Impact Analysis Statement

A Summary Impact Analysis Statement (IAS) must be completed for all regulatory proposals. A Full IAS (see Box 1) must also be completed and attached for proposals that have significant impacts. Once completed, the IAS must be published.

Summary Impact Analysis Statement

Details

Lead department	Queensland Health
Name of the proposal	Ambulance Service Regulation 2026
Submission type	Summary Impact Analysis Statement
Title of related legislative or regulatory instrument	The Ambulance Service Regulation 2026 remakes the *Ambulance Service Regulation 2015*
Date of issue	April 2026

What is the nature, size and scope of the problem? What are the objectives of government action?

Nature of the problem

The proposed Ambulance Service Regulation 2026 (Regulation) is intended to replace the existing *Ambulance Service Regulation 2015* (2015 Regulation). The Regulation will support the *Ambulance Service Act 1991* (Act).

The *Statutory Instruments Act 1992* requires that all regulations automatically expire after ten years. This means the 2015 Regulation was due to expire on 1 September 2025. However, to allow time for the 2015 Regulation to be remade, an exemption from expiry under the Statutory Instruments Act was granted until 1 September 2026.

The 2015 Regulation must be replaced before 1 September 2026. This will ensure the matters in the regulation are retained and legally effective to support the operation of the Act.

Size and scope of the problem

The purpose of the Act is to establish the Queensland Ambulance Service (QAS). The Act ensures that QAS is appropriately structured, funded and staffed to strengthen the efficient delivery of ambulance services to meet the needs of Queenslanders.

Under section 3D of the Act, QAS's statutory functions include providing, operating and maintaining ambulance services and providing transport for persons requiring attention at medical or health care facilities.

Section 54 of the Act provides a broad regulation-making power, including in relation to charging fees for the use of ambulance services. There are also provisions in the Act that authorise the making of regulations for other matters. These provisions include section 50L of the Act which allows for the prescribing by regulation of agreements authorising the disclosure of confidential information by a designated officer to the Commonwealth or another State, or an entity of the Commonwealth or another State.

To support the Act, the Regulation provides:

- where a person may be taken by ambulance if a person is involved in an accident or emergency and is transported by ambulance or needs ambulance transport
- the conditions that the QAS Commissioner may decide for transport by ambulance
- the fees payable by persons for the use of an ambulance service under the Act

- the prescribed agreements that authorise the disclosure of confidential information between relevant parties.

Under the Act, Queenslanders are exempt from paying a fee for an ambulance service. The Regulation does not change this.

Objectives of government action

Remaking the 2015 Regulation is necessary for the effective operation of QAS. It will ensure QAS has a legislative basis to set the conditions and locations for transport by ambulance and the fees that persons who use ambulance services are liable to pay. It will also authorise the disclosure of confidential information necessary for coordinating emergency responses with other agencies and for recouping fees for the use of ambulance services. Further, retaining and clarifying the existing authority to divert ambulance transport as needed supports the effective management of emergency department capacity, which in turn assists in reducing ambulance ramping.

What options were considered?

Option 1 – Remake the 2015 Regulation (preferred)

Remaking the 2015 Regulation will ensure that QAS can continue to operate effectively and be appropriately funded. Remaking the 2015 Regulation is also consistent with the legislative framework set out under the Act. For these reasons, this is the preferred option.

Option 2 – Allow the 2015 Regulation to expire with no remake

Allowing the 2015 Regulation to expire without remaking it will remove the statutory ability to deal with certain matters prescribed under the Act. This includes prescribing the locations and conditions of transport by ambulance, the fees charged for ambulance services and the necessary disclosure of confidential information. This will significantly impact QAS operations and not be consistent with the legislative framework set out under the Act. For these reasons, this option is not preferred.

What are the impacts?

Need for continued regulation

QAS forms an integral part of the primary health care sector in Queensland. QAS is responsible for delivering pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, interfacility ambulance transports and aeromedical retrieval and transfer services. QAS also provides casualty room services, confidential health assessment and information services, and the planning and coordination of multi-casualty incidents and disasters.

QAS delivers ambulance services from 313 response locations through 8 regions and 17 districts. Throughout Queensland, QAS has 8 operation centres that manage emergency call-taking, emergency operational deployment and dispatch, and the coordination of non-urgent patient transport services.

A substantial portion of QAS funding is derived from charging fees to persons who use ambulance services, being those persons liable under the Act to pay fees. For some persons, the cost of providing services is recovered by QAS under agreements with the Department of Veteran's Affairs and WorkCover Queensland.

To support the delivery of QAS's critical services and the recovery of fees, the Act requires certain operational details to be prescribed by regulation. For example, the 2015 Regulation:

- prescribes the circumstances in which a person may be transported by ambulance, and where they may be transported to and from
- empowers the QAS Commissioner to decide conditions for transport by ambulance
- prescribes fees charged to persons for ambulance services
- authorises the sharing of confidential information with Commonwealth and State entities under information sharing agreements.

As such, if the 2015 Regulation is not remade, QAS's statutory functions, funding and ability to share necessary information will be significantly impeded.

Effectiveness and efficiency

By prescribing these operational matters by regulation, rather than under the Act, they may be easily updated as needed to reflect changes to how QAS delivers its essential services.

Continuing to prescribe these matters in the Regulation is the most effective and efficient means of ensuring ambulance services are delivered in accordance with the Act and modern QAS operations. It will also

ensure that QAS continues to be adequately resourced, through the prescription of fees and authorising the sharing of confidential information with Commonwealth bodies to facilitate funding. Further, and importantly, it authorises the sharing of confidential information with other State bodies in responding to accidents and emergency situations.

Competition impacts

There are no competition impacts relevant to making the Regulation.

Adverse impacts

The remake does not give rise to any adverse impacts.

Implementation

The Regulation more accurately reflects how QAS operationalises the delivery of its essential services and does not substantially change the 2015 Regulation. As such, the impacts of implementation are anticipated to be minor.

Who was consulted?

In November 2024, QAS was consulted regarding the automatic expiry of the 2015 Regulation. QAS supported the remake and the proposed amendments in the Regulation.

In October 2025, Queensland Health released a Consultation Paper that summarised the provisions of the Regulation and the changes proposed from the 2015 Regulation. The Consultation Paper was published on the Queensland Health website for public comment. The Consultation Paper was also distributed to key stakeholders, including relevant government departments, public health units in Hospital and Health Services, and industry stakeholders. The 13 responses received were supportive.

Some stakeholders suggested further changes. Where appropriate, and in consultation with QAS, some of those changes were incorporated into the Regulation, for example:

- extending the authority to request ambulance transport to include other health practitioners, such as a nurse practitioner, registered nurse or midwife
- expanding the places where ambulance transport may be to or from, such as a medical or health care facility.

The Department of the Premier and Cabinet and Queensland Treasury supported the proposed change to the fee structure to remove the per-kilometre aspect.

This consultation is considered proportionate to the impacts of the remake, which are considered minor.

What is the recommended option and why?

Option 1 (remake the 2015 Regulation) was the preferred option. Remaking the 2015 Regulation with the proposed amendments will ensure that the matters prescribed in the Act are effectively and efficiently operationalised and that the Regulation reflects contemporary QAS practice.

The Regulation does not substantially change the 2015 Regulation. However, the provisions of the 2015 Regulation have been modernised and expanded to remove any uncertainty and more accurately reflect how QAS delivers its essential services. Some examples of the changes are provided below.

Example 1: requirements for transport by ambulance

In the 2015 Regulation, the requirements for ambulance transport are prescribed in one general provision. In the 2026 Regulation, these requirements are prescribed across three detailed provisions that each regulate different situations:

- ambulance transport to a medical or health care facility after an accident or emergency
- ambulance transport from a medical or health care facility after an accident or emergency
- for ambulance transport other than for an accident or emergency.

By having separate provisions, the Regulation is able to clarify and expand the specific requirements applicable to each situation. Also, as illustrated by some of the further examples below, some of these requirements have been modernized to better reflect how QAS operationalises its services.

Example 2: places other than a hospital or doctor's surgery

In the 2015 Regulation, ambulance transport after an accident or emergency is only to a hospital or doctor's surgery or from a hospital or doctor's surgery. By instead referring to a 'medical or health care facility', the

Regulation extends the places where transport after an accident or emergency may be to or from to also include other facilities where medical services are provided by health professionals, including satellite health centres. This change will ensure the Regulation reflects the contemporary model for delivering health services.

The Regulation also retains but clarifies the existing provisions that allow ambulance officers and Hospital and Health Service chief executives to divert ambulance transport to an alternative hospital or other place for treatment.

Example 3: authority to request ambulance transport

In the 2015 Regulation, only a doctor has the authority to assess a patient as requiring ambulance transport and to then request that transport. However, for many health consumers, their health care is provided by a health practitioner other than a doctor.

The Regulation extends the authority to request ambulance transport from a medical or health care facility after an accident or emergency. This authority is extended to a nurse practitioner, registered nurse or midwife (including an endorsed midwife). However, this extended authority only applies where is not practicable for a doctor to assess the patient as requiring ambulance transport.

This change will ensure the provision reflects contemporary health care practice. For example, in rural and remote areas, where there may be limited access to a doctor, nurse practitioners, registered nurses and midwives may be the most senior clinical decision maker involved in a patient's care.

Example 4: assessment of a person for transport

In the 2015 Regulation, where person in need of ambulance transport has been 'seen' by a doctor, the person may be taken to a place nominated by the doctor. This infers that an in-person examination by the doctor is required, which is consistent with how such examinations would be performed when the 2015 Regulation was made.

In the Regulation, the equivalent provisions only require the person to be 'assessed' by the doctor. These provisions are transport from a medical or health care facility after an accident or emergency and non-emergency transport. This modernisation will ensure that telehealth consultations satisfy the requirement for an examination by the nominating doctor.

Example 5: request for ambulance transport

In the 2015 Regulation, where a doctor requests ambulance transport, the request must be in writing. In the Regulation, the equivalent provisions also allow the request to be verbal. Again, these provisions are transport from a medical or health care facility after an accident or emergency and non-emergency transport. The verbal request may be made where it is not practicable to make a written request, such as where the treating doctor is unable to access QAS's online booking system. This added flexibility will support patient care in high pressure clinical environments, such as during emergencies or system outages.

Example 6: fees for use of ambulance services

In the 2015 Regulation, Queenslanders are exempt from paying a fee for an ambulance service. The Regulation does not change this.

In the 2015 Regulation, all fees payable by persons are expressed as flat fees. However, in some situations, the 2015 Regulation applies a higher, per-kilometre fee for non-emergency transport and for examination or first aid/treatment without transport.

In the Regulation, the per-kilometre aspect of the fee structure has been removed. This will ensure the Regulation accurately reflects contemporary QAS practice. This change does not increase the fees payable by persons liable under the Act to pay a fee.

Impact assessment

All proposals

	First full year	First 10 years**
Direct costs – *Compliance costs**	**$0**	$0
Direct costs – *Government costs*	**$0**	$0

* The *direct costs calculator tool* (available at qpc.qld.gov.au/best-practice-regulation) should be used to calculate direct costs of regulatory burden. If the proposal has no costs, report as zero. **Agency to note where a longer or different timeframe may be more appropriate.

Signed

Director-General, Queensland Health
Date: 28 May 2026

Minister for Health and Ambulance Services
Date: 14 June 2026