Submission in response to:

Productivity Commission Issues Paper
Right to Repair
December 2020

29 January 2021

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Background

Assistive Technology Suppliers Australia (ATSA) Ltd

Assistive Technology Suppliers Australia (ATSA) Ltd welcomes the opportunity to respond to the *Productivity Commission Issues Paper, Right to Repair, December 2020*.

ATSA is a national organisation representing assistive technology (AT) suppliers, including manufacturers; importers; distributors; retailers; tradespeople, and technicians.

Our 145 members, comprising businesses and not-for-profit organisations ranging from small family-owned concerns to multinational organisations throughout Australia.

It is estimated that, excluding AT for communication and sensory disabilities, approximately 80% of the AT sold in Australia passes through the hands of ATSA members.

ATSA is a registered not-for-profit charity with the ACNC and requires that its' members adhere to a comprehensive *Code of Practice* for the sales and support of AT.

The Constitution of ATSA details our organisation's objectives:

The Company's Object is to advance health and social and public welfare by:

(a) funding and promoting:
- **(i)** research into Assistive Technology;
- **(ii)** the education of the public as to the availability of Assistive Technology to meet the needs of persons with a disability;
- **(iii)** "Best practice" in the way Assistive Technology is supplied; and
- **(iv)** community accessible Assistive Technology events;

(b) giving the Assistive Technology users and suppliers a voice that:
- **(i)** provides positive influence on Government policy;
- **(ii)** educates Governments and other stake holders about Assistive Technology;
- **(iii)** promotes a robust, competitive and commercially viable marketplace with the aim that Assistive Technology is available to users at a reasonable cost;
- **(iv)** advocates to achieve excellence, quality, value and positive outcomes for suppliers, Assistive Technology users, stakeholders and the broader community;
- **(v)** works with governments at all levels to ensure the viability of the Assistive Technology industry for the sake of those who use Assistive Technology; and
- **(vi)** delivers quality and value in Assistive Technology solutions for people with disability and their carers;

(c) improving the quality of Assistive Technology provision by:
- **(i)** supporting the ongoing training and education of health care professionals;
- **(ii)** promoting ethical business practices that safeguard the interests of users of Assistive Technology;
- **(iii)** participating in the development of appropriate and cost-effective product standards; and
- **(iv)** maintaining and enhancing services standards, quality and reputation of the Members for the collective mutual benefit and interests of the Members and the public;

(d) developing alliances with all industry stakeholders to:
- **(i)** drive continued improvement in outcomes for Assistive Technology users;
- **(ii)** minimise the total lifetime costs of Assistive Technology on society and Assistive Technology users;
- **(iii)** ensure an open, fair and competitive market; and
- **(iv)** promote the services, activities and events of the Company; and

(e) undertaking such other actions or activities that are necessary, incidental or conducive to advance this Object.

In summary,

ATSA requires members to act within a strict framework of ethical behaviour to ensure that the supply and quality of AT solutions is delivered to ensure the best interests of the consumer are upheld. Many consumers of AT have a high dependency on these products to provide for improved quality of life. Therefore, we believe it is paramount to maintain high quality and safe practices.

The Australian Assistive Technology Industry

A viable and competitive Assistive Technology (AT) provider sector is pivotal to ensuring choice and flexibility for people with disability and older people in Australia, meeting their clinical and functional needs so that they are best equipped to be able to live their life with dignity.

Australians with disability have access to most of the world's leading AT solutions through a network of specialist AT retailers.

When the provision of AT is well supported, it can significantly improve the life of the AT user, who are highly reliant on these devices as they are not a choice, but a necessity, to live their lives. Therefore, business and persons who supply, support, and maintain these devices must have the skills and expertise including knowledge of the clinical relationship between the AT and the user to ensure that safety and functionality is maintained at all times.

The extensive diversity of products and services provided by our membership's businesses is remarkable in a market of just 24 million people. It enables not only choice, but value, to meet the best clinical and functional outcomes for the individual, including the enhancement of independence. This has been achieved through dedicated businesses willing to support small volume devices to assist persons to obtain an AT solution suitable for their needs.

AT devices are a result of research and development plus innovation to provide suitable products. Most AT is classed as a medical device and is required to meet standards testing and regulatory compliance with the Therapeutics Goods Administration (TGA). ATSA members and the AT industry are dedicated to the training of allied health practitioners to ensure the most appropriate AT device is supplied to meet the individual user's need.

As the circumstances of each person are different, including their physical environment, it is typical for the supplier of the AT to work with the user, their carers and healthcare professionals, through trials of the more complex AT products in the planned place of use, at no charge.

Pre-sale services to individual AT users include provision of information, advice, detailed assessment and the development of specifications for an AT solution, with quotations based on review from health care professionals. Our industry is dedicated to identifying the most appropriate solution for the user of AT and draws on an extensive range of products that include configured and adjustable devices, to ensure a tailored solution for the individual.

Post-sales support is also considered to ensure the efficacy of the AT device is maintained for the life-cycle of the device. These services include delivery, set-up, adjustment, training, and ongoing support/advice, maintenance, repairs and spares. All of these services are undertaken to ensure a good fit between the consumer and their AT, and often require considerable specialised expertise and experience.

In summary, the supply and support of AT is a result of several steps starting with an AT prescription and including a number of disciplines e.g., occupational therapists; physiotherapists; rehabilitation engineers, and AT product specialists and technicians to provide an appropriate AT solution for the user of the AT. The AT industry has a history of product support that goes beyond just repairs and breakdowns - it includes adjustments and modifications, as and when required, to address an individual's changing medical/life circumstances. This is achieved through the application of trained skilled servicing of the AT to enable the AT user to keep their functional independence.

ATSA Response to the Productivity Commission Issues Paper, Right to Repair, December 2020

Overview of submission

ATSA will focus on the following areas in its responses to the "Information Requests" in the context of the AT industry:

1. The need for a suitable definition of what product or circumstance falls under the "right to repair".
2. When is the level of risk acceptable for a product to be repaired without regulation?
3. Who can determine who has the required skills to affect the repair?
4. Who bears the risk post-repair? Has the original contract of supply been altered and has the liability been transferred?
5. Addressing the question of "fit for purpose" and "inherent design" post-repair.
6. The protection of intellectual property
7. A pathway to repair that provides a fair economic solution for the user of the product without introducing unacceptable risk to the user.
8. Reporting requirements for Medical devices

ATSA welcomes this debate and supports the investigation by the Productivity Commission of "right to repair" for consumer products. This *Issues Paper* has encapsulated the problem of repairs for all products that can be purchased by the public, i.e., the contention between, manufactures, sellers, consumers, and independent repairers on costs and parts access including warranty consequences.

As an industry association, we respect that this matter is very complex and there will be many agendas and varied views. ATSA's contribution to the debate is focused on maintaining the safety of AT users. In addition, to ensure a viable and skilled industry is retained in the Australian market to support persons with disability.

Information Request 1

What would a "right to repair" entail in the Australian context? How should it be defined?

Definition

The definition of the "right to repair" needs to focus on the designed purpose of the product, rather than a simple linkage to who has purchased the product. It should also consider the risk profile (injury to user or others or property) of the product if a non-qualified person repairs the product.

It is likely that a risk framework will be required to identify instances when only a qualified person is able to repair versus when a person can repair without restriction. This will likely include access to parts and technical information plus any required repair standards.

Caution must be taken not to assume that everything will be classified as a consumer product when considering the "right to repair".

> e.g., a medical product that is listed with the Therapeutic Goods Administration (TGA), is generally purchased under medical supervision or within a medical context and is likely to be a listed device under the *Australian Register of Therapeutic Goods* (ARTG). AT devices need to be easily accessed so that the supply chains are not restricted. Accordingly, these devices may be purchased by a family member from a retailer.

ATSA does not agree with the view that AT devices are a consumer product but that they are medical devices. ATSA does recognise that there are instances where a repair to an AT device will not pose a significant risk, and the "right to repair" should be permitted in some circumstances for AT devices.

> E.g., the replacement of a rubber foot on a walking stick that could be purchased from a local hardware store. Alternatively, the replacement of a tyre (like a bike tyre) on a wheelchair requires skills that a push bike repairer would have.

As a general rule, medical devices that are not supported by trained persons may pose a health risk to the person who is reliant on it. For example, the repair of a portable ventilator: if such a repair were not performed by a suitably qualified person, the outcomes could be catastrophic.

A device that introduces no risk to the user if the repair fails, could be provided free of restrictive regulations, whereas, a repair to a product that could result in an injury or property damage needs safeguards.

Legal implications

Once a repair has been performed, it will be necessary to clarify who becomes the responsible party if that product fails again or triggers injury or property damage.

- Has the original contract of supply been altered/impacted by the repair and has the liability been transferred from the original supplier to the repairer?
- Has the original product's design integrity been compromised, i.e., is it still "fit for purpose" and has the "inherent design" post-repair been retained?
- Is the definition of a repair: "original parts fitted to the manufacture's standards"?
- What happens when "equivalent" non-genuine parts are fitted?
- What happens if adjustments outside the manufacturer's specifications are applied?

Safeguards

It will be very necessary to incorporate safeguards/standards of repair. This will allow for the determination of required skill, Australian Standards, insurance protection, access of technical information and parts.

In the AT medical device context, the "sponsor" under the rules of the TGA and listed items on the ARTG, is responsible for all product recalls and require notification of repairs to aid in the monitoring of potential issues with the device in the market. Therefore, repairs need to be reported to the "sponsor".

Skills

The need for required skills to perform a repair are, in part, already in place in Australia, e.g., if you require a qualified electrician to repair electrical appliances, then you require a licenced motor mechanic to certify a car to be driven on the road.

Each State has regulations in place identifying who can carry out repairs on homes, e.g., contractor licences for building trades. These require certified, trained tradesmen to ensure the Australian Standards are applied.

In the context of the "right to repair", the level of skill for the repair must reflect existing frameworks to ensure a consistency across all industries. It will be necessary to clarify under what circumstance a non-skilled repair can take place to ensure consumer protections are not compromised.

Australian Standards

Application of Australian Standards must be upheld to ensure that these developed safeguards are not diluted in the interest of cost saving at the expense of personal safety.

Insurance protection

Clarification will be required to highlight what risks will be incurred to a person's insurance when a "non – paid", "non-skilled" repair is performed. E.g., if a repair is performed on a battery charger by a non-qualified person who is not paid to carry out the repair, and a fire occurs, is the person still insured? If a good Samaritan, repairs an arm rest on a wheelchair that leads to a pressure sore resulting in hospitalisation for the wheelchair user, can the good Samaritan be sued?

Access of technical information and parts

The restricted access to spare parts and technical information must be considered in the context of the risk profile of the product to the user, others and property. E.g., a self-help guide on what replacement rubber foot can be purchased to repair a walking stick from the local hardware, and the method on how to fit it, should be available without restriction, however, open access to parts and brake controls for a powered wheelchair may be restricted to a trained technician. This is due to the need for calibration of the device to the clinical ability of the user in conjunction with the design of the powered wheelchair, together with consideration of the risk to others and property if things go wrong.

Reporting of Repairs

AT is a regulated medical device with the TGA, unless it has been determined to be an exempt device.

The "sponsor", i.e., the manufacture/importer has a legal requirement to be pro-active in monitoring of the efficacy and safety of the medical device. This includes identifying failures of the device that require repairs and allowing for identification of product recalls avoiding an adverse event. Therefore, dependant on the sponsor's monitoring methodology, it should be concluded that AT repairs need to be reported to the sponsor in a timely manner. This includes what may appear to be an insignificant issue from the perspective of both non-qualified and qualified repairs.

Regulation needs to be considered to address this situation to enable the sponsor to comply with the TGA regulation. It is important to note that there will be different requirements per type of device, age, purpose of the device and risk profile of the device.

If the repairs are open to non-qualified repair for AT, and the repair is not reported to the sponsor, legal relief will be required to the sponsor.

Information Request 2

(a) What types of products and repair markets should the Commission focus on?

In the context of AT, low risk profiled products i.e., if a repair is not effective there is low risk of consequence, e.g., injury.

Some examples:

- Communicators
- Hearing devices
- Low tech AT such as walking sticks, rollators/walking frames, commodes.

In addition, elements of a device that present at low risk to the user if the repair is not effective.

Some examples:

- Pneumatic tyre on a manual wheelchair
- Wheel bearings on a wheelchair

(b) Are there common characteristics that these products share (such as embedded technology and software or a high/low degree of product durability), and which characteristics would allow policy issues to be considered more broadly?

The examples provided in point (a) of this section share general electronic or mechanical attributes that are common across products that the community at large uses, e.g., push bikes (pneumatic tyres, wheel bearings), computers, touch screens, blue tooth (communicators, hearing devices).

Regardless of the "right to repair", it is very important to not disregard that all repairs require a level of skill to perform these tasks. If the work is not performed well and damage is done rendering the AT device inoperable, there are consequences to the person who is reliant on that AT device. In the case of AT, the person's life is highly reliant on these devices, and caution should be taken before the repair is carried out to ensure the person is not disadvantaged through ineffective repairs.

(c) If there are particular products that the Commission should focus on, what are the unique issues in those product repair markets that support that focus?

ATSA supports a pathway to repair that provides a fair economic solution for the user of the product without also introducing unacceptable risk to the user.

ATSA does not oppose the intent of the "right to repair", its' concern centres around the need for the repair work to be carried out effectively by a person who has the required level of skill to execute the repair.

Due to the medical aspect of AT, the "fit for purpose" and "inherent design" post-repair cannot be compromised. Therefore, a key focus for the Commission is to set a regulatory framework that provides protection for the user of AT from poor repairs to their AT on which they rely.

AT is a regulated product under the TGA, and the reporting of a repair is very important to the sponsor of the product. Regulations would need to be considered to ensure such reporting is provided in a "right to repair" framework.

Restriction of supply of parts/technical data sheets would also need to be considered for the high risk AT devices to ensure only trained technicians can effect the repairs.

Information request 3

(a) Do the consumer guarantees under the ACL provide adequate access to repair remedies for defective goods? If not, what changes could be made to improve access to repair remedies? Are there barriers to repairing products purchased using new forms of payment technologies, such as 'buy now pay later'?

ATSA believes that the current ACL guarantees do provide adequate access to repair remedies for defective goods.

(b) Is the guarantee of available repair facilities and spare parts effective in providing access to repair services and parts? Or is the opt-out clause being widely used, making the guarantee ineffective?

The difficulty in the AT market is the geographic size of Australia and the specialisation of some AT devices can create repair access difficulties due to in part of the "thin market" environment. However, the AT industry works hard to overcome these barriers to assist the AT user to gain access to repair support wherever they live. This is generally coordinated by the seller of the AT device so that, in turn, the guarantee is supported.

(c) Should consumer guarantees seek to balance the broader societal costs of remedy choices (such as the environmental impacts of replacements) with consumer rights, and if so how? For example, should repairs be favoured as a remedy?

AT devices are often scripted and customised and supplied to an individual's specific need, therefore, in most cases a repair will most likely be provided rather than a replacement. In addition, the value of the AT device will dictate the nature of the repair due to the economics, i.e., cost of labour and parts versus replacement versus scripting/medical adjustments.

There are some cases where a replacement/exchange would be applied. This would be driven by any number of circumstances, remoteness, access to a suitably qualified repairer, economic (e.g., cheaper to replace than to repair), medical needs, reliance of the device while waiting on repair, or a customer relationship decision.

(d) Are consumers sufficiently aware of the remedies that are available to them, including the option to repair faulty products, under the ACL's consumer guarantees?

- *If not, would more information and education be a cost-effective measure to assist consumers understand and enforce guarantees? What would be the best way to deliver this information? What other measures would be more effective?*

In general, this is the case, however, with the transition from State-based funding of AT to the NDIS for a large section of the disability community, it has been demonstrated that there is a low understanding by users of AT of the ACL.

ATSA would support ACL educational through the NDIA to ensure the participant works within the context of their plan with the support of the NDIS.

Information request 4

(a) The Commission is seeking information on the nature of repair markets in Australia, including detailed data on the repair markets for specific products, covering:

- *market size — by employment, revenue, number of businesses, profit margins*
- *market composition — such as market share between authorised, independent and DIY repairers.*

ATSA does not have access to the detailed market data requested.

(b) Is there any evidence of a difference in quality, safety or data security between authorised repair networks and independent repairers? Are there ways to address concerns around quality, safety or data security while promoting a vibrant independent repair market?

There is a distinct quality difference between repairs by a supplier trained repair provider and an open market/independent repairer. This is primarily due to the lack of available formal training courses for the general market repairers through institutions such as TAFE for AT. Suppliers have stepped in to provide their proprietary training.

Unfortunately, it is not uncommon for an independent repairer to learn as trial by error, which is of great concern to the industry considering the importance and risk to the person with disability who is greatly reliant on the AT device functioning optimally.

This issue needs to be addressed through a formal education programme for AT repairs. Due to the low volume and complexity of the range of requirements for AT repairs, this will require government support.

(c) Are there available examples of the contracts between OEMs and authorised repairers? Do these contracts limit effective competition in repair markets (such as by limiting the number and reach of authorised repairers or requiring authorised repairers to not be authorised by a competing brand)?

- *What is the process to become authorised? Is it open and competitive?*

ATSA does not have access to requested information.

(d) Are there specific examples or other evidence of practices by OEMs or their authorised repairers that create barriers to competition in repair markets?

- *Do other factors also create barriers to competition in repair markets, such as short-sighted consumer behaviours, switching costs, poor information availability or consumer lock-in?*

ATSA does not have any information in respects to this question.

(e) What is the relationship between the intensity of competition in the primary product market and the risk of consumer harm from a lack of competition in repair markets? Can competitive primary markets compensate for non-competitive repair markets?

- *Is an absence of effective competition in the primary market a necessary condition for consumer harm from non-competitive repair markets?*
- *To what extent would measures that enhance competition in the primary market address concerns about a lack of competition in repair markets?*

The AT market is highly specialised and the impact to the user of AT goes further than typical inconvenience if a repair is delayed or goes wrong. In most cases, the user of the AT is highly reliant on the device to get on with life, e.g., a wheelchair provides their mobility, something that they cannot do without.

Due to the level of specialisation, the quantity of available product to repair in some AT market segments is very small. Therefore, there is an inherent risk within a highly contestable repair market in an environment where the number of available repairers may not maintain skills.

In addition, there is the practical problem of return on investment for the repair business to secure sufficient work to offset the invested training costs on a category of AT devices. Accordingly, in some circumstances, an open market could, in effect, be counterproductive to the user of AT.

Alternatively, providing information pathways to technical support and training that enables a greater access to information to enable repairs of AT would provide a greater support network for the users of AT. This approach would assume that there is a baseline skill available to perform the repairs.

(f) Are the restrictive trade practices provisions of the CCA (such as the provisions on misuse of market power, exclusive dealing or anti-competitive contracts) sufficient to deal with any anti-competitive behaviours in repair markets?

ATSA believes that the current CCA provisions are adequate to address misuse of market power. In some cases, exemptions may need to be considered when dealing with highly specialised products that require a high level of skill to ensure the safety of the AT user.

(g) What policy changes could be introduced if there is a need to increase competition in repair markets and improve consumer access to, and affordability of, repairs?

- *What are the costs and benefits of any such proposal to the community as a whole? How does it balance the rights of manufacturers and suppliers, with those of consumers and repairers?*

The provision of formal training courses for the general market repairers through institutions such as TAFE for AT.

This would enable greater trust from AT suppliers to share and provide access to specialised parts, including technical information, as confidence in the base skills are in place to effect a quality repair, protecting the AT user and their brand.

Information request 5

(a) To what extent do current IP laws already facilitate repairs by consumers or independent third parties (e.g. the spare parts defence under the Design Act)?

ATSA respects the intent of the spare parts defence under the *Design Act,* but very apprehensive of the application with regard to regulated medical devices.

> *The Bill will still allow registration of designs of component parts of complex products, but this will be subject to a 'right of repair' exemption that provides a complete defence against infringement when design registered parts are used (including manufacture and supply) for repair purposes. The use of design registered parts for non-repair purposes would, however, be an infringement of the registered design.*

ATSA's caution relates to the risks of non-reporting of a repair to the "sponsor" of the medical device and compliance of the TGA regulations concerning the monitoring of registered medical devices. Allowing the introduction of parts that have not been quality checked by the 'sponsor" of the AT medical device could introduce a material risk to the user.

(b) Are there any aspects of IP laws where consumers' rights with respect to repairs are uncertain?

ATSA is not aware of any.

(c) Do current IP protections (e.g. intellectual property rights, technological protection measures, end-user licencing agreements) pose a significant barrier to repair in Australia? If yes, please comment on any or all of the following:

- *the specific IP protections that prevent consumers from sourcing competitive repairs and/or inhibit competition in repair markets*
- *the types of products or repair markets these barriers mainly affect*
- *the prevalence of these barriers*
- *the impacts of these barriers on third party repairers and consumers (e.g. financial cost, poorer quality repairs*
- *options for reducing these barriers and their associated benefits, costs and risks (including potential impact on market offerings).*

ATSA believes the current IP protections are sufficient and do not pose any barriers in the context of the support of AT medical devices.

(d) In what ways might government facilitate legal access to embedded software in consumer and other goods for the purpose of repairs? What are the pros and cons of these approaches?)

AT as a medical device falls under the TGA guidelines including any oversight of embedded software unless it is an exempted device.

If the software is part of an exempted AT device from the TGA, the following of the guidelines as set out in the spare parts defence under the *Design Act* could be considered a suitable basis to work from, on the provision that the supplier/manufacture of the AT device is released from their legal responsibilities of that device.

Information request 6

(a) What evidence is there of planned obsolescence in Australian product markets? Do concerns about planned obsolescence principally relate to premature failure of devices or in them being discarded still working when more attractive products enter the market?

AT product manufacturers apply design principles directed to a "fit for purpose" criteria with the knowledge that AT items will have a finite useful life. This is due to technical change, personal need changes, medical conditions change, and hygiene regime demands will affect the length of time a AT device will remain useful to the user.

Product reliability is a very important aspect in the product design for AT due to the function it has been purchased to fulfill, e.g., if a powerchair fails on a Friday evening of a long weekend, you cannot let the user be sitting in their chair on a city street until the coming Tuesday morning. Therefore, it is in the best interest for the wheelchair designer to provide a highly reliable product for the duration of its product life.

Once the AT device has come to the end of its useful life (which will greatly vary dependant on the device and its purpose) the trigger for change generally comes from reliability risk, impacts from wear and tear, or the medical condition/circumstances of the user has altered (aging, deterioration of functionality, change in support arrangements, change in location etc). In addition, items may need replacement due to the hygiene regime required, that may result in damaged to the structural integrity of that device over time.

(b) How can the Commission distinguish between planned product obsolescence and the natural evolution of products due to technological change and consumer demand?

ATSA believes that the current ACL call for a product to be "fit for purpose" is the best general guide, as this allows for variations of approach across the vast range of products that are purchased for a variety of reasons and purposes.

(c) How does planned obsolescence affect repairers, consumers and the broader community in Australia?

In the context of point (a) of this section, ATSA does not support the premise of planned obsolescence in the AT market. ATSA does, however, recognise that there is a useful economical life of a device that will vary dependant on the value, purpose and functionality.

Every user of a AT device is an individual with their own unique needs with different values and expectations of their AT. The AT industry must weigh up the most economical model to ensure their product delivers a high level of reliability that is both economical and accessible for the AT user to purchase. It must be understood that a replacement will be required and triggered by any number of reasons. At times, a replacement will not be welcomed by the user due to their own personal view of the situation.

AT businesses value their reputation and to ignore customer concerns about a situation can have great commercial impact on the future sale prospects for that company.

(d) What measures do governments currently use to prevent planned obsolescence or mitigate its effects (in Australia and overseas)? How effective are these measures?

Nothing to add.

(e) What are the benefits, costs and risks of Australia adopting measures similar to those currently used overseas, such as product design standards and reparability ratings?

ATSA supports the approach of design standards and the concept of repairability ratings for AT devices, as it ensures that only safe/quality products are sold in the Australian market.

(f) Do consumers have access to good information about durability and reparability when making purchases? If not, how could access to information be improved?

ATSA believes that the current supply environment of AT is providing required information at the time of purchase.

AT is a medical device, and the purchase will likely have a professional input from a health care professional to ensure the type of device to be purchased is suitable for the clinical needs and environment in which it is to be used.

Due to the importance of, and the reliance on, the device that the AT user needs to get on with life, most suppliers of AT inform the purchaser of the backup services that are available for the device.

Information request 7

ATSA does not have any data or information on the following requests.

(a) What data is available on the amount of e-waste generated in Australia?

- *What data is there on the composition of e-waste in terms of particular materials (such as hazardous materials) by product type?*
- *How does hazardous e-waste compare to hazardous general waste in its prevalence and risks? Is there merit in distinguishing between hazardous e-waste and non-hazardous e-waste? And if so, how could this be done in practice?*

(b) What estimates are available on the costs of e-waste disposal on the environment, human health and social amenity, in Australia and internationally?

- *How do the impacts differ by disposal type, or by the type of product or hazardous material?*

(c) How much of Australia's e-waste is shipped overseas for recycling? Is there evidence of circumstances where this creates problems for recipient countries?

- *Are there barriers to the expansion of domestic recycling facilities or the adoption of new recycling technologies in Australia (such as plasma arc incinerators)?*

(d) What are Australia's current policy settings for managing the potential environmental and health effects of e-waste (such as landfill bans, the National Television and Computer Recycling Scheme or Mobile Muster)? Are these policy settings broadly right — that is, are they proportional to the impacts of e-waste on the community?

(e) How can a right to repair policy further reduce the net costs of e-waste in Australia, and would such an approach be an effective and efficient means of addressing the costs of e-waste to the community?

Information request 8

(a) What policy reforms or suite of policies (if any) are necessary to facilitate a 'right to repair' in Australia?

ATSA believes that the current ACL call for a product to be "fit for purpose" is the best general guide, as this allows for variations of approach across the vast range of products that are purchased for a variety of reasons and purposes.

(b) Are there any other barriers to repair and/or policy responses that the Commission should consider?

Provision of educational programmes and the licensing of repairers to support and improve the repair sectors skills and quality of service.

(c) What are the costs and the benefits of the various policy responses that have been proposed to facilitate repair (such as those outlined in table 1)?

AT devices are medical devices and do not have the sales volumes compared to a domestic toaster or iron. In addition, there are several very specialised devices that have a limited market.

Internationally, it is estimated that Australia only accounts for less than 3% of all AT sales globally. The number of AT items made in Australia is limited and the supply of parts will be dictated by sources overseas.

Accordingly, the list of suggested policies (as set out in table 1) will, in some instances, increase the cost of supply considerably as businesses adjust their supply chain structures, including holding expensive parts for a regulated period.

ATSA would be very concerned if the proposed approaches as set out in table 1 were adopted without consideration of relief for low sales volume products.

(d) Are there other international policy measures or proposals that the Commission should consider as part of this inquiry?

ATSA is not aware of any.