

# Assisted Reproductive Technology Regulation 2026

Consultation Paper

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# Purpose

The purpose of this consultation paper is to seek stakeholder feedback on the proposed Assisted Reproductive Technology Regulation 2026 (Regulation).

Queensland Health acknowledges and thanks those stakeholders who previously provided feedback during the development of the *Assisted Reproductive Technology Act 2024* (Act) and during the consultation for the recently proposed amendments to the Act.

The document is for **consultation purposes only** and does not represent Queensland Government Policy.

Please provide feedback on the proposed amendments by **5pm 12 December 2025**.

Your views are valuable and may be referred to in material provided to Government in considering the Regulation. Your feedback may be referred to in public documents such as the explanatory notes.

If you have any questions or require further information about the proposed Regulation, please send your queries to the email address below.

Feedback can be provided via email to [legislationconsultation@health.qld.gov.au](mailto:legislationconsultation@health.qld.gov.au)

# Terms used in this paper

The definitions provided below are intended to be plain English terms to support review of the paper. Please note that some of these terms have legislative definitions which can be found in [schedule 1 of the Act](#).

Term	Definition
<b>ART</b>	Assisted reproductive technology.
<b>ART provider</b>	A business that provides ART services.
<b>ART procedure</b>	Any procedure that procures or attempts to procure pregnancy in a person other than by sexual intercourse.
<b>ART service</b>	An ART procedure as well as obtaining and storing gametes.
<b>ART user</b>	A person who has or intends to undergo an ART service.
<b>Donated embryo</b>	An embryo that is donated after its creation for use by someone other than the gamete provider or their spouse.
<b>Donated gamete</b>	A gamete that is donated for use by someone other than the gamete provider or their spouse.
<b>Donor-conceived person</b>	A person born as a result of donated gametes or a donated embryo.
<b>Embryo</b>	A human egg fertilised by human sperm.
<b>Gamete</b>	A human sperm or a human egg.
<b>Gamete provider</b>	A person from whom a gamete was originally obtained.
<b>Licensed provider</b>	An ART provider licensed to provide ART services through a licence under the Act.
<b>Queensland ART licence</b>	The licence granted to eligible ART providers by Queensland Health under Part 4 of the Act.

# Background

The Act was passed by Queensland Parliament on 10 September 2024 and is being commenced in stages.

The Act aims to **protect the welfare and interests of people who use ART and people who are born as a result of ART**. By establishing a state-based framework to regulate ART services, the Act also aims to improve confidence in Queensland's ART industry by providing greater oversight, transparency and safeguards.

Key elements of the Act include:

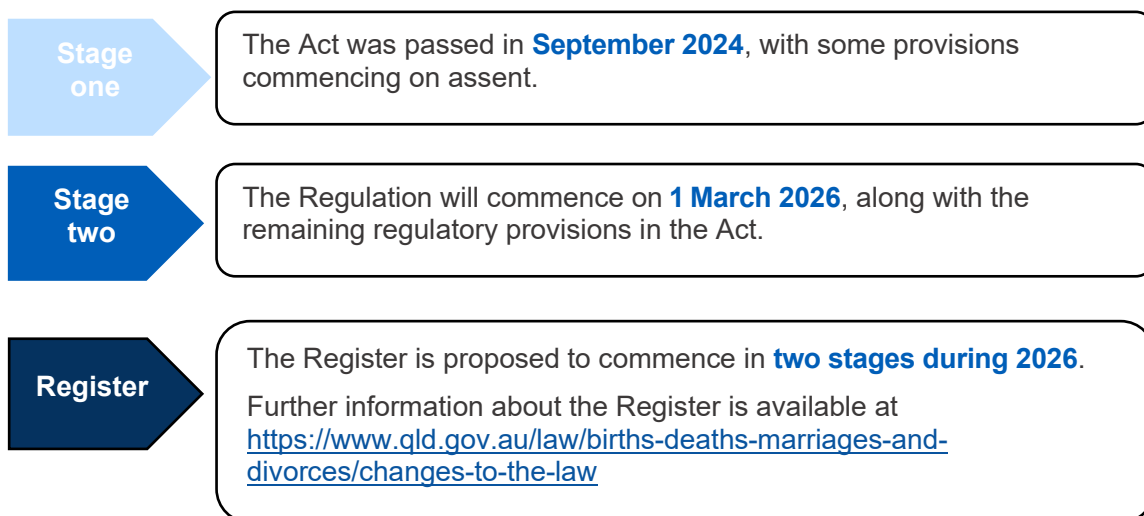
- establishing a state-based licensing scheme to oversee and regulate ART providers;
- imposing requirements ART providers must meet before providing ART services;
- regulating the use of certain gametes and embryos;
- requirements for ART providers to collect information and keep records; and
- establishing a donor conception information register (Register) in the Registry of Births, Deaths and Marriages.

The Health Legislation Amendment Bill (No. 3) 2025 (Bill), introduced into Queensland Parliament on 14 October 2025, proposes to make amendments to the Act. Queensland Health notes that the Bill is subject to consideration by Queensland Parliament. The proposed Regulation has been drafted on the basis of the Act as amended. For ease of understanding, this consultation paper has also been drafted on the basis of the Act as amended.

## Purpose of the Regulation

The Regulation will support the Act by prescribing a range of matters. As many aspects of the ART regulatory framework relate to operational and clinical matters, the Act provides for **detailed requirements to be prescribed in the Regulation** to ensure the framework can be flexible and responsive. The Regulation will also support the establishment of the Register by prescribing further matters.

## Commencement



## Out of scope

The following matters are not proposed to be included in the Regulation:



**Counselling** – The Regulation does not propose to prescribe any counselling requirements.

- Section 15 of the Act sets out requirements relating to counselling services and provides for further counselling matters to be prescribed by regulation.
- The operational elements of counselling (for example, qualifications) are sufficiently addressed through the requirements in the Reproductive Technology Accreditation Committee's (RTAC) *Code of Practice for Assisted Reproductive Technology Units* (RTAC Code of Practice).
- ART providers are audited against the RTAC Code of Practice each year and that audit forms the basis for them receiving a RTAC licence. Under the Act, an ART provider must have accreditation to be eligible to apply for a Queensland ART licence. From 2027, accreditation will be overseen by the Australian Commission on Safety and Quality in Health Care (Commission).
- Given this, adding counselling requirements into the Regulation would be duplicative and would not further the main objects of the Act.



**Individual practitioners** – The regulatory framework does not prescribe any requirements for individual practitioners.

# Overview of the Regulation

It is intended to prescribe the following matters in the Regulation:

- further **information** an ART provider must give to people before providing them with an ART service;
- additional **consent** requirements for ART services;
- **reasonable steps** an ART provider must take when inquiring whether a gamete provider is still alive, where the gamete was obtained more than five years before the ART procedure;
- requirements for an **independent review body** for the purposes of authorising the use of gametes retrieved from a deceased or unresponsive person;
- additional categories of people that **health information** can be disclosed to by an ART provider;
- matters to support the **licensing framework**, namely:
  - **documents** that must be provided with a licence application;
  - licence **fees**;
  - licence **conditions**;
  - events that ART providers need to **notify Queensland Health** of;
  - when Queensland Health may **cancel or suspend** a licence; and
  - information that may be published on the **public register** of licensed providers;
- the relevant **accrediting body** and **accreditation standard** to align the Act with the current accreditation framework;
- requirements to support the **compensation** provisions provided in the Act; and
- provisions to support the **Register**.

Details about the proposed matters for inclusion in the Regulation are provided below.

**The Regulation aims to support the framework established by the Act by providing for detailed and technical matters, including in relation to licensing of ART providers.**

# Description of the proposed Regulation

## Information given before providing ART services

### Background

Each person being provided with an ART service must be supported to make a fully informed and considered decision. Accordingly, section 14 of the Act requires ART providers to inform ART users of specific information and confirm that the information has been understood before providing the ART service.

The information that must be provided falls into two categories: **basic matters** and **extended matters**. Whether a person must be informed of basic matters or extended matters will depend on the ART service being provided and whether the ART service will involve donated gametes or donated embryos.

The **people who must be provided with information** under the Act are:

- a person undergoing an ART procedure using their own gametes or embryos;
- a person undergoing an ART procedure that uses donated gametes or donated embryo;
- an intended parent, if a surrogate undergoes an ART procedure that uses donated gametes or donated embryo;
- a person providing their own gametes;
- a person providing their donated gametes or donated embryo; and
- a person who has already provided their gametes, other than as donated gametes (that is, a person donating excess gametes).

**Basic matters** should be provided to people who are **providing their own gametes** (that are not donated gametes) and people who are **using their own gametes** in an ART procedure. In the Act, basic matters are:

- the availability of counselling;
- the effect of the gamete provider's consent (including how and when the consent may be modified or withdrawn); and
- any other matter prescribed by regulation.

**Extended matters** apply to people who are involved in **donor conception** programs, including donors. In the Act, extended matters are:

- the provision of counselling services;
- the effect of the gamete provider's consent (including how and when the consent may be modified or withdrawn);
- the ART provider's obligations in relation to collecting, keeping and disclosing information about the person and their donor-conceived offspring;
- the rights of the person, donor-conceived offspring and other people to obtain information about themselves from the Register; and
- any other matter prescribed by regulation.

## Proposed Regulation requirement

**Relevant people must be informed of additional basic and extended matters before an ART service can be provided.**

Section 4 of the Regulation proposes to prescribe additional basic and extended matters. Together, the Act and the Regulation will provide a clear minimum level of information ART users can expect from ART providers. It will ensure that ART users are supported with the provision of consistent information across the sector, enabling them to make an informed decision before using an ART service.

For **people who are providing their gametes (that will not be donated)** and for **people who are using their own gametes** in an ART procedure, the following information is proposed for inclusion in the Regulation as additional **basic matters**:

- the risks, benefits and limitations of:
  - obtaining a gamete from the person for an ART procedure; and
  - undergoing an ART procedure, having regard to the person's circumstances;
- the cost of the ART service to be provided; and
- the options available for managing any surplus of gametes or embryos not used in an ART procedure.

For a **person undergoing an ART procedure using donated material** or **an intended parent** (if a surrogate undergoes an ART procedure using donated material), the following information is proposed for inclusion in the Regulation as additional **extended matters**:

- the risks, benefits and limitations of undergoing an ART procedure, having regard to the person's circumstances;
- the cost of the ART service to be provided;
- the options available for managing any surplus of gametes or embryos not used in an ART procedure;
- the relevant medical history of the donor;
- the date the donated gamete (or gamete used to create the donated embryo) was obtained from the donor; and
- the maximum period, consented to by the donor, during which the donated material may be used in an ART procedure. This supports the time limit on using older donated material in section 27 of the Act.

For people **providing their donated gametes (a donor)**, it is proposed to include as an extended matter the risks, benefits and limitations in relation to obtaining a gamete from the person for an ART procedure.

The Regulation does not propose additional extended matters for **a person donating excess gametes**.

A **table** of the proposed basic and extended matters and the people it applies to is in the [Appendix](#).

**Note:** the information outlined above will complement other requirements in the Act. For example, the consent of a donor must include a discussion about the family limit and time limit for use of donor material. Providers are also required to collect particular information about donors, including their relevant medical history.

## Consent requirements

Part 2, division 3 of the Act sets out consent requirements ART providers must comply with. This includes that ART providers must get prior written consent from ART users and only act in a way that is consistent with that consent. The Regulation proposes further consent requirements.

### Re-confirming consent of gamete providers

#### Background

Section 17 of the Act outlines the consent requirements for people who have provided their own gametes for use in an ART procedure. The consent of the gamete provider expires if five years pass since the consent was given or was last confirmed. The consent of a gamete provider is not required to be confirmed by an ART provider if the ART provider knows or reasonably believes the gamete provider has died or in any other circumstances prescribed by regulation.

#### Proposed Regulation requirement

**The gamete provider's consent to continue storing a gamete or embryo is not required to be confirmed if the person has paid a fee for the storage of the gamete or embryo to the ART provider.**

Section 5 of the Regulation proposes to prescribe that **where a gamete provider continues to pay storage fees** to an ART provider, the ART provider is not required to re-confirm their consent every five years, as the gamete provider is taken to have demonstrated their consent by continuing to pay the storage fee.

### Donor consent

#### Background

Section 18 of the Act outlines the consent requirements for a gamete donor. Section 20 sets out the point at which consent may no longer be modified or withdrawn.

#### Proposed Regulation requirement

**The consent of a gamete donor must include an acknowledgement that the gamete provider has been informed by the ART provider of how and when their consent may be modified or withdrawn.**

To ensure informed consent, it is necessary for donors to be aware of their rights to modify or withdraw their consent and when these rights may no longer apply. Accordingly, section 6 of the Regulation proposes that in the case of donated gametes or donated embryos, the consent of a gamete provider must include an acknowledgement that the gamete provider has been informed by the ART provider about **how and when their consent may be modified or withdrawn** under section 20 of the Act.

## Person undergoing ART procedure

### Background

Section 19 of the Act requires that a person undergoing an ART procedure must give consent and provides that a regulation may require consent for different cycles or other stages of an ART procedure. It is currently common practice for ART users to provide an overarching consent at the beginning of their ART process and subsequent consenting processes are inconsistently applied. This means there is no set requirement for ART providers to obtain an ART user's consent for each cycle. This re-consenting process is important as it gives an ART user an opportunity to consciously consider whether their consent is ongoing for subsequent ART procedures and/or if they want to modify that consent.

### Proposed Regulation requirement

**If an ART procedure involves more than one cycle, the person undergoing the procedure must provide a separate consent for each cycle.**

Each ART procedure should be underpinned by its own consent. Section 7 of the Regulation proposes to require that where an ART procedure involves more than one cycle, the person undergoing the ART procedure must **provide a separate consent for each cycle**. This approach will ensure that informed consent is provided on each occasion and enable ART users to ask additional questions or seek updated relevant information in subsequent cycles.

# Use of gametes after death of a gamete provider

## Background

Section 26 of the Act requires an ART provider to not use a gamete or an embryo in an ART procedure if they know, or ought reasonably to know, that the gamete provider has died. The exception to this is if the gamete provider has consented to the use of the gamete or embryo after their death, and if the person seeking to use the gamete or embryo has also consented after being notified of the death. This ensures all relevant parties have consented, and an informed decision is made regarding what this could mean for the person that may be born as a result.

To support this, the Act states that an ART provider must take *reasonable steps* to find out whether the gamete provider is still alive, where the gamete was collected more than five years before the ART procedure. Section 26(5) specifies that reasonable steps include inquiring whether the death of the gamete provider has been officially recorded in the Queensland register of deaths and any other inquiries prescribed by regulation.

## Proposed Regulation requirement

**If gametes were obtained more than five years prior to the proposed ART procedure, there are additional reasonable steps an ART provider must take to determine if the gamete provider is still alive.**

Section 8 of the Regulation proposes to prescribe the following additional reasonable steps to find out whether a gamete provider is still alive:

- attempting to **contact the gamete provider** using any contact information the ART provider has for the gamete provider;
- if the gamete provider's most recent residential address is in another Australian jurisdiction or if the gamete or embryo was supplied from an interstate ART provider, **inquiring whether the death has been registered with the relevant jurisdiction's registering authority**. This could include using the Australian Death Check; and
- if the gamete or embryo was supplied by an overseas ART provider, including a donor bank, **asking the overseas provider** whether the gamete provider is still alive. If the gamete provider has died, the ART provider should ask for the date of the death.

# Posthumous use of gametes - requirements for independent review body

## Background

Part 2, division 5 of the Act provides a framework for the retrieval and use of gametes from deceased or unresponsive people, including an authorisation process to use the gametes. The authorisation process aims to ensure there is an opportunity for grieving and counselling of the spouse seeking to use the gamete, and consideration of the health and psychosocial implications for the people that may be born.

Section 31 of the Act states that an ART provider may use a gamete retrieved from a deceased or unresponsive person in an ART procedure, for the person's spouse, if its use has been authorised by an *independent review body*. The independent review body will be required to consider several factors to authorise use of the retrieved gamete. This includes whether the spouse has capacity to consent to the ART procedure and has undertaken counselling, the best interests of any person born, and any other matter the body considers appropriate. Section 31(2) provides that an independent review body is a body constituted by one or more people who are not engaged by the ART provider to provide ART services. It must also comply with any requirement prescribed by regulation.

## Proposed Regulation requirement

**The independent review body must be set up in accordance with the requirements in the Regulation.**

Section 9 of the Regulation proposes requirements to support an independent review body being set up. The independent review body is proposed to be:

- **established by a licensed ART provider** (for example, whether it is permanently established or formed on an ad hoc basis, the body must have terms of reference and sit within the ART provider's governance framework. It could be an addition to an existing body's scope or the creation of a new body);
- **made up of members independent of the person the gamete was retrieved from and the person's spouse** (for example, the fertility specialist who will treat the spouse if use is authorised, or treated the person the gamete was retrieved from, cannot sit on the body. If the body is an existing body on which they would normally sit, they would need to excuse themselves from consideration of the matter. Other individuals who would not be considered independent include a family member, counsellor, lawyer or other professional engaged by the spouse or the person); and
- **constituted of one or more people with five or more years' experience in:**
  - medical ethics;
  - mental health;
  - law; and
  - child protection or child welfare.

Should there be an individual who possesses five or more years' experience in each of the above fields, the review body could consist of that single individual. It is however expected that in most cases, the body would be constituted by multiple people.

# Disclosure of health information

## Background

ART providers have an important role in ensuring the appropriate disclosure of health information to people involved in donor conception. This includes health information that may become known many years after the original gamete donation or ART procedure occurred. To enable this, section 38 of the Act facilitates ART providers disclosing health information to certain people. This disclosure may occur for the purpose of preventing or reducing a serious risk to someone's life or health, or to warn them about a health condition that may be harmful to the person or their descendants.

The relevant people who may receive health information from ART providers under the Act are outlined in [Table 1](#), noting further people may be prescribed by regulation.

*Table 1: People health information can be disclosed to under the Act*

Who information can be disclosed to	Information about a donor or a relative of a donor	Information about a donor-conceived person, or a relative of a donor-conceived person
Donor-conceived person born as a result of an ART procedure using a gamete donated by the donor	✓	N/A
Descendant of a donor-conceived person born as a result of an ART procedure using a gamete donated by the donor	✓	X
Parent, or other person with parental responsibility for, a donor-conceived person born as a result of an ART procedure using a gamete donated by the donor	✓	X
Person who is pregnant as a result of an ART procedure using a gamete donated by the donor or who is a spouse of the pregnant person	✓	✓
Person who has a gamete donated by the donor in storage with an ART provider	✓	✓
Donor	N/A	✓
Donor-conceived sibling of the donor-conceived person who was born as a result of an ART procedure using a gamete from the same donor	X	✓
Parent of, or other person with parental responsibility for, the donor-conceived sibling	X	✓
Medical practitioner treating the person to whom the disclosure may be made	✓	✓
Any other person prescribed by regulation	✓	✓

## Proposed Regulation requirement

**ART providers may disclose health information about a donor, a donor-conceived person or their relatives to additional people.**

Section 10 of the Regulation proposes to prescribe additional people an ART provider can disclose health information to, as outlined in [Table 2](#). This will ensure that biological relatives, including the donor's raised children, have an equal ability to have relevant health information disclosed to them. While a donor's raised children would ordinarily be in direct contact with the donor, this is not always the case. The Regulation aims to provide certainty to ART providers about their ability to disclose health information to affected biological relatives of a donor or donor-conceived person.

*Table 2: Additional people health information can be disclosed to under the Regulation*

Who information can be disclosed to	Information about a donor or a relative of a donor	Information about a donor-conceived person, or a relative of a donor-conceived person
Person, other than a donor-conceived person, of whom the donor is a biological parent (that is, raised children of the donor)	✓	✓
Parent, or other person with parental responsibility for, raised children of the donor	✓	✓
Descendant of the donor-conceived person	<i>Already prescribed in the Act</i>	✓
Parent of, or other person with parental responsibility for, a descendant of a donor-conceived person.	✓	✓

## Provisions to support the licensing framework

Part 4 of the Act provides a licensing framework to enable Queensland Health to regulate the provision of ART services by ART providers in Queensland. This framework will enable Queensland Health to take a range of regulatory actions including:

- imposing and varying licence conditions;
- issuing an improvement notice;
- issuing a prohibition notice; and
- cancelling or suspending a licence.

Taken together, these regulatory tools provide Queensland Health with the ability to take proportionate action when needed to support the objects of the Act.

## Documents for inclusion in licence application

### Background

The Act requires an ART provider to apply for and be granted a licence to provide ART services in Queensland. This enables Queensland Health to oversee ART providers and take regulatory action where necessary.

Section 57(2) of the Act states what must be included in a licence application. This includes the applicant's name and the address of each premises where ART services are provided. The licence application may also include any other information or document prescribed by regulation.

### Proposed Regulation requirement

**Applicants for a licence will need to provide a copy of their audit report and a declaration of solvency.**

Section 14 of the Regulation proposes that the following documents be included in a licence application:

- a **copy of the applicant's most recent audit report**. Being accredited is a prerequisite to being eligible to apply for a Queensland ART licence. It is common practice for an accrediting body to issue a report on the outcomes of an accreditation activity (for example, an audit) so it is reasonable to request this report as part of the licence application; and
- a **declaration that the applicant is solvent**, to ensure they are financially capable of meeting the costs associated with their obligations under the Act (operating and maintaining record-keeping systems and systems for storing human biological material) for the period of the licence term (one or three years).

## Licence Fees

### Background

Section 57(2) of the Act provides that the licence application must be accompanied by any fee prescribed by regulation.

## Proposed Regulation requirement

**Licensing fees are prescribed in the Regulation.**

Section 15 of the Regulation proposes the following licensing fees:

- an application for an initial licence: **3,324 fee units (\$3,643** based on the current fee unit of \$1.096);
- a one-year further licence: **995.5 fee units** (currently **\$1,091**); or
- a three-year further licence: **2,991 fee units** (currently **\$3,278**).

## Licensing conditions

### Background

Section 59 of the Act states that a licence is subject to the conditions prescribed by regulation. These are general conditions that will apply to all licensed ART providers.

## Proposed Regulation requirement

**Licensing conditions will be prescribed in relation to display of an ART provider's licence number and providing audit documentation.**

Section 16 of the Regulation proposes to prescribe the following licensing conditions:

- **Displaying licence number** – the ART provider's licence number must be stated on their website. This will support transparency of the licensing framework by ensuring ART users and members of the public can confirm an ART provider has a Queensland ART licence as this number will be used on the register of licensed providers, which will be published on a Queensland Health website; and
- **Audit documentation** – ART providers must supply Queensland Health with a copy of the audit report for each audit undertaken of the ART services provided by the ART provider. This must be done as soon as practicable after receiving the audit report. Receiving audit reports will ensure Queensland Health has appropriate oversight of any issues identified during an audit. This also supports accreditation and regulation being complementary aspects of the overall framework for securing a safe and effective sector.

## Notifiable events

### Background

To ensure appropriate oversight and transparency of ART services and providers, section 61 of the Act requires licensed ART providers to notify Queensland Health of certain events. Events requiring notification include serious adverse events, ceasing to have prescribed accreditation and any other event prescribed by regulation.

### Proposed Regulation requirement

**Licensed providers will be required to notify Queensland Health of additional notifiable events.**

Section 17 of the Regulation proposes the following further notifiable events:

- **Acting without consent** – if an ART provider does something for which consent of the person is required, without the prior written consent of that person, Queensland Health must be notified within **seven days**.
- **Departure from consent** – if an ART provider acts in a way that is inconsistent with the prior written consent of the person, Queensland Health must be notified within **seven days**. This includes consent for an ART service provided to the person or the use of a gamete obtained from the person. The two consent events are vital to ensure full and informed consent has been obtained for any ART services provided to ART users.
- **Laboratory practices that are substandard or result in harm** – if a licensed provider reasonably believes their laboratory practices are inconsistent with acceptable industry standards or have resulted (or could result) in physical or psychological harm to a person provided with ART services or a person born as a result of an ART procedure, Queensland Health must be notified within **seven days**. For example, witnessing in a laboratory (whether manual, digital or both) has key components and an ART provider should be able to identify when witnessing practices are below the standard for the individual laboratory and a comparable ART laboratory across Australia.
- **Disruption of business operations** – if a licensed provider's business operations have been disrupted to the extent that ART services cannot be provided, patient care is or is likely to be compromised, or the disruption has resulted in (or could result in) physical or psychological harm, Queensland Health must be notified within **seven days**. Business disruption could include a natural disaster, an equipment fault or cyber attack. This event is intended to cover circumstances often outside of an ART provider's control which can still have, or the potential to have, a serious impact on a person provided with ART services or a person born as a result of an ART procedure. It is expected that Queensland Health would also be notified of the steps taken to manage the situation.
- **Cancellation or suspension of licence of associated entity or prohibition of associated entity in another state** – if the licensed provider is a corporation and an associated entity has had its licence (or equivalent authorisation) to provide ART services cancelled or suspended, or the associated entity is prohibited from providing ART services in another Australian jurisdiction, Queensland Health must be notified within **seven days**. This includes if the licensed provider is a corporation and a subsidiary has had its licence cancelled or suspended. Given many ART providers operate across jurisdictions and have national policies and procedures, this requirement is reasonable to ensure any issues identified in

another jurisdiction that could have implications for a Queensland provider are managed under Queensland's regulatory scheme.

- **Change of ownership or business structure** – if the licensed provider is a corporation or a subsidiary of another corporation, Queensland Health must be notified within **21 days** of:
  - any assets or liabilities of the licensed provider (or parent entity) being merged with another corporation;
  - another change in relation to assets or liabilities if the change affects (or is likely to affect) the ownership, governance or operations of the provider; or
  - another change to operations if the change materially affects (or will materially affect) the provision of ART services.

## Cancellation or suspension of licence

### Background

Section 64 of the Act provides that Queensland Health must cancel or suspend an ART provider's licence if it ceases to have prescribed accreditation or if it is issued a prohibition notice which prevents it from providing ART services within Queensland. A licence may be suspended for up to 12 months.

Queensland Health may also cancel or suspend a licence if it was found to have been granted based on false or misleading information, if the licensed provider notifies Queensland Health it has ceased to provide ART services, or in any other circumstances prescribed by regulation.

### Proposed Regulation requirement

**The Regulation provides for additional circumstances in which a licence may be cancelled or suspended.**

Section 18 of the Regulation proposes that an ART provider's licence may be cancelled or suspended in the following circumstances:

- **Cancellation or suspension in another state** – if the ART provider, including an associated entity if the ART provider is a corporation, has had its licence (or equivalent authorisation) to provide ART services in another Australian jurisdiction cancelled or suspended;
- **Prohibition in another state** – if the ART provider, including an associated entity if the ART provider is a corporation, has been prohibited from providing some or all ART services in another Australian jurisdiction;
- **Under voluntary administration or insolvent under administration** – if the ART provider, including an associated entity if the ART provider is a corporation, is or has been under voluntary administration or an insolvent under administration; and
- **Personnel not replaced** – if any of the personnel, within the meaning of the accreditation standard, who are engaged in the provision of ART services by the ART provider cease to perform their role and are not replaced within 30 days. Due to the critical role that personnel play in securing a safe and effective ART service, these roles need to be filled with appropriately qualified staff at all times.

## Public register of licensed providers

### Background

Section 65 of the Act enables Queensland Health to keep a public register of licensed providers. The public register may include information about the licensed provider such as their name and address, and the name of the medical practitioner who performs or supervises the performance of ART services provided by the licensed provider. The Act provides for the public register to contain other information prescribed by regulation.

### Proposed Regulation requirement

**The public register of licensed providers may contain details of any specific licensing conditions, prohibition notices or licence suspensions.**

Section 19 of the Regulation proposes further information the public register of licensed providers may contain.

In the event an ART provider has been issued with one of the following, this information may be published:

- a **specific licence condition**, including the date it was imposed and, if the condition has been removed, the date of removal;
- a **prohibition notice**, including the date it took effect, particulars of the matters stated in the notice and, if the prohibition notice has been revoked, the date of the revocation; and
- a **licence suspension**, including the date it took effect, the reason for suspension and, if the suspension has been lifted, the date it was lifted.

The public register will provide ART users with an independent source of information they can access to make an informed choice about an ART provider. Current and historical information about a provider's licence history is important for transparency.

**Note:** if an ART provider has had its licence cancelled, it is no longer a licensed provider. It is therefore not intended to prescribe licence cancellation as additional information that may be included in the public register. Section 65(3) provides that the public register may contain any other information the chief executive considers appropriate and cancellation of a provider's licence may be included on the public register on this basis.

## Accreditation requirements

### Background

It is a requirement of Commonwealth legislation that all ART providers be accredited. In September 2025, Australian Health Ministers agreed that the Commission should replace RTAC as the accrediting authority from January 2027.

The Bill amends the Act to enable requirements in the Act to be responsive to changes in the accreditation landscape:

- Section 57 of the Act provides that a person may apply for an ART licence if they have the prescribed accreditation. The Act also requires an ART provider to notify Queensland Health of changes to the provider's prescribed accreditation and enables Queensland Health to cancel or suspend a licence if a provider ceases to have prescribed accreditation. **Prescribed accreditation**, in relation to a person, is defined for the Act to mean accreditation of the person, or of facilities operated by the person, by an entity prescribed by regulation.
- Section 56A of the Act provides the meaning of **accreditation standard** for the purposes of key concepts in the Act (serious adverse events and personnel). **Accreditation standard** means a document approved by regulation that provides for matters in relation to prescribed accreditation.

### Proposed Regulation requirement

**RTAC will be prescribed as the entity for the definition of *prescribed accreditation* and the RTAC Code of Practice will be approved as the *accreditation standard*.**

Section 13 of the Regulation proposes to approve the **RTAC Code of Practice** as the document for the meaning of **accreditation standard** in the Act; this will be updated as and when the Commission's accreditation scheme commences. Prescribing the RTAC Code of Practice as the accreditation standard for the purposes of the Act will align requirements in the Act relating to serious adverse events and personnel with the accreditation framework.

Section 21 of the Regulation proposes to prescribe **RTAC** as the entity for the definition of **prescribed accreditation** in the Act. This will ensure that the current accreditation framework is reflected in the Act to support the Queensland licensing framework.

# Supporting the compensation provisions

## Background

Section 115 of the Act allows a person to claim compensation from the State if they incur loss, including costs or damage, because of an inspector exercising their powers under the Act. When a court is considering whether compensation should be ordered, it must consider matters including any relevant offence committed by the claimant and whether the loss arose from a lawful seizure or forfeiture.

Section 115(5) of the Act provides that a regulation may prescribe other matters that may, or must, be taken into account by the court when considering whether it is just to order compensation.

## Proposed Regulation requirement

**The court must take into account whether the inspector's exercise of power was lawful when considering compensation.**

Section 20 of the Regulation proposes that a court must take into account **whether the exercise, or purported exercise, of a power by or for an inspector was lawful**, in considering compensation.

# Donor conception information register

Part 3 of the Act establishes the Register and provides the information to be held within it, how that information may be accessed and other relevant matters. The primary purpose of the Register is to provide donor-conceived people (16 years and older) to access information about the donor. This allows donor-conceived people to understand their full genetic history, health risks, and may also enable donor-conceived people to connect with the donor and their donor-conceived siblings with mutual consent.

## Relevant information

### Background

Section 44 of the Act prescribes the relevant information to be included in the Register in relation to a donor-conceived person. This includes a range of information about the donor, the donor-conceived person, their parents and the donor conception procedure. Section 44(2)(n) enables additional information to be prescribed by regulation.

### Proposed Regulation requirement

**The Register must include additional information.**

Section 11 of the Regulation proposes the following matters for inclusion in the Register:

- whether the donor **donated sperm or an egg**; and
- if the **donor has died**, information stating the donor has died, and the date and cause of death, if known.

## Private donor conception procedure

### Background

A private donor conception procedure is a self-insemination procedure (not through an ART provider) using a donated gamete. Section 47 of the Act allows parties to a private donor conception procedure to voluntarily provide all or any relevant information relating to a donor-conceived person born as a result of a private donor conception procedure to the Register.

To provide information, the written consent of all the parties to the procedure is required. If one or more of the parties have died since the procedure, the written consent of all remaining parties and evidence of the death(s) is required before information may be provided to the Register. Section 47(4) of the Act states that evidence of a death may be a statutory declaration by the remaining parties or any other evidence authorised by regulation.

### Proposed Regulation requirement

**Evidence of the death can be a copy of the party's death certificate.**

Section 12 of the Regulation proposes that evidence that a party to a private donor conception procedure has died can be **a copy of the person's death certificate** being provided by the remaining parties.

## Appendix - Proposed additional basic and extended matters

	Person undergoing ART procedure using own gametes/embryo	Person undergoing ART procedure using donated gametes/embryo	Intended parent if a surrogate is using donated gametes/embryo	Person providing their own gametes	Person providing their donated gametes	Person who has already provided their gametes, other than as donated gametes (excess gametes)
The risks, benefits and limitations of:						
(a) obtaining a gamete from the person for an ART procedure	✓	X	X	✓	✓	X
(b) undergoing an ART procedure	✓	✓	✓	✓	X	X
Cost of an ART service to be provided	✓	✓	✓	✓	X	X
The options available for managing surplus gametes or embryos not used in the procedure	✓	✓	✓	✓	X	X
The relevant medical history of the donor	X	✓	✓	X	X	X
The date the donated gamete (or gamete used to create the donated embryo) was obtained from the donor	X	✓	✓	X	X	X
The maximum period consented to by the donor, during which the donated gamete or donated embryo may be used in an ART procedure	X	✓	✓	X	X	X

Legend:

Basic matters ( <i>person's own genetic material</i> )	Extended matters ( <i>donor material</i> )
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