Migration Institute of Australia

Review of Australia's Significant Cost Threshold

17 November 2023

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Migration Institute of Australia

The Migration Institute of Australia (MIA) is the longest-established professional association representing migration professionals in Australia, being initially established as the Australian Migration Consultants Association in 1987, before changing its name to the MIA in 1992. Through its public profile the MIA advocates the value of migration, thereby supporting the wider migration advice profession, migrants and prospective migrants to Australia. The MIA represents its members through regular government liaison, advocacy, public speaking and media engagements. The MIA supports its members through its separate but interrelated sections: professional support; education; membership; communications; media; business development and marketing.

The MIA operates as a company limited by guarantee under the *Corporations Act 2001 and* complies with all Australian Securities and Investments Commission (ASIC) requirements. The MIA is not empowered under its Constitution to pay dividends. The MIA and its elected office bearers are guided by the legal framework set out in the *Corporations Act 2001*, the MIA Constitution and Rules, the Corporate Governance Statement and Board Charter.

MIA members hold a further responsibility to their clients and the Australian community to abide by ethical professional conduct and to act in a manner which at all times enhances the integrity of the migration advice profession and the Institute. MIA members are bound by both statutory Code of Conduct of the Office of the Migration Agents Registration Authority which sets the profession's standards of behaviour and the MIA Members' Code of Ethics and Practice.

Acknowledgement

The Migration Institute of Australia acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

Migration Institute of Australia
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21 November 2023

The Migration Institute of Australia welcomes this opportunity to provide feedback to this Department of Home Affairs *Review of Australia's Significant Cost Threshold (SCT)* for potential migrants to this country.

The MIA is the leading Australian professional association for Registered Migration Agents and legal practitioners. MIA members provide a representative sample of the migration advice profession, operating across the range of practices in this unique sector from sole practitioner to large corporate migration advice organisations.

This submission reflects the collective knowledge and opinions of MIA members, obtained through methods including individual members' feedback. This submission provides MIA members well-considered thoughts on the impacts of the significant cost threshold on their clients and their long-term plans to settle in this country.

The MIA has also endorsed the Welcoming Disability[1] submission to this consultation, which provides a comprehensive review of Australia's obligations under the various relevant United Nations Conventions to which this country is a signatory.

Please feel free to contact the MIA on 02 9249 9000 or bronwyn.markey@mia.org.au if further assistance is required in relation to this matter.

[redacted]

Reuben Saul
National President
Migration Institute of Australia

[1] Welcoming Disability Nov 2023 submission to the Review of Australia's Significant Cost Threshold, prepared by the Australian Lawyers for Human Rights, Down Syndrome Australia and Dr Jan Gothard.

Terms of Reference

The Department of Home Affairs has sought views on the policy settings for the Australian visa Significant Cost Threshold. The Department seeks views on:

- How the Australian visa Significant Cost Threshold is calculated
- How 'Significant' is defined in the Australian visa Significant Cost Threshold
- The implications of special education as a costing policy definition of 'community service'
- The impact of the migration health requirement on non-citizen children with a disability born in Australia to people on temporary visas
- And any other matters in relation to the Migration Health Framework.

Summary of Recommendations

MIA recommendation 1

The MIA recommends that the Significant Cost Threshold be increased to at least the equivalent average health and welfare average Australian per capita spend as determined by the Australian Institute of Health and Welfare; be assessed for a maximum five-year period; and be reviewed annually to maintain parity with the national cost.

MIA recommendation 2

The MIA recommends that special education be treated in the same manner as regular education and not be included as a cost in the definition of community service.

MIA Recommendation 3

The MIA recommends that all children born in Australia to temporary resident parents be excluded from any migration health requirement costings.

MIA recommendation 4

The MIA recommends that the exemption of the *Migration Act 1958* (Cth) under section 52 of the *Disability Discrimination Act 1992* (Cth) be removed.

MIA recommendation 5

The MIA recommends that once the exemption of the *Migration Act 1958* (Cth) is removed, that the migration health requirement and the relevant United Nations conventions to which Australia is a party be reviewed and bought into legislative alignment.

MIA recommendation 6

The MIA recommends that the Public Interest Criteria 4005 be immediately replaced with the Public Interest Criteria 4007 for all provisional and permanent skilled visas classes.

MIA recommendation 7

The MIA recommends that the Department of Home Affairs introduces more detailed and prescriptive policy guidelines on the health waiver process to streamline processing and provide greater predictability for visa applicants.

Introduction

1. The Australian migration system uses a legislated health requirement to protect Australians from public health risks, to assist in controlling public expenditure on healthcare and community services, and to preserve access to services that are in short supply for Australians. Almost all Australian visa classes require applicants to meet the health requirement and for the vast majority this presents little difficulty. However, the health requirement also contains various anomalies centred around the mechanism known as the Significant Cost Threshold (SCT) that creates substantial and sometimes insurmountable barriers for visa applicants living with health conditions or disabilities.[2]

2. In the April 2023 Outline of the Government's Migration Strategy, one of the five core objectives set to underpin upcoming migration reforms, was the provision of 'a fast, efficient and fair system'.[3]

3. Against the backdrop of striving for a faster and more efficient migration system, this current review of the SCT is timely for several reasons. Firstly, reforms to the SCT will ensure faster visa processing, which is important in a global context where skilled migrants have multiple options and delays lead to Australia losing valuable talent to other countries. Secondly, SCT reform will reduce administrative burdens and costs, freeing up valuable Departmental, Tribunal and Ministerial resources that can be better utilised elsewhere in the migration process. Thirdly, SCT reform will enhance the overall perception of the Australian migration system, improving its reputation globally for being a transparent and user-friendly process.

4. Additionally, given the Government's focus on developing a fairer migration program, it is necessary to highlight the significant ethical concerns surrounding the migration health requirement, particularly given its exemption from Australia's disability discrimination protections. This exemption raises obvious questions about fairness and equality, as it allows for direct discrimination against visa applicants or immediate family members of visa applicants who live with a health condition or disability. This practice is at odds with the principles of inclusivity and equal opportunity that are fundamental to Australian values.

5. The Migration Institute of Australia (MIA) has long been concerned about the impact of the migration health requirement and SCT on MIA members' clients but is confident that SCT reform will assist in bringing about a migration system that is faster, more efficient, and fairer.

[2] Discussion paper: Australia's Significant Cost Threshold (SCT) Review 2023, p 6.
[3] Dr M Parkinson, Professor J Howe, J Azarias, 'Review of the Migration System' March 2023 Department of Home Affairs p 3.

How the Australian visa Significant Cost Threshold is calculated

6. The current calculation method of the SCT falls short in several key areas. Firstly, it does not accurately mirror the average Australian's expenditure on health and welfare. Secondly, the lack of transparency in its calculation process creates unnecessary ambiguity in the migration program. Thirdly, the SCT is not reviewed with sufficient frequency to keep pace with changing economic and health care conditions. Finally, the current approach to the SCT places Australia at odds with practices adopted by international counterparts like New Zealand and Canada.

7. The discussion paper explains that the SCT is calculated based on the Australian Institute of Health and Welfare (AIHW) annual Health Expenditure and Welfare Expenditure reports. These per capita amounts are then used to calculate a five-year per capita approach, with weighted average forward projections to account for the delay in the production of data.

8. However, neither the discussion paper nor the Medical Officer of the Commonwealth (MOC) Advice Pack[4] explains the logic of using a smaller percentage of the full cost to calculate the SCT. The AIHW reports that for 2021-22 the cost of health and welfare services for Australians were A$9,365 and A$8,243 respectively.[5] When the five-year per capita approach is applied to these figures this results in A$46,825 for health and A$41,215 for welfare services or a total of A$88,040 (or A$176,080 over 10 years).

9. It is clear from these calculations that the current SCT of A$51,000 does not reflect the average Australian's spend on health and welfare, but rather is just 58% of the five-year average of A$88,040, before the weighted average is applied. Given that the discussion paper reports that 50% of those who failed the current SCT in 2022-23 were assessed at between costs A$51,000 and A$123,000,[6] increasing the threshold to at least the average A$88,040 would remove this barrier for a reasonable proportion of those applicants.

10. Increasing the SCT to A$88,040 and reducing the assessment period to five years would remove the health requirement barriers for visa applicants living with human immunodeficiency virus (HIV) and most forms of diabetes (including for applicants living with micro and macrovascular complications).[7]

11. The MIA also understands that during the 2018-2019 program year, approximately 96%of health waiver requests were ultimately approved.[8] This extremely high approval rate raises a pertinent question: why are visa applicants living with a health condition or disability subjected to a process that is not only time-consuming and stressful but also potentially discriminatory? Such a process, with its apparent low rejection rate, suggests

[4] Department of Home Affairs, Medical Officer of the Commonwealth Advice Pack 2019
[5] Australian Institute of Health and Welfare – Health expenditure Australian 2020-21 and Welfare expenditure Australia 2020-21
[6] Discussion paper: Australia's Significant Cost Threshold (SCT) Review 2023, P 6
[7] The exception in the case of diabetes being applicants living type 1 diabetes with both micro and macrovascular complications and applicants living with diabetic nephropathy.
[8] Correspondence between Department of Home Affairs and media journalist, 1 September 2022

an unnecessary bureaucratic hurdle rather than a meaningful assessment tool, casting doubt on its efficacy and fairness. This statistic alone warrants a re-evaluation of the SCT to ensure it aligns with the principles of efficiency and public expectations.

12. It is also essential that the SCT be calculated in a manner that is transparent. Increased transparency will ensure fairness and clarity in the visa application process, allowing visa applicants and their representatives to understand how the SCT will be applied to their cases. This openness is crucial in maintaining the integrity and credibility of Australia's migration program.

13. Reviewing the SCT annually will better reflect Australia's changing economic and healthcare landscapes. Costs associated with healthcare fluctuate significantly over time, and an annual review will ensure that the SCT remains relevant and accurate, aligning with current healthcare costs and economic conditions. Such regular updates also allow for adjustments based on welfare changes and advancements in medical treatments, ensuring that the SCT remains a fair measure in assessing the potential impact of a visa applicant's health condition or disability on public resources.

14. Australia's SCT calculation method is also noticeably out of sync with policies of comparable migration destinations like Canada and New Zealand. These countries have adopted more lenient and equitable approaches to health requirements for immigrants, making them more attractive to skilled migrants. New Zealand and Canada share similar migration systems and characteristics with Australia but have substantially increased their costs threshold in the past few years.

15. In 2022, New Zealand doubled its significant cost threshold to the equivalent of approximately A$74,570 over five years and is undertaking an assessment of the conditions and costs that are used in its significant health cost threshold.[9]

16. In 2017, the Canadian Standing Committee on Citizenship and Immigration found that country's medical inadmissibility policies were out of touch with community values and violated United Nations rights conventions.[10] This led to a review of that country's significant health cost threshold and culminated in an increase to three times the average annual cost of health and social services for Canadians, an amount equivalent to around A$28,800 and A$144,000 over five years.[11]

17. New Zealand and Canada both assess visa applicants against their migration health requirements for a maximum period of five years. In contrast, Australia's approach extends this assessment period up to ten years. Australia's longer assessment period is unduly harsh, particularly for those with health conditions or disabilities that are stable and well-managed. This disparity not only highlights a difference in policy approach but also

[9] NZ$81,000 (exchange rate as at 15 November 2023), New Zealand Immigration, News centre: Significant cost health threshold increased, 13 September 2022.
[10] Singer, R. Canada Immigration: Medical Inadmissibility 'Violates Human Rights': Parliamentary Committee Canada, January 2018.
[11] C$25,689 and C$128,445 respectively (exchange rate as at 15 November 2023), Medical inadmissibility, Government of Canada.

raises questions about the responsiveness of Australia's migration system to changes in migrant expectations.

18. These discrepancies put Australia at a competitive disadvantage in the global race for talent. Australia is in direct competition with other advanced economies to attract and retain the best talent from around the world. Evidence has been mounting over the last decade that Australia may not be the primary choice destination that it once was.[12] Potential migrants, especially those with skills in demand, are becoming more discerning in their settlement choices. Competitor countries, such as Canada, are aggressively campaigning to attract the same migrants as Australia. Minister Giles has declared that reducing barriers to skilled migration to Australia is a 'headline' line issue for him, given the competition in the global marketplace for skills.[13]

19. In these circumstances, intrinsic factors within the migration systems of potential destination countries, such as health requirements and visa processing times, assume greater importance when deciding where to settle. Any potential barrier, such as that presented by Australia's health requirement, becomes a major consideration when choosing a destination country and in turn impacts Australia's ability to attract high calibre migrants.

> **MIA recommendation 1**
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> The MIA recommends that the Significant Cost Threshold be increased to at least the equivalent average health and welfare Australian per capita spend as determined by the Australian Institute of Health and Welfare; be assessed for a five-year period; and be reviewed annually to maintain parity with the national cost.

How 'Significant' is defined in the Australian visa Significant Cost Threshold

20. The term 'significant' as applied to health and welfare costings has no fundamental definition in the *Migration Act 1958* (Cth) or *Migration Regulations 1994* (Cth). Deferring to its ordinary meaning, the term 'significant' is commonly used in reference to something that is important or meaningful. The term 'significant' generally suggests a departure from the ordinary, indicating something that stands out due to its importance, effect, or magnitude.

[12] Boucher A, Australia l kely no longer key migration destination, Sydney Policy Lab, University of Sydney, 2020.
[13] Minister Andrew Giles, speech to the Committee for Economic Development Australia, Migration Forum 2023, 20 November 2023.

21. Therefore, in the context of the SCT, a 'significant cost' should not be any cost, nor should it be even the average cost. Instead, a 'significant cost' should be one that stands out due to its magnitude. This understanding is consistent with the 1995 recommendations of the then Department of Immigration and Ethnic Affairs (DIEA) and Department of Human Services and Health (HSH) that the newly introduced SCT should be 'higher than average annual health and community services cost for an Australian'.[14] However, given that the term is now attached to a cost that is almost half the average Australian spend, its purpose and utility is questionable.

22. The Department's interpretation of 'significant' is inconsistent with the term's conventional meaning and falls behind the standards set by other comparable nations' migration policies. As set out above, the SCT should be increased to at least align with the average per capita expenditure on health and welfare, estimated at $88,040 over a five-year period. This adjustment would not only ensure consistency with the term's ordinary meaning but would also align Australia's migration health requirements more closely with global best practices, enhancing its competitiveness as a migration destination.

The implications of special education as a costing policy definition of 'community service'

23. All children in Australia have a fundamental right to education, with their education considered an investment in this country's human capital. The strong correlation between educational attainment and workforce participation is well understood.[15] Australia's migration system does not consider schooling a significant negative cost when assessing child migration applicants, because of their future potential to support themselves and contribute to the economy.

24. For children who require special education, this is just as much an educational investment to allow them to fulfil their future potential, yet this type of education is generally considered a cost burden on the economy. With early intervention programs, specialised educational methods and appropriate support for their disabilities, it is becoming increasingly common for these children to be able eventually enter the mainstream workforce and also contribute to the economy. As such special education is no different to regular education, it should not be considered a cost burden and should not be included in the costing policy of community service.

> **MIA recommendation 2**
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> The MIA recommends that special education be treated in the same manner as regular education and not be included as a cost in the definition of community service.

[14] Discussion paper: Australia's Significant Cost Threshold (SCT) Review 2023, p 3.
[15] OECD L brary, Indicator A3. How does educational attainment affect participation in the labour market? 2022

The impact of the migration health requirement on non-citizen children with a disability or health condition born in Australia to people on temporary visas

25. It is extremely distressing to have to inform temporary migrants, who have borne a child with a disability or health condition in Australia, that they face a long, costly and bureaucratic fight in their attempt to settle permanently, or even temporarily, in Australia. Even with the PIC 4007 waiver attached to certain visas, these children will fail the SCT test and due to the 'one fails all fail' condition which is also imposed on these visas, impact the whole family's chances of permanent residency.

26. The parents of these children have often been in Australia for a considerable amount of time contributing to the economy and the community with the intention of eventually settling here. To add to their already stressful situation, they also face the financial burden of applying for visas they expect to be refused, the further cost of an unsuccessful AAT review and the preparation of a Ministerial Interventional request to the Minister. This process can take a number of years to be resolved and all the while the family exists in a state of limbo, unable to make stable long-term plans for their family. Most difficult of all is that the delay may impact the support and early intervention the child requires as these temporary resident families are not eligible for the National Disability Insurance Scheme (NDIS) services and in some cases Pharmaceutical Benefit Scheme medications.

27. As with the earlier issues discussed in this submission, this significant barrier to migration that delays settlement, effects the cost and ability to obtain important medical or support services for the child must also impact on the family's decision to remain in Australia, especially where they can return to a home country with similar or even higher levels of support for the child.

28. It is also morally incumbent on Australia to prevent the delay in addressing the child's condition and providing intervention and support at the earliest stage. This could be achieved by not delaying access to permanent residency based on the visa health requirement or assessment process.

29. Children born in Australia to at least one permanent resident parent become Australian citizens upon birth in accordance with s 12(1)(a) of the *Citizenship Act 2007* (Cth). Children in this situation born with a health condition or disability are afforded full access to the required care and services that an Australian citizen child is entitled to.

30. However, the situation for children born in Australia to temporary resident parents differs significantly. These children will at best inherit the temporary visa status of their parent through s 78 of the *Migration Act 1958* (Cth). They will also not be afforded Australian citizenship status unless they remain ordinarily resident in Australia until their tenth birthday, as prescribed by s 12(1)(b) of the *Citizenship Act 2007* (Cth).

31. Should such a child born in Australia to temporary resident parents be born with a health condition or disability or be diagnosed with such in their early years, this child will not

only be unable to access a number of support services (including the NDIS), but they will also almost certainly be the sole cause of their entire families being refused future temporary or permanent visas if these have the non-waivable PIC 4005 attached. Alternatively, should their future visa applications have the waivable PIC 4007 attached, they would need to satisfy the Department and often times the Tribunal, that they satisfy the criteria to have the migration health criteria waived. For children who fail to satisfy both PIC 4005 and 4007, their families are left with no option but to approach the Minister's office for intervention.

32. It is imperative that children born in Australia to temporary resident parents receive some special consideration in the migration health requirement framework – especially in light of their deepening connection to the country and the eventual likelihood of obtaining citizenship on their tenth birthday. These children, having spent their formative years in Australia, integrate closely with the Australian way of life, culture, and community, establishing a bond that is as strong as that of any citizen child born to permanent residents.

33. In these circumstances, exempting such children from the migration health requirement costings will align with principles of equity and acknowledges their inherent connection to the Australian community from birth.

34. An exemption of this nature would also rightly acknowledge their inevitable pathway to citizenship and respects the contributions of their families to Australian society. It also aligns with the Australian community expectations of a migration health policy framework that is based on fairness and compassion.

MIA Recommendation 3

The MIA recommends that all children born in Australia to temporary resident parents be excluded from any migration health requirement costings.

Any other matters in relation to the Migration Health Framework

35. Australian migration legislation is inconsistent with various government recommendations and various Human Rights conventions to which Australia is a signatory. However, these appear to be largely ignored.

36. Australia as a party the United Nations Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities is bound to uphold the provisions of these conventions, including to respect and protect the rights of people with disabilities and their right to freedom from discrimination and to equal rights. A somewhat contradictory position given that s52 of the *Disability Discrimination Act 1992* (Cth)[16] exempts the *Migration Act 1958* (Cth) and its health requirements from those provisions,

[16] Section 52, Disability Discrimination Act 1992.

permitting migration legislation to impose discriminatory policies on people with disabilities or health conditions seeking visas to enter Australia.

37. There have been multiple calls for this s52 provision to be reviewed going as far back as 2010 by the Joint Standing Committee on Migration *Enabling Australia: Inquiry into the Migration Treatment of Disability*[17] and thirteen years on by the recently concluded *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities.*[18]

38. The removal of the exemption of the *Migration Act* 1958 (Cth) under s 52 of the *Disability Discrimination Act 1992* (Cth) would open the pathway to a more active consideration of the manner in which Australia administers its migration health requirement in the context of its obligations under these United Nations Conventions.

MIA recommendation 4

The MIA recommends that the exemption of the *Migration Act 1958* (Cth) under section 52 of the *Disability Discrimination Act 1992* (Cth) be removed.

MIA recommendation 5

The MIA recommends that once the exemption of the *Migration Act 1958* (Cth) is removed, that the migration health requirement and the relevant United Nations conventions to which Australia is a party be reviewed and brought into legislative alignment.

Reforming the SCT and use of Public Interest Criteria to bring about greater efficiencies in the migration program

39. The continued use of the non-waivable PIC 4005 (especially for onshore visa applications) arguably lacks utility, as applicants facing a visa refusal due to this PIC inevitably seek alternative visa pathways that offer a waiver. This pursuit of different avenues can extend over several years, during which applicants and their representatives invest significant time, money and effort in navigating the complex immigration landscape. Meanwhile, the Department and Tribunal expends considerable resources in processing and reprocessing these cases across multiple visa categories.

40. For example, a Subclass 190 (Skilled Nominated visa) applicant who has a child living with autism spectrum disorder (ASD) would be refused this visa due to their child's disability but has the right to seek review of this decision at the AAT. Given 95% of AAT

[17] Joint Standing Committee on Migration, Enabling Australia, inquiry into the Migration Treatment of Disability, June 2010, p. xxv.
[18] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities, Executive Summary: Our Vision for an inclusive Australia and Recommendations p 207.

review applications are processed within 2,072 days (or approximately 5.68 years), the applicant would be entitled to Bridging visas to remain in Australia during processing. At some stage during the AAT review process, the applicant would inevitably apply for a visa with a health waiver available, such as a Subclass 494 (Skilled Employer Sponsored Regional (provisional) visa) or a Subclass 820 (Partner visa). Depending on the applicant's personal circumstances, a visa without PIC 4005 or 4007, such as a Protection visa, may even be considered. In such cases, PIC 4005 has failed to achieve its intended purpose of ensuring applicants living with certain health conditions or disabilities are refused visas to Australia.

41. In many other cases, the migration solutions available to visa applicants are even more convoluted owing to the effect of the statutory bar on future onshore visa applications brought about by s 48 of the *Migration Act 1958* (Cth). In these cases, entire families of visa applicants are often compelled to make otherwise unnecessary overseas trips on Bridging visas simply for the purposes of lodging new offshore Australian visa applications with PIC 4007 attached, only to return onshore to await the outcome.

42. This repetitive cycle of multiple visa applications and appeals strains Departmental, Tribunal and Ministerial resources and prolongs the resolution of cases, ultimately leading to greater inefficiencies in the migration program. Rather than rigidly enforcing the non-waivable PIC 4005 criteria, especially for onshore visa applications, a more pragmatic and resource-efficient approach would be to allow all visa applicants access to PIC 4007.

43. To further streamline the processing of health waiver requests, the Department should implement more detailed and prescriptive policy guidelines. Clear criteria focusing on specific factors such as the nature of medical conditions or disabilities, ages of applicants, their occupations, geographical locations, or income levels would significantly enhance the efficiency and consistency of the decision-making process. By providing guidelines of this nature, the decision-making process would be expedited, reducing the Departmental time and resources spent on evaluating each case individually. This would also result in less applications needing to seek review of a negative waiver decision at the AAT.

44. This approach would not only decrease processing times but would also provide greater predictability for prospective migrants to Australia living with health conditions or disabilities. It would ensure that decisions are based on clearer more transparent policies, which reduces the likelihood of arbitrary decisions. Such prescriptive guidelines or policy would be instrumental in aligning the health waiver process with the principles of fairness and efficiency, benefiting visa applicants, their representatives and the Department.

45. Finally, the inflexibility of the non-waivable PIC 4005 also acts as a deterrent for skilled migrants, who prefer destinations with a more accommodating migration health requirement. While most family reunion and humanitarian visas allow for the waiver of the migration health requirement, it is somewhat of an anomaly that most skilled migration visas still attract the non-waivable PIC 4005. Given that these visa classes are designed to generate an economic benefit to Australia and often provide a feeder pathway to

permanent skilled migration,[19] it is illogical to deny these applicants the ability to argue mitigating circumstances to justify waiving the health requirement.

MIA recommendation 6

The MIA recommends that the Public Interest Criteria 4005 be immediately replaced with the Public Interest Criteria 4007 for all provisional and permanent skilled visas classes.

MIA recommendation 7

The MIA recommends that the Department of Home Affairs introduces more detailed and prescriptive policy guidelines on the health waiver process to streamline processing and provide greater predictability for visa applicants.

[19] For example, Independent Skilled Subclass 190, Skilled Regional Provisional Subclass 491, Working Holiday Maker Subclasses 471 and 462 and Temporary Graduate Subclass 485.