

# Impact Analysis Statement

## Summary IAS

### Details

<b>Lead department</b>	Queensland Health
<b>Name of the proposal</b>	Health Legislation Amendment Bill 2026
<b>Submission type</b> ( <i>Summary IAS / Consultation IAS / Decision IAS</i> )	Summary IAS
<b>Title of related legislative or regulatory instrument</b>	<i>Mental Health Act 2016</i> <i>Hospital and Health Boards Act 2011</i> <i>Pharmacy Business Ownership Act 2024</i> <i>Tobacco and Other Smoking Products Act 1998</i> <i>Public Health Act 2005</i> <i>Public Health Regulation 2018</i> <i>Disability Services Act 2006</i> <i>Working with Children Check Act 2000</i>
<b>Date of issue</b>	May 2026

Proposal type	Details
<b>Regulatory proposals where no RIA is required</b>	<p><b>Amendments to the <i>Mental Health Act 2016</i></b></p> <p>The Bill amends the <i>Mental Health Act 2016</i> (MH Act) to make a range of improvements to the operation of the MH Act. Amendments are made to:</p> <ul style="list-style-type: none"> <li>require the Chief Psychiatrist to make a policy under section 305(1) of the MH Act for the management of safety and security at authorised mental health services when patients are being transferred from places of custody for admission to an authorised mental health service as an inpatient;</li> <li>transfer the function of reviewing forensic orders originating from criminal courts from the Mental Health Review Tribunal (Tribunal) to the Mental Health Court, bringing the making of all forensic orders into the jurisdiction of the Mental Health Court;</li> <li>enable members and staff of the Tribunal to disclose personal information where the President of the Tribunal reasonably believes that the disclosure is necessary to lessen or prevent a serious risk to the life, health or safety of a person or to public safety, and has authorised the disclosure in writing;</li> <li>provide that, where the Chief Psychiatrist has given a direction at their own initiative for the preparation of a psychiatrist report, a person may be detained in an authorised mental health service for a maximum period of up to 72 hours, where necessary, for the purpose of undertaking an examination to inform the report;</li> </ul>

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	<ul style="list-style-type: none"> <li>• clarify that the Tribunal only need to be notified of a change to a treatment authority or treatment support order if the amendment is contrary to a decision or order of the Tribunal or Mental Health Court;</li> <li>• enable a person, following receipt of a psychiatrist report, to request the end of the suspension of their criminal proceedings where the Chief Psychiatrist, and the person, have not decided to refer the matter to the Mental Health Court;</li> <li>• clarify the legislative authority to detain a person for up to seven days following the expiration of an examination order, or court examination order, whilst the appropriate administrator and custodian consents are obtained to allow the person to receive inpatient treatment and care;</li> <li>• suspend the need for periodic reviews of forensic orders, treatment support orders and, where applicable, review of a person’s fitness for trial, when a person has been extradited, removed or deported from Queensland under Commonwealth laws;</li> <li>• provide a mechanism to end forensic orders or treatment support orders when a person has been removed or deported from Queensland; and</li> <li>• allow an ‘appropriate officer’ to disclose personal information and provide necessary assistance to Commonwealth officers when deporting, removing or extraditing a patient of an authorised mental health service.</li> </ul> <p>Most of these amendments are technical and clarifying only. They will not have regulatory impacts and do not require regulatory impact analysis. The other amendments relate to the powers of courts and tribunals and therefore do not require regulatory impact assessment.</p> <p><b>Amendments to the <i>Hospital and Health Boards Act 2011</i></b></p> <p>The Bill amends the <i>Hospital and Health Boards Act 2011</i> (HHB Act) to authorise the chief executive of Queensland Health to directly take land, including via compulsory acquisition, for a <i>health infrastructure purpose</i>. Health infrastructure purpose is defined to include a range of purposes, including building and developing existing and new hospitals, health services and ambulance services, and incidental purposes.</p> <p>Currently, Queensland Health works with the Department of Natural Resources and Mines, Manufacturing and Regional and Rural Development (NRMMRRD) to progress land acquisitions and seek approval through the Minister of NRMMRRD to take land under the <i>Acquisition of Land Act 1967</i>.</p> <p>The amendment to the HHB Act will create a new function for the chief executive of Queensland Health, enabling them to directly manage land acquisitions from end-to-end, and enable the Minister for Health and Ambulance Services to oversee and approve most applications for the taking of land under the HHB Act. The processes and payment of compensation will be consistent with the relevant provisions of the Acquisition of Land Act.</p> <p>It is intended that this new function will enable Queensland Health to better deliver health infrastructure projects in a timely way and advance the Hospital Rescue Plan.</p> <p>There are no external regulatory impacts and as the amendments relate to the internal management of the public sector and machinery of government changes—specifically the departments and Ministers that can manage land acquisitions—no further regulatory impact assessment is required.</p>

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	<p><b>Amendments to the <i>Tobacco and Other Smoking Products Act 1998</i></b></p> <p>The Bill amends the <i>Tobacco and Other Smoking Products Act 1998</i> (TOSP Act) to streamline the forfeiture and destruction of illicit tobacco products and all illicit nicotine products.</p> <p>On 16 June 2025, the <i>Health Legislation Amendment Act 2025</i> introduced amendments to the TOSP Act to empower the chief executive of Queensland Health to promptly forfeit vaping goods upon seizure, without the show cause and appeal processes that otherwise apply to other items seized under the TOSP Act. These amendments empowered Queensland Health to mitigate significant storage problems relating to vaping goods.</p> <p>The <i>Tobacco and Other Smoking Products (Dismantling Illegal Trade) Act 2025</i> further amended the TOSP Act to introduce the concept of ‘compromised goods’—which includes legal smoking products, hookahs and nitrous oxide bulbs and canisters—that can be seized if found alongside illicit tobacco products or illicit nicotine products such as vaping goods. Pursuant to these changes, compromised goods can be destroyed following the same process as the products they are seized alongside. If compromised goods are seized alongside vaping goods, the compromised goods can be destroyed immediately with the vaping goods. However, if compromised goods are seized alongside illicit tobacco products or illicit nicotine products that are not vaping goods (for example, nicotine pouches), the show cause process applying to those products will apply as forfeiture of the illicit products requires a forfeiture decision before they can be destroyed. No forfeiture decision is required on vaping goods and compromised goods found alongside vaping goods.</p> <p>Where a seized item is subject to the show cause process and a forfeiture decision, this gives rise to an appeal process under the TOSP Act, whereby the Magistrates Court has jurisdiction to hear an appeal against the forfeiture decision and order a stay of the decision.</p> <p>The Bill amends the TOSP Act to consolidate forfeiture processes by allowing seized illicit tobacco products and illicit nicotine products other than vaping goods to also be immediately destroyed. Where such products are clearly illicit, have been seized on this basis, and will not be returned to their former owner, there is limited utility in Queensland Health storing the products for a legislated period of time prior to destruction.</p> <p>Queensland Health has assessed these amendments and identified that the amendments relate to general criminal laws and are minor and machinery in nature, as they support the forfeiture powers to enforce the TOSP Act. Queensland Health considers that no further regulatory impact analysis is required.</p> <p><b>Amendments to the <i>Public Health Act 2005</i></b></p> <p><i>Queensland School Immunisation Program</i></p> <p>The Bill amends the <i>Public Health Act 2005</i> (PH Act) to require external providers contracted by Hospital and Health Services (HHSs) to deliver the Queensland School Immunisation Program to share student information with the engaging HHS for follow-up purposes when requested. Such activities will involve contacting parents/guardians to clarify or confirm consent for their children to participate in the program where consent forms are missing or incomplete, and arranging catch-up immunisations where eligible students have missed onsite school immunisation clinics.</p>

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	<p>This is a minor and technical amendment to ensure the intent of the legislation in facilitating follow-up contact with students and parents can be achieved. It therefore does not require regulatory impact analysis.</p> <p><i>Prescribing specific test types for notifiable conditions</i></p> <p>The Bill also amends the PH Act to create a clear legislative mechanism to enable specifying a particular pathology examination or test when prescribing a condition as a <i>pathology request notifiable condition</i> in the <i>Public Health Regulation 2018</i>. This is a minor and technical change and does not impose a regulatory burden.</p> <p><b>Amendments to the <i>Public Health Regulation 2018</i></b></p> <p>The Bill amends the <i>Public Health Regulation 2018</i> to prescribe hepatitis C as a <i>pathology request notifiable condition</i> for ribonucleic acid tests only. This option will improve Queensland's capacity to reliably identify reinfections, support Queensland and national reporting requirements and reduce manual follow up of results and of individuals regarding their hepatitis C status. It will also strengthen pathways to treatment for people with active infections and reduce the notification burden on pathology laboratories. This change is minor in nature, noting the necessary notifications can be processed through the Notifiable Conditions Register with minor system configuration, supported by revisions to existing workflows for pathology laboratories. As such it is not expected to impose a quantifiable regulatory burden and does not require regulatory impact assessment.</p>
<b>Cabinet exemptions</b>	<p><b>Amendments to the <i>Pharmacy Business Ownership Act 2024</i></b></p> <p>The Bill amends the <i>Pharmacy Business Ownership Act 2024</i> to prohibit the affiliation of pharmacy businesses and supermarket businesses in the online environment.</p> <p>Cabinet has exempted this amendment from regulatory impact analysis under <i>The Queensland Government Better Regulation Policy</i>, on the basis that conducting such analysis would not be in the public interest.</p>
<b>Minor and machinery in nature</b>	<p>The Bill amends the following Queensland legislation to make consequential amendments as a result of the MH Act amendments:</p> <ul style="list-style-type: none"> <li>• <i>Disability Services Act 2006</i>;</li> <li>• <i>Working with Children Check Act 2000</i>.</li> </ul> <p>The amendments allow information to be requested from the Mental Health Court in relation to a review of a forensic order (Criminal Code).</p> <p>There is no regulatory burden associated with these amendments.</p>

\*Refer to [The Queensland Government Better Regulation Policy](#) for regulatory proposals not requiring regulatory impact analysis (for example, public sector management, changes to existing criminal laws, taxation).

## Signed



Dr David Rosengren  
 Director-General of Queensland Health  
 Date: 21 May 2026



Tim Nicholls MP  
 Minister for Health and Ambulance Services  
 Date: 22 May 2026