARING QUESTIONS

QUESTION 1

Please provide the committee with information on the review of the methodology used to determine dust diseases contributions for the 2019/20 financial year, including the scope of review, the period and cost of engagement with Taylor Fry Actuaries.

ANSWER:

For the purposes of determining dust disease fund contributions, each NSW industry is allocated to one of eight schedules maintained by SIRA, based on the industry's dust disease risk. Each schedule is allocated a dust disease levy rate, with higher rates applying for schedules containing industries with a higher risk of dust diseases.

For the 2018-19 financial year, schedule rates were between 0.01 percent and 1.25 per cent. A separate rate of 4 percent applies to industries that handle asbestos.

A business's annual dust disease contribution is determined by multiplying the business's anticipated total wages expenditure by the dust disease levy rate for the schedule to which the business's industry is allocated.

SIRA reviews the dust disease contribution framework annually to ensure that it appropriately apportions funding of anticipated dust diseases liabilities between respective industries and collects sufficient contributions to cover DDA expenditure. This annual review takes into account the estimates incurred claims cost per unit of wages for each industry classification.

SIRA is working with the Dust Diseases Authority (DDA) and Taylor Fry Actuaries to determine what levy rate should be applied to each of the eight schedules for the purposes of determining dust diseases contributions for the 2019-20 financial year. Consideration is also being given to whether any industries should be re-assigned between schedules. This work will be completed by end of February 2019.

The cost of the engagement with Taylor Fry Actuaries for the review is approximately \$60,000 (including GST).

QUESTION 2

Please provide the committee with an update on a national register for dust diseases, following consideration at the COAG Health Council meeting in October 2018 and referral to the Clinical Principal Committee (CPC) of the Australian Health Ministers' Advisory Council (AHMAC) and scheduled meeting of November 2018.

ANSWER:

Ministers at the COAG Health Council requested the Clinical Principal Committee (CPC) of the Australian Health Ministers' Advisory Council (AHMAC) to examine the creation of a national register. The CPC is currently scheduled to report back to the COAG Health Council on Friday, 8 February 2019. SIRA has liaised with the CPC to inform their examination of the feasibility of a national register.

SIRA is in consultation with the Thoracic Society of Australia and New Zealand (TSANZ) and other stakeholders to progress a survey through Australian clinicians to collect data on the prevalence of dust diseases and inform the feasibility of a national dust diseases register. Stakeholders have indicated that existing data sources currently underreport the incidences of dust diseases in Australia as they primarily capture compensation claims only. The survey will aim to demonstrate the magnitude of discrepancy in incidences and compensation claims, inform the costs associated with a national register and what data elements should be captured for inclusion. SIRA is liaising with the CPC to ensure actions are not duplicated.

Consultations have highlighted that there are existing national agencies that could deliver a national register such as the Australian Institute of Health and Welfare (AIHW) who currently deliver the mesothelioma register on behalf of Safe Work Australia. Data collection for this register occurs at the state and territory level through each jurisdiction's cancer registry and is fast tracked to the AIHW. The AIHW has indicated that they are interested in continuing consultations on this matter.

Stakeholders have also stated that previous attempts at a voluntary register in the Surveillance of Workplace Based Respiratory Events (SABRE) had fallen over due to reductions in notifications over time. To ensure ongoing utility of a register, stakeholders have stated that mandatory reporting of incidents is required. For this to occur, legislative changes would be required to accommodate ongoing data collection and to avoid breaching privacy legislation.

The Queensland Government has tabled amendments to their 2005 Public Health Act to make dust diseases notifiable by medical practitioners to the Chief Health Officer and creates a Notifiable Dust Lung Disease Register. The register will record cases of coal workers' pneumoconiosis, silicosis and other lung conditions caused by occupational exposure to inorganic dust which could feed into a national register.

The NSW Manufactured Stone Industry Taskforce has made a number of recommendations on how to better protect workers from silica dust exposure and to ensure NSW laws are appropriate and effective in responding to silicosis cases in NSW. SafeWork NSW is currently working with NSW Health and other relevant agencies to explore measures to assist in better identifying areas of disease prevalence and clarifying the total burden of silicosis in NSW. The Minister for Innovation and Better Regulation, the Hon Matt Kean, is consulting other state Ministers around the recommendations made by the Taskforce.

Consultations to date also highlighted that respiratory and occupational clinicians are best placed to provide timely and accurate notification of dust diseases into a national register as many affected workers do not claim compensation with reasons including language barriers, visa status, fear of losing employment or would not be considered a worker under compensation legislation.

Synthesis of discussions to date demonstrate that the requirements for successful establishment and ongoing utility of a national register include:

- support from all states, territories and the Commonwealth
- support and engagement from all state and territory health agencies
- mandatory reporting of dust diseases from all states and territories.

SIRA is also providing input into relevant Safe Work Australia initiatives including identifying available data and data analysis to inform the national profile of occupational lung diseases and national work health and safety policy development.

SIRA understands that as part of the forward work plan for occupational lung diseases (a priority condition in the Australian Work Health and Safety Strategy 2012-22), Safe Work Australia will also liaise with the Clinical Principal Committee in their examination of a national register.

SIRA will be able to provide a further update to the Committee following the CPC report to the COAG Health Council in February 2019.