

# Ambulance Service Regulation 2026

Consultation Paper - October 2025

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# Purpose

The purpose of this consultation paper is to seek stakeholder feedback on the draft Ambulance Service Regulation 2026, which remakes and replaces the *Ambulance Service Regulation 2015*.

The paper is for **consultation purposes only** and does not represent Queensland Government policy.

Please provide any feedback on the proposed changes as part of remaking the *Ambulance Service Regulation 2015* by email to [legislationconsultation@health.qld.gov.au](mailto:legislationconsultation@health.qld.gov.au) by **5pm, 21 October 2025**.

Your views may be referred to in material provided to Government in considering the Ambulance Service Regulation 2026. Your feedback may also be referred to in public documents, for example, as part of the Explanatory Notes.

If you have any questions or require further information about the Ambulance Service Regulation 2026, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

# Background

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

## What does the 2026 Regulation do?

The 2026 Regulation will support the *Ambulance Service Act 1991* (the Act). The purpose of the Act is to establish the Queensland Ambulance Service (QAS). The Act aims to ensure that QAS is appropriately structured, funded and staffed to strengthen the efficient delivery of ambulance services to meet the needs of Queenslanders.

Under the Act, Queenslanders are exempt from paying a fee for an ambulance service.  
The proposed 2026 Regulation does not change this.

To support the aims of the Act, the 2026 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 who are not Queensland residents (called 'non-exempt persons')
- the prescribed agreements that authorise the disclosure of confidential information between relevant parties.

## Why is the 2015 Regulation being replaced?

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.

# Ambulance Service Regulation 2026

## What is different about the 2026 Regulation?

The 2026 Regulation does not substantially change the 2015 Regulation. However, where appropriate, the provisions have been modernised and expanded to remove any uncertainty and more accurately reflect how QAS operationalises the delivery of its essential services.

### Example 1: requirements for transport by ambulance

- In the 2015 Regulation, the requirements are prescribed in one general provision.
- In the 2026 Regulation, the corresponding requirements are prescribed across three detailed provisions that each regulate different situations:
  - for ambulance transport to a hospital or doctor's surgery after an accident or emergency, the requirements reflect the existing provision
  - for ambulance transport from a hospital or doctor's surgery after an accident or emergency, the requirements significantly expand and clarify the existing provision
  - for ambulance transport other than for an accident or emergency, the requirements also significantly expand and clarify the existing provision.

### Example 2: ambulance transport to a place nominated by a doctor

- 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 2026 Regulation, the equivalent provision (transport by ambulance other than for an accident or emergency) only requires the person to be 'assessed' by the doctor. This will ensure that modern telehealth consultations satisfy the requirement for an examination by the nominating doctor.

### Example 3: ambulance transport requested by a doctor

- In the 2015 Regulation, where a doctor requests ambulance transport from a hospital or doctor's surgery, the request must be in writing.
- In the 2026 Regulation, the equivalent provision (transport by ambulance from a hospital or doctor's surgery after an accident or emergency) also allows the request to be verbal. This applies 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.

# What does the 2026 Regulation provide for?

## Transport by ambulance to hospital or doctor's surgery after accident or emergency

The 2026 Regulation provides for transport by ambulance to a hospital or doctor's surgery in relation to an accident or emergency, where the person is not at a hospital or doctor's surgery. The 2026 Regulation provides the places where the person may be transported by ambulance:

- The person may be transported to the nearest public hospital.
- The person may be transported to another public hospital. This applies where the health service chief executive of a Hospital and Health Service has decided that the hospital is appropriate for treatment of the person. This decision may be made by the health service chief executive of any Hospital and Health Service. In practice, this decision is based on the treatment required and the clinical capabilities of public hospitals to provide that treatment.
- The person may be transported to a private hospital. This applies where transport to a public hospital is not practicable.
- The person may be transported to a doctor's surgery, which includes the doctor's consulting rooms. This applies where arrangements have been made with the doctor. In practice, it is expected that the arrangements would be received via the Computer Aided Dispatch (CAD) systems accessed by QAS.
- The person may be transported to the accident or emergency department of a local private hospital. This applies where the transport is requested by the person or their parent or guardian.
- The person may be transported to the surgery of a local doctor. This applies where the transport is requested by the person or their parent or guardian, and the local doctor's surgery has the facilities to receive and treat the person.

However, the person may also be transported to any place where medical treatment is provided. This applies where the ambulance officer believes the person needs urgent medical treatment. This provides a safety net, by empowering the ambulance officer to transport the patient to a different location as required. For example, if the patient's condition deteriorates enroute to the original destination, additional or more immediate treatment at an alternate place may be considered necessary.

## Transport by ambulance from hospital or doctor's surgery after accident or emergency

The 2026 Regulation provides for transport by ambulance from a hospital or doctor's surgery after an accident or emergency. This applies to a person where three preconditions are met:

- firstly, the person was involved in an accident or emergency and is at a hospital or doctor's surgery
- secondly, the person is assessed by a doctor as either (i) requiring attention at another medical or health facility, or (ii) requiring assistance to travel to the person's residence
- thirdly, the doctor is satisfied that the person cannot safely, or reasonably, travel to the facility by an alternate form of transport to an ambulance.

The 2026 Regulation provides that the doctor may request that the person be transported to a medical or health care facility or to the person's residence. The request is made to QAS. Although the request must be in writing, if it is not practicable for the doctor to do this, the doctor may make a verbal request to QAS.

If the above preconditions and requirements are met, the 2026 Regulation authorises the person to be transported by ambulance to a medical or health care facility or to the person's residence. The transport must be in accordance with the request of the doctor.

However, the person may also be transported to any place where medical treatment is provided. This applies where the ambulance officer believes the person needs urgent medical treatment.

## Transport by ambulance other than for accident or emergency

The 2026 Regulation provides for transport by ambulance other than for accident or emergency. This provision covers situations where a doctor assesses a person for future transport to or from a place to receive non-emergency medical treatment. Examples of this include a medical escort, mobility assistance, medical support for challenging behaviours or where the person has a medical condition or disability and requires paramedic observation during transport.

The provision applies to a person where three preconditions are met:

- firstly, the person was not involved in an accident or emergency
- secondly, the person has been assessed by a doctor as requiring attention at a medical or health facility in the future
- thirdly, the doctor is satisfied that the person cannot safely, or reasonably, travel to the facility by an alternate form of transport to an ambulance.

The 2026 Regulation provides that the doctor may request that the person be transported from a place nominated by the doctor to a medical or health care facility. The request is made to QAS. Although the request must be in writing, if it is not practicable for the doctor to do this, the doctor may make a verbal request to QAS.

If the above preconditions and requirements are met, the 2026 Regulation authorises the person to be transported by ambulance to a medical or health care facility. The transport must be in accordance with the request of the doctor. Further, the person may be transported by ambulance from the medical or health care facility to the person's residence.

However, the person may also be transported to any place where medical treatment is provided. This applies where the ambulance officer believes the person needs urgent medical treatment.

## Commissioner may decide conditions for transport by ambulance

The 2026 Regulation provides for the commissioner to decide conditions for transport by ambulance.

The commissioner is authorised to divert an ambulance to the scene of an accident or emergency. The commissioner is authorised to allow more than one person to be transported in an ambulance and to limit the amount of baggage and number of persons accompanying a person being transported by ambulance.

However, the person may also be transported to any place where medical treatment is provided. This applies where the ambulance officer believes the person needs urgent medical treatment.

## Fees

The Act provides that a person whose principal place of residence is in Queensland is exempt from paying a fee for the use of an ambulance service. This exemption also includes a dependent of that person and certain persons under 25 who are full-time students at an educational institution.

The 2026 Regulation does not propose any change to this existing exemption. This means that Queenslanders will continue to have free access to ambulance services.

The fees payable under the Act for the use of an ambulance service are prescribed by regulation. However, the 2015 Regulation provides two circumstances in which a fee is not payable by a non-exempt person:

- the non-exempt person is merely accompanying another person being transported in an ambulance
- QAS receives an amount from the Motor Vehicle Insurance Fund for providing an ambulance service to the non-exempt person.

The 2015 Regulation also provides that a prescribed fee is not payable by a non-exempt person if the ambulance service provided was in relation to a special use of an ambulance service for which the chief executive has set a fee. No such special use fees have been set.

Further, the 2015 Regulation provides that if a fee is payable by a non-exempt person who is under a disability, the fee may be paid by the person's parent, guardian, manager or legal representative.

The 2026 Regulation does not propose any change to these aspects of the existing fee structure.

## Schedule 1 - Fees

The 2015 Regulation prescribes the ambulance service fees that are charged to non-exempt persons. Fees are prescribed for the following QAS services:

- emergency transport
- non-emergency transport (including intra-hospital transport)
- examination by an ambulance officer where ambulance transport is refused or not required
- first aid or emergency treatment by an ambulance officer where ambulance transport is refused or not required
- treatment provided at an ambulance casualty centre.

The fees are prescribed as fee unit amounts. This means they may be increased automatically in line with the Queensland Government's indexation policy.

The 2026 Regulation does not propose any change to these overarching aspects of the fee structure.

In the 2015 Regulation, all fees 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. QAS is considering changing the fee structure, to remove the per-kilometre fee and only charge the flat fee. The practical reasons for this change are as follows:

- The 2015 Regulation requires the per-kilometre fee to be calculated as a round trip from the ambulance station nearest the incident, to the place of attendance, and then back to the same station. In practice, under QAS's modern 'dynamic deployment' model, ambulances usually remain on the road, rather than being called from ambulance stations.

- The existing fee structure appears to anticipate an invoice being raised for each non-exempt person, with the amount charged calculated on the specific circumstances of the incident. In practice, the cost of providing many QAS services is recovered from other funding sources, rather than being levied on the non-exempt person who received the service. These funding sources include agreements with the Commonwealth or other Queensland agencies (see Schedule 2 below) or recurrent funding from Queensland Health.
- The existing fee structure was designed to ensure full cost recovery of QAS services. In practice, charging the flat fee alone is sufficient to achieve this. Also, it is a resource-intensive process for QAS to calculate the per-kilometre fee.

For these reasons, the proposed change would ensure the fee structure in the 2026 Regulation accurately reflects contemporary QAS practice. However, this change would not increase the fees payable by non-exempt persons.

## Schedule 2, part 1 - Prescribed agreement between Queensland and the Commonwealth, another State or an entity

The Act allows confidential information to be disclosed to the Commonwealth or another State, or an entity of the Commonwealth or another State, if the disclosure is required or permitted under an agreement prescribed by regulation.

The 2015 Regulation prescribes an agreement between Queensland (through QAS) and the Department of Veterans' Affairs, the Repatriation Commission and the Military Rehabilitation and Compensation Commission. The agreement facilitates the provision and payment of ambulance services to persons covered by the agreement. It is expected that the 2026 Regulation will prescribe an updated version of this agreement.

## Schedule 2, part 2 - Prescribed agreements between QAS and an entity of the State

The Act allows confidential information to be disclosed to an entity of the State if the disclosure is required or permitted under an agreement prescribed by regulation. It is expected that the 2026 Regulation will prescribe updated agreements in relation to:

- the cost of ambulance transport and pre-hospital patient care provided to injured workers
- the Inter-Agency Computer Aided Dispatch Electronic Messaging System (ICEMS), which facilitates the provision of ambulance and other emergency services in Queensland.