



Queensland

Health Services Act 1991

Health Services Regulation 2002

Reprinted as in force on 20 September 2007

Reprint No. 3J

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This page is specific to this reprint. See previous reprints for information about earlier changes made under the Reprints Act 1992. A table of reprints is included in the endnotes.

Also see endnotes for information about—

- **when provisions commenced**
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Queensland

Health Services Regulation 2002

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Health Services Regulation 2002

[as amended by all amendments that commenced on or before 20 September 2007]

Part 1 Preliminary

1 Short title

This regulation may be cited as the *Health Services Regulation 2002*.

2 Definitions

The dictionary in schedule 3 defines particular words used in this regulation.

3 Meaning of *residential care facility*

- (1) A *residential care facility* is a nursing home, hostel or other facility operated by the State at which accommodation, and nursing or personal care, is provided to persons who, because of disability, disease, illness, incapacity or infirmity, have a continuing need for nursing or personal care.
- (2) However, a residential care facility does not include a public sector hospital.

4 Meaning of *day* for calculating daily fees

- (1) For calculating the number of days for which, or after which, a daily fee is payable by a person under part 2 division 1, part 3 or part 4, *day* means—
 - (a) the day on which the person is admitted to a relevant facility; or
 - (b) the day on which the person returns to a relevant facility from leave; or

- (c) each full day the person is accommodated in a relevant facility.
- (2) However, **day** does not include—
 - (a) the day on which the person goes on leave from a relevant facility; and
 - (b) for a person who is not a same day patient—the day on which the person is discharged from a relevant facility.
- (3) For subsection (1)(c), a person is accommodated in a relevant facility for a full day even if the person is absent, otherwise than on leave, from the relevant facility for any part of the day.
- (4) In this section—

full day means the 24 hour period between midnight on one day and midnight on the next day.

5 Meaning of *leave*

- (1) **Leave**, in relation to a person in a relevant facility, means a temporary absence—
 - (a) that is approved by, and does not involve the person's discharge from, the relevant facility; and
 - (b) from which the person does not return to the relevant facility until at least the day after the absence begins.
- (2) However, for a resident occupying a hostel place in a residential care facility, a temporary absence is not leave.

Part 2 Public sector hospital fees

Division 1 Accommodation fees

6 Accommodation fees—public sector hospital

- (1) The fees payable by particular patients for patient accommodation in a public sector hospital are stated in schedule 1, part 1.

- (2) An eligible person, other than a third party patient or a workers' compensation patient, who is accommodated in a standard ward, or treated, in a public sector hospital as a public patient is not liable to pay a fee for the accommodation or treatment.

7 Accommodation fees—nursing home type patient

- (1) This section states the fees payable by a nursing home type patient for each day of residence in a public sector hospital.
- (2) The fee payable by a patient who is 16 years or more but under 18 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\mathbf{U18\ DSPA} + \mathbf{U18\ RAA})}{\mathbf{NDY}}$$

- (3) The fee payable by a patient who is 18 years or more but under 21 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\mathbf{U21\ DSPA} + \mathbf{U21\ RAA})}{\mathbf{NDY}}$$

- (4) The fee payable by a patient who is 21 years or more is the amount worked out using the formula—

$$87.5\% \times \frac{(\mathbf{BAPA} + \mathbf{RAA})}{\mathbf{NDY}}$$

- (5) If the patient is a private patient, the patient must, in addition to the amount worked out under subsections (2) to (4), pay \$88.50 for each day.
- (6) However, the chief executive may waive, entirely or partly, payment of a fee mentioned in subsections (2) to (5) if the chief executive is satisfied payment of the fee would cause the patient financial hardship.

Division 2 Fees for services other than accommodation

8 Pharmaceuticals

- (1) This section applies to the supply of pharmaceuticals at a public sector hospital to an eligible person who—
 - (a) is not an in-patient of the hospital; or
 - (b) if the pharmaceuticals are for the person's use after the person is discharged from the hospital—is an in-patient of the hospital.
- (2) The maximum amount payable for each item of pharmaceuticals supplied to a person who holds a commonwealth concession card, or a dependant of the person, is \$4.90.
- (3) The maximum amount payable for each item of pharmaceuticals supplied to another person is—
 - (a) if a maximum patient payment for the item is stated in the Queensland Hospitals Non-Inpatient Dispensed Drug Price Catalogue¹—the maximum patient payment amount or \$30.70, whichever is the lesser; or
 - (b) otherwise—\$30.70.
- (4) Despite subsections (2) and (3), each of the following persons is not liable to pay an amount for pharmaceuticals supplied to the person—
 - (a) a person who holds a safety net entitlement card issued, under the *National Health Act 1953* (Cwlth), part VII, division 1A;
 - (b) a dependant of a person mentioned in paragraph (a);
 - (c) a child under the custody or guardianship of the chief executive of the department that administers the *Child Protection Act 1999*.

¹ The Queensland Hospitals Non-Inpatient Dispensed Drug Price Catalogue is available for inspection at public sector hospital pharmacies.

- (5) Also, the maximum amount payable under this section for pharmaceuticals supplied to a person on a single visit to the hospital is 4 times the maximum amount payable by the person for 1 item of pharmaceuticals under subsection (2) or (3).

9 Outpatient services fees

The fees payable by particular patients for outpatient services at a public sector hospital are stated in schedule 1, part 2.

10 Fees for other services

The fees payable by particular patients for other services at a public sector hospital are stated in schedule 1, part 3.

Part 3 Residential care facility fees

11 Particular residents of residential care facility

- (1) This section states the fees payable by a resident of a residential care facility for each day of residence other than—
- a resident occupying a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1; or
 - a resident occupying a hostel place.

- (2) The fee payable by a resident who is 16 years or more but under 18 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U18 DSPA} + \text{U18 RAA})}{\text{NDY}}$$

- (3) The fee payable by a resident who is 18 years or more but under 21 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U21 DSPA} + \text{U21 RAA})}{\text{NDY}}$$

- (4) The fee payable by a resident who is 21 years or more is the amount worked out using the formula—

$$87.5\% \times \frac{(\mathbf{BAPA + RAA})}{\mathbf{NDY}}$$

12 Occupiers of places under Aged Care Act 1997 (Cwlth)

- (1) This section applies to a resident of a residential care facility occupying a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1.
- (2) The fee payable by the resident for each day of residence in the residential care facility is the maximum daily amount of resident fees for the resident worked out under the *Aged Care Act 1997* (Cwlth), section 58-2.

13 Occupiers of hostel places

- (1) This section applies to a resident of a residential care facility occupying a hostel place.
- (2) The fee payable by the resident for each day the resident occupies the place is the amount worked out using the formula—

$$66.67\% \times \frac{(\mathbf{BAPA + RAA})}{\mathbf{NDY}}$$

14 Waiver of fee

The chief executive may waive, entirely or partly, payment of a fee mentioned in this part if the chief executive is satisfied payment of the fee would cause the resident financial hardship.

Part 4 Extended treatment facility and psychogeriatric unit fees

Division 1 General

15 Application of particular sections

Subject to section 21, sections 6, 7 and 11 do not apply to patients in extended treatment facilities.

16 Patient with acute care certificate

The fees mentioned in this part are not payable by a patient in an extended treatment facility who holds an acute care certificate.

17 Fees not payable for first 35 days

- (1) The fees mentioned in this part are not payable by a patient for the first 35 days the patient is in an extended treatment facility.
- (2) Subsection (1) does not apply if the patient has been a resident of a residential care facility immediately before becoming a patient.

18 Fees not payable for last 30 days

- (1) The fees mentioned in this part are not payable by a patient for the last 30 days the patient is in an extended treatment facility.
- (2) Subsection (1) does not apply if the patient is transferred from the extended treatment facility to a public sector hospital or a residential care facility.

19 Waiver of fee

The chief executive may waive, entirely or partly, payment of a fee mentioned in this part if the chief executive is satisfied payment of the fee would cause the patient financial hardship.

Division 2 Extended treatment facility fees**20 Extended treatment facility fees other than
 psychogeriatric unit**

(1) This section states the fee payable for each day by a patient in an extended treatment facility, other than a patient in a psychogeriatric unit.

(2) The fee payable by a patient who is 16 years or more but under 18 years is the amount worked out using the formula—

$$66.67\% \times \frac{(\mathbf{U18\ DSPA} + \mathbf{U18\ RAA})}{\mathbf{NDY}}$$

(3) The fee payable by a patient who is 18 years or more but under 21 years is the amount worked out using the formula—

$$66.67\% \times \frac{(\mathbf{U21\ DSPA} + \mathbf{U21\ RAA})}{\mathbf{NDY}}$$

(4) The fee payable by a patient who is 21 years or more is the amount worked out using the formula—

$$66.67\% \times \frac{(\mathbf{BAPA} + \mathbf{RAA})}{\mathbf{NDY}}$$

Division 3 Psychogeriatric unit fees**21 Psychogeriatric unit fees**

The fee payable for each day by a patient in a psychogeriatric unit is the fee that would be payable under section 11 if the patient were a resident of a residential care facility.

Part 6 Quality assurance committees

Division 1 Preliminary

23 Definitions for pt 6

In this part—

committee means a committee declared to be an approved quality assurance committee under section 31² of the Act.

member means a member of a committee.

privacy policy see section 31.

Division 2 Procedures of committees

24 Election of chairperson

- (1) This section applies if the entity that established a committee has not appointed a member to be the chairperson of the committee.
- (2) The committee must elect a member to be the chairperson of the committee.

25 Times and places of meetings

- (1) Committee meetings are to be held at the times and places the chairperson decides.
- (2) However, the chairperson must call a meeting if asked, in writing, to do so by at least the number of members forming a quorum for the committee.
- (3) Also, a committee must hold its first meeting at a time and place decided by the entity that established the committee.

2 Section 31 (Approved quality assurance committees) of the Act

26 Quorum

A quorum for a committee is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

27 Presiding at meetings

- (1) The chairperson is to preside at all meetings of a committee at which the chairperson is present.
- (2) If the chairperson is absent from a meeting or the office of chairperson is vacant, a member chosen by the members present is to preside.

28 Conduct of meetings

- (1) A question at a committee meeting is decided by a majority of the votes of the members present.
- (2) Each member present at the meeting has a vote on each question to be decided and, if the votes are equal, the member presiding also has a casting vote.

29 Minutes

- (1) A committee must keep the minutes of a meeting of the committee for 10 years after the meeting.
- (2) Subsection (1) does not apply to the extent that the minutes are a public record under the *Public Records Act 2002*.³

30 Other procedures

Subject to this division—

- (a) a committee must conduct its business, including its meetings, under the procedures, if any, decided for the committee by the entity that established the committee; or

³ See the *Public Records Act 2002*, section 6 (What is a public record).

- (b) otherwise, the committee may conduct its business, including its meetings, under procedures decided by the committee.

Division 3 Privacy policies

31 A committee must adopt a privacy policy

A committee must adopt, by resolution, a written privacy policy (a *privacy policy*).

32 Contents of a privacy policy

- (1) A committee's privacy policy must state the ways the committee, or a member of the committee, may do any of the following—
- (a) acquire and compile relevant information;
 - (b) securely store relevant information;
 - (c) disclose relevant information;
 - (d) ask an individual for consent to disclose the individual's identity under section 32(2)⁴ of the Act.
- (2) The privacy policy also must state the circumstances under which a record containing relevant information may be copied or destroyed.
- (3) In this section—
- relevant information* means information acquired or compiled by the committee in the exercise of its functions.

4 Section 32 (Restrictions on committees) of the Act

Division 4 Information to be made available by committees

33 Specified information to be made available to the public

- (1) A committee must make available to the public the following information (the *specified information*)—
 - (a) a statement of the committee's functions;
 - (b) for each committee member—
 - (i) the member's full name and qualifications; and
 - (ii) the member's office or position; and
 - (iii) a summary of the member's experience that is relevant to the committee's functions;
 - (c) a summary of the outcomes of the exercise of the committee's functions in the period since—
 - (i) for the first time a committee makes the specified information available to the public—the Minister declared the committee to be an approved quality assurance committee; or
 - (ii) otherwise—the committee last made the specified information available;
 - (d) a summary of the committee's privacy policy.
- (2) The specified information must be made available—
 - (a) for the first time a committee makes the specified information available to the public—within 3 years after the Minister declared the committee to be an approved quality assurance committee; or
 - (b) otherwise—within 3 years after the committee last made the specified information available.
- (3) The committee must give the specified information to the entity that established the committee before the committee makes it available to the public.
- (4) A committee may make the specified information available in a form the committee considers appropriate.

Example of an appropriate form for the specified information—

The specified information may be included in the annual report of the entity that established the committee.

33A Specified information to be given to the chief health officer

A committee must, as soon as practicable after an individual becomes, or ceases to be, a member of the committee, give the chief health officer a written notice containing the following information—

- (a) when an individual becomes a member—
 - (i) the individual's full name and qualifications; and
 - (ii) the individual's office or position; and
 - (iii) a summary of the individual's experience that is relevant to the committee's functions; and
 - (iv) the date the individual became a member;
- (b) when an individual ceases to be a member—
 - (i) the individual's full name; and
 - (ii) the date the individual ceased to be a member.

Part 7 Miscellaneous

34 Additional payment if GST applies

- (1) This section applies if GST is payable in relation to a supply under this regulation.
- (2) A person liable to pay a fee under this regulation for the supply must, in addition to the fee and at the same time as the fee is paid, pay an amount equal to 10% of the fee.

34A Administrative units—Act, s 24(1)

Each of the following is an administrative unit of the department prescribed for section 24(1) of the Act—

- central, southern and northern area health services;
- clinical and statewide services division;
- information division;
- Queensland health shared service provider;
- reform and development division;
- corporate services division;
- office of the chief health officer;
- office of the director-general;
- policy, planning and resourcing division.

34B Criteria for prescribed public hospitals—Act, s 38A

(1) For section 38A, definition *prescribed public hospital*, of the Act, the criterion is having provided acute care to relevant patients on more than 2000 occasions during the previous financial year.

(2) In this section—

acute care means care of which the principal clinical intent or treatment goal is one or more of the following—

- (a) curing illness or providing definitive treatment of an injury;
- (b) managing labour or perinatal care;
- (c) protecting against exacerbation or complication of an illness or injury that could threaten life or normal function;
- (d) performing diagnostic or therapeutic procedures.

relevant patient means a patient who has been admitted to a public sector hospital.

34BA Prescribed designated person for confidentiality—Act, s 60

(1) For section 60, definition *designated person*, paragraph (j) of the Act, a person who is a member of a health community council is prescribed to be a designated person.

(2) In this section—

health community council means a health community council established under section 28L of the Act.

34C Disclosure for purposes relating to health services—Act, s 62H(b)

(1) For section 62H(b) of the Act, the following are prescribed entities for evaluating, managing, monitoring or planning health services—

- (a) the University of Queensland for collecting data about a relevant trauma patient for use in the Queensland Trauma Registry;
- (b) Hardes and Associates Pty Ltd ACN 079 150 940 for reviewing patterns of health services delivery and projecting the future demand for, and supply of, health services;
- (c) Medicare Australia for maintaining the Australian Childhood Immunisation Register.

(2) In this section—

relevant trauma patient means a person who attends a public sector hospital for treatment of a physical injury and—

- (a) is admitted for 24 hours or more; or
- (b) dies within 24 hours of receiving treatment in the hospital's emergency department; or
- (c) dies within 24 hours of being admitted.

35 Prescribed agreements—Act, s 62N(1)

- (1) Each agreement stated in schedule 2, part 1, is prescribed for section 62N(1)(a) of the Act.
- (2) Each agreement stated in schedule 2, part 2, is prescribed for section 62N(1)(b) of the Act.

Part 8 **Transitional and repeal provisions**

36 **Definitions for pt 8**

In this part—

commencement day means the day this part commences.

repealed regulation means the *Health Services Regulation 1992*.

37 **Fees for particular patients in psychogeriatric units**

- (1) This section applies to a person who—
 - (a) immediately before 7 April 2000—
 - (i) was a patient in a facility that, on 7 April 2000, was a psychogeriatric unit under the repealed regulation; and
 - (ii) was paying an amount under the *Mental Health Regulation 1985*, section 63(1); and
 - (b) from 7 April 2000 to the commencement day has been a patient in a psychogeriatric unit.
- (2) The fees payable by the patient while the patient remains a patient in the unit are the fees that would be payable under part 4 if the patient were a patient in an extended treatment facility other than a psychogeriatric unit.

38 **Continuing effect of waiver**

- (1) This section applies if the chief executive has, under section 4A(6), 8D or 9D of the repealed regulation, entirely or partly waived payment of a fee by a person.
- (2) The waiver continues to apply to the person as if the fee were waived under section 7(6), 14 or 19 of this regulation.

39 Repeal

The following regulations are repealed—

- Health Services Regulation 1992 (1992 SL No. 211)
- Health Services (Public Hospitals) Fees and Charges Amendment Regulation (No. 1) 1992 (1992 SL No. 339)
- Health Services (Public Hospitals) Fees and Charges Amendment Regulation (No. 2) 1992 (1992 SL No. 453)
- Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 1) 1993 (1993 SL No. 286)
- Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 2) 1993 (1993 SL No. 358)
- Health Legislation Amendment Regulation (No. 1) 1994 (1994 SL No. 213).

Schedule 1 Fees

sections 6, 9 and 10

Part 1 Accommodation fees

	\$
1 Eligible person who is a private patient and a same day patient	203.00
2 Eligible person who is a private patient treated in a hospital as a day only procedure patient and whose treatment is—	
(a) a band 1 procedure.	203.00
(b) a band 2 procedure.	227.00
(c) a band 3 procedure.	249.50
(d) a band 4 procedure.	278.00
3 Eligible person, who is a private patient and not a same day patient, accommodated in—	
(a) a single room—for each day	457.50
(b) a shared room—for each day.	278.00
4 Third party patient, other than a public Queensland workers' compensation patient, accommodated in—	
(a) an intensive care unit—for each day	3 251.00
(b) a coronary care unit—for each day	2 047.00
5 Third party patient, other than a public Queensland workers' compensation patient, receiving—	
(a) rehabilitation care—for each day	525.50
(b) maintenance care—for each day	400.50
6 Third party patient who is—	
(a) a private patient; and	
(b) not a same day patient; and	
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(d) receiving care other than rehabilitation or maintenance care—for each day	872.00

Schedule 1 (continued)

	\$
7 Third party patient who is—	
(a) a public patient; and	
(b) not a Queensland workers' compensation patient; and	
(c) not a same day patient; and	
(d) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(e) receiving care other than rehabilitation or maintenance care—for each day	1 012.50
8 Third party patient who is—	
(a) a private patient; and	
(b) a same day patient; and	
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
8 (d) receiving care other than rehabilitation or maintenance care—for each day	603.50
9 Third party patient who is—	
(a) a public patient; and	
(b) not a Queensland workers' compensation patient; and	
(c) a same day patient; and	
(d) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(e) receiving care other than rehabilitation or maintenance care—for each day	855.00
10 Ineligible person accommodated in—	
(a) an intensive care unit—for each day	3 251.00
(b) a coronary care unit—for each day	2 047.00
11 Ineligible person receiving—	
(a) rehabilitation care—for each day	525.50
(b) maintenance care—for each day	400.50
12 Ineligible person who is—	
(a) a private patient; and	
(b) not a same day patient; and	

Schedule 1 (continued)

	\$
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(d) receiving care other than rehabilitation or maintenance care—for each day	872.00
13 Ineligible person who is—	
(a) a public patient; and	
(b) not a same day patient; and	
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(d) receiving care other than rehabilitation or maintenance care—for each day	1 012.50
14 Ineligible person who is—	
(a) a private patient; and	
(b) a same day patient; and	
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(d) receiving care other than rehabilitation or maintenance care—for each day	603.50
15 Ineligible person who is—	
(a) a public patient; and	
(b) a same day patient; and	
(c) accommodated in a part of a hospital other than an intensive care or coronary care unit; and	
(d) receiving care other than rehabilitation or maintenance care—for each day	855.00

Schedule 1 (continued)

Part 2 Outpatient services fees

	\$
16 Third party patient who is a public patient, other than a Queensland workers' compensation patient—	
(a) for each accident and emergency service	178.50
(b) for each diagnostic imaging service	MBS fee
(c) for each pathology service	MBS fee
(d) for each scheduled service	66.50
17 Ineligible person—	
(a) for each accident and emergency service	178.50
(b) for each diagnostic imaging service	MBS fee
(c) for each pathology request	66.50
(d) for each scheduled service	66.50

Part 3 Other services

	\$
18 Third party patient, other than a public Queensland workers' compensation patient, treated in an operating theatre—	
(a) if the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation—for each treatment	1 597.50
(b) if the treatment involves undergoing procedures, other than the procedures mentioned in paragraph (a)—for each treatment	635.00
19 Ineligible person treated in an operating theatre—	
(a) if the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation—for each treatment	1 597.50

Schedule 1 (continued)

	\$
(b) if the treatment involves undergoing procedures, other than the procedures mentioned in paragraph (a)—for each treatment	635.00

Schedule 2 Agreements

section 35

Part 1 Agreements with Commonwealth, State or entity

- 1 Public Health Outcome Funding Agreement 1999/00–2003/04 between the Commonwealth of Australia and the State of Queensland made 1 February 2000.
- 2 Agreement between the State of Queensland and the Australian Institute of Health and Welfare for the giving of certain health information by the State to the Institute dated 4 May 1999.
- 3 The agreement dated 28 August 1998 between the Commonwealth and the State entered into under the *Health Care (Appropriation) Act 1998* (Cwlth).
- 4 Agreement between the State of Queensland and the Commonwealth of Australia for exchanging and linking certain medical record data, made 21 August 2000.
- 5 Hospital Services Arrangement between the Commonwealth of Australia and the Repatriation Commission and the Military Rehabilitation and Compensation Commission and the State of Queensland for the treatment and care in Queensland Public Hospitals of persons eligible for treatment under the *Veterans' Entitlements Act 1986* (Cwlth) and the *Military Rehabilitation and Compensation Act 2004* (Cwlth), made on 28 February 2006.
- 6 Agreement between Queensland and New South Wales for the funding of admitted and non-admitted patient services provided to residents of New South Wales by Queensland and vice versa, for the period 1 July 2003 to 30 June 2008.
- 7 Agreement between Queensland and the Australian Capital Territory for the funding of admitted patient services provided to residents of Queensland by the Australian Capital Territory and vice versa, for the period 1 July 2003 to 30 June 2008.

Schedule 2 (continued)

- 8 Agreement between Queensland and the Northern Territory for the funding of admitted patient services provided to residents of Queensland by the Northern Territory and vice versa, for the period 1 July 2003 to 30 June 2008.
- 9 Agreement between Queensland and South Australia for the funding of admitted patient services provided to residents of Queensland by South Australia and vice versa, for the period 1 July 2003 to 30 June 2008.
- 10 Agreement between Queensland and Tasmania for the funding of admitted patient services provided to residents of Queensland by Tasmania and vice versa, for the period 1 July 2003 to 30 June 2008.
- 11 Agreement between Queensland and Victoria for the funding of admitted patient services provided to residents of Queensland by Victoria and vice versa, for the period 1 July 2003 to 30 June 2008.
- 12 Agreement between Queensland and Western Australia for the funding of admitted patient services provided to residents of Queensland by Western Australia and vice versa, for the period 1 July 2003 to 30 June 2008.
- 13 The agreement dated 31 August 2003 between the Commonwealth and the State entered into under the *Health Care (Appropriation) Act 1998* (Cwlth).
- 14 National Health Information Agreement between the Health Authorities of the States and Territories of Australia, the Health Insurance Commission, the Australian Institute of Health and Welfare and the Commonwealth of Australia (2004 to 2009).

Part 2**Agreements with State entity**

- 15 The agreement dated 3 April 2006 called, 'Memorandum of Understanding between the State of Queensland through Queensland Health and the State of Queensland through the

Schedule 2 (continued)

Queensland Police Service, Mental Health Collaboration
2005.

Schedule 3 Dictionary

section 2

accident and emergency service does not include a health service provided to a same day patient.

accommodated, in a relevant facility, includes being a patient in, occupying a hostel place at, or being a resident in, the relevant facility.

acute care certificate means a certificate given by a medical practitioner under the *Health Insurance Act 1973* (Cwlth), section 3B.

band 1 procedure means a gastrointestinal endoscopy procedure, a non-surgical procedure that does not usually require an anaesthetic, a diagnostic procedure or a minor surgical procedure.

band 2 procedure means a procedure, other than a band 1 procedure, that is carried out under local anaesthetic and no sedation.

band 3 procedure means a procedure, other than a band 1 procedure, that takes less than 1 hour and is carried out under general or regional anaesthetic.

band 4 procedure means a procedure, other than a band 1 procedure, that takes 1 hour or more and is carried out under general or regional anaesthetic.

BAPA means basic age pension amount.

basic age pension amount means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1064-B1 applying to a person who is not a member of a couple.

chief health officer means the chief health officer under the *Health Act 1937*.

commonwealth concession card means—

- (a) a safety net concession card issued under the *National Health Act 1953* (Cwlth), part VII, division 1A; or

Schedule 3 (continued)

- (b) any of the following cards issued by the Commonwealth department in which the *Social Security Act 1991* (Cwlth) or the *Veterans' Entitlements Act 1986* (Cwlth) is administered—
- (i) a repatriation health card for specific conditions;
 - (ii) a repatriation health card for all conditions;
 - (iii) a repatriation pharmaceutical benefits card;
 - (iv) a health care card;
 - (v) a pensioner concession card;
 - (vi) a Commonwealth seniors health card.

compensation or damages, in relation to a third party patient, includes payment in settlement of a claim for compensation or damages, but does not include—

- (a) compensation under—
 - (i) the *Criminal Offence Victims Act 1995*, part 3;⁵ or
 - (ii) the *Juvenile Justice Act 1992*, section 235;⁶ or
 - (iii) the *Penalties and Sentences Act 1992*, section 35;⁷ or
- (b) an amount under—
 - (i) a policy of insurance, under the *Motor Accident Insurance Act 1994*, for which the insurance premium consists of the matters mentioned in section 12(1) of that Act;⁸ or
 - (ii) the Nominal Defendant scheme under that Act.

daily fee means a fee payable according to the number of days a person is accommodated in a relevant facility.

5 *Criminal Offence Victims Act 1995*, part 3 (Compensation for personal injury from indictable offences)

6 *Juvenile Justice Act 1992*, section 235 (Restitution, compensation)

7 *Penalties and Sentences Act 1992*, section 35 (Order for restitution or compensation)

8 *Motor Accident Insurance Act 1994*, section 12 (Insurance premiums)

Schedule 3 (continued)

day, for calculating the number of days for which, or after which, a daily fee is payable under part 2, division 1, part 3 or part 4, see section 4.

day only procedure patient means a patient who—

- (a) is admitted to a public sector hospital for a procedure that requires treatment of the patient by admission to the hospital but does not normally require the patient to stay in the hospital until the next day; and
- (b) does not stay in the hospital until the next day.

diagnostic imaging service see the *Health Insurance Act 1973* (Cwlth), section 3.⁹

eligible person means an eligible person under the Australian Health Care Agreement.

extended treatment facility means a facility that provides specialised extended in-patient treatment and rehabilitation to persons with a mental illness.

hostel place means a place in Eventide Charters Towers, Eventide Rockhampton or Eventide Sandgate, other than a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1.

ineligible person means a person who is not an eligible person.

interstate workers' compensation patient means a patient who is—

- (a) a third party patient; and
- (b) receiving, or is entitled to receive, compensation under a law of the Commonwealth or another State, similar to

⁹ *Health Insurance Act 1973* (Cwlth), section 3 (Interpretation)—

diagnostic imaging service means:

- (a) an R-type diagnostic imaging service; or
- (b) an NR-type diagnostic imaging service;

to which an item of the diagnostic imaging services table relates.

Schedule 3 (continued)

the *Workers' Compensation and Rehabilitation Act 2003*.

leave see section 5(1).

maintenance care means care or treatment—

- (a) that is provided to a patient who has been accommodated in a public sector hospital for at least 35 consecutive days; and
- (b) for which the clinical intent or goal is to prevent deterioration in the functional status of the patient.

MBS fee, for a diagnostic imaging service, means the fee for the service stated in the Medicare Benefits Schedule.

Medicare Benefits Schedule means the Medicare Benefits Schedule book published by the Commonwealth department in which the *Health Insurance Act 1973* (Cwlth) is administered, as in force from time to time.¹⁰

NDY means number of days in the year.

nursing home type patient see the *Health Insurance Act 1973* (Cwlth), section 3.¹¹

pathology request means a written request for a pathology service.

place, in relation to a place in a relevant facility, see the *Aged Care Act 1997* (Cwlth), schedule 1.

private patient means a person who is a patient of a private medical practitioner.

psychogeriatric unit means a part of an extended treatment facility that provides specialised extended in-patient treatment

10 The Medicare Benefits Schedule is available on the website of the Australian Government Department of Health and Ageing at <www.health.gov.au>.

11 *Health Insurance Act 1973* (Cwlth), section 3—

nursing-home type patient, in relation to a hospital, means a patient in the hospital who has been provided with accommodation and nursing care, as an end in itself, for a continuous period exceeding 35 days.

Schedule 3 (continued)

and rehabilitation to persons with a mental illness who also suffer an age-related condition.

public Queensland workers' compensation patient means a Queensland workers' compensation patient who is a public patient.

Queensland workers' compensation patient means a patient who is—

- (a) a third party patient; and
- (b) receiving, or is entitled to receive, compensation under the *Workers' Compensation and Rehabilitation Act 2003*.

RAA means rent assistance amount.

rehabilitation care means care or treatment of a patient for which the clinical intent or goal is to improve the functional status of the patient.

relevant facility means a public sector hospital, a residential care facility, or an extended treatment facility.

rent assistance amount means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1064-D5 applying to a person who is not a member of a couple.

residential care facility see section 3.

same day patient means a patient who is admitted to, and discharged from, a public sector hospital on the same day.

scheduled service means an outpatient service provided to or for an ineligible person, other than the following services—

- (a) a diagnostic imaging service;
- (b) a pathology request;
- (c) an accident and emergency service;
- (d) the supply of pharmaceuticals at a public sector hospital.

shared room means a room other than a single room.

Schedule 3 (continued)

third party patient means a patient who—

- (a) receives care and treatment for an injury, illness or disease; and
- (b) receives, or establishes a right to receive, an amount of compensation or damages for the injury, illness or disease.

U18 DSPA means under 18 disability support pension amount.

U18 RAA means under 18 rent assistance amount.

U21 DSPA means under 21 disability support pension amount.

U21 RAA means under 21 rent assistance amount.

under 18 disability support pension amount means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1066A-B1 applying to a person who is—

- (a) not a member of a couple; and
- (b) under 18 years; and
- (c) living away from the person's parental home because of a medical condition of the person; and
- (d) without a dependent child.

under 18 rent assistance amount means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1066A-EA12 applying to a person who is—

- (a) not a member of a couple; and
- (b) in disability accommodation.

under 21 disability support pension amount means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1066A-B1 applying to a person who is—

- (a) not a member of a couple; and
- (b) 18 years or more; and

Schedule 3 (continued)

- (c) not living at a home of a parent of the person; and
- (d) without a dependent child.

under 21 rent assistance amount means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1066A-EB13 applying to a person who is—

- (a) not a member of a couple; and
- (b) in disability accommodation.

workers' compensation patient means a Queensland workers' compensation patient or an interstate workers' compensation patient.

Endnotes

1 Index to endnotes

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2 Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 20 September 2007. Future amendments of the Health Services Regulation 2002 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amdt	= amendment	prov	= provision
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No. [X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renum	= renumbered
ins	= inserted	rep	= repealed
lap	= lapsed	(retro)	= retrospectively
notfd	= notified	rv	= revised edition
num	= numbered	s	= section
o in c	= order in council	sch	= schedule
om	= omitted	sdiv	= subdivision
orig	= original	SIA	= Statutory Instruments Act 1992
p	= page	SIR	= Statutory Instruments Regulation 2002
para	= paragraph	SL	= subordinate legislation
prec	= preceding	sub	= substituted
pres	= present	unnum	= unnumbered
prev	= previous		

4 Table of reprints

Reprints are issued for both future and past effective dates. For the most up-to-date table of reprints, see the reprint with the latest effective date.

If a reprint number includes a letter of the alphabet, the reprint was released in unauthorised, electronic form only.

Reprint No.	Amendments included	Effective	Notes
1	none	30 August 2002	
1A	2003 SL No. 4	31 January 2003	
1B	2003 SL No. 119 2003 SL No. 130	1 July 2003	
1C	2003 SL No. 222	20 September 2003	
1D	2003 SL No. 222	1 October 2003	
1E	2004 SL No. 6	27 February 2004	R1E withdrawn, see R2
2	—	27 February 2004	
2A	2004 SL No. 154	18 August 2004	
2B	2004 SL No. 154	20 September 2004	
2C	2004 SL No. 292	17 December 2004	
2D	2004 SL No. 257	1 January 2005	
2E	2005 SL No. 46	1 April 2005	
2F	2005 SL No. 142	1 July 2005	
2G	2005 SL No. 170	29 July 2005	
2H	2005 SL No. 222	9 September 2005	
2I	2005 SL No. 170	20 September 2005	R2I withdrawn, see R3
3	—	20 September 2005	
3A	2006 SL No. 5	3 February 2006	
3B	2006 SL No. 148	23 June 2006	
3C	2006 SL No. 190	1 August 2006	
3D	2006 SL No. 190	20 September 2006	
3E	2006 SL No. 308	15 December 2006	
3F	2007 SL No. 3	2 February 2007	
3G	2007 SL No. 57	20 April 2007	
3H	2007 SL No. 143	29 June 2007	
3I	2007 SL No. 129	1 July 2007	
3J	2007 SL No. 129	20 September 2007	

5 List of legislation

Health Services Regulation 2002 SL No. 221

made by the Governor in Council on 29 August 2002

notfd gaz 30 August 2002 pp 1557–61

commenced on date of notification

exp 1 September 2012 (see SIA s 54)

Note—The expiry date may have changed since this reprint was published. See the latest reprint of the SIR for any change.

amending legislation—

Health Services Amendment Regulation (No. 1) 2003 SL No. 4

notfd gaz 31 January 2003 pp 318–19
commenced on date of notification

Workers' Compensation and Rehabilitation Regulation 2003 SL No. 119 ss 1–2, 121 sch 7

notfd gaz 20 June 2003 pp 633–6
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2003 (see s 2)

Health Legislation Amendment Regulation (No. 1) 2003 SL No. 130 pts 1, 5

notfd gaz 27 June 2003 pp 749–56
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2003 (see s 2)

Health Services Amendment Regulation (No. 2) 2003 SL No. 222

notfd gaz 19 September 2003 pp 219–21
ss 1–2 commenced on date of notification
ss 3, 4 commenced 20 September 2003 (see s 2(1))
remaining provisions commenced 1 October 2003 (see s 2(2))

Health Services Amendment Regulation (No. 1) 2004 SL No. 6

notfd gaz 27 February 2004 pp 808–9
commenced on date of notification

Health Legislation Amendment Regulation (No. 3) 2004 SL No. 154 ss 1–2, pt 5

notfd gaz 13 August 2004 pp 1165–7
ss 1–2 commenced on date of notification
s 11 commenced 20 September 2004 (see s 2(2))
remaining provisions commenced 18 August 2004 (see s 2(1))

Health Services Amendment Regulation (No. 2) 2004 SL No. 257

notfd gaz 26 November 2004 pp 1040–2
ss 1–2 commenced on date of notification
remaining provisions commenced 1 January 2005 (see s 2)

Health Legislation Amendment Regulation (No. 4) 2004 SL No. 292 pts 1–2

notfd gaz 17 December 2004 pp 1277–85
commenced on date of notification

Health Legislation Amendment Regulation (No. 1) 2005 SL No. 46 pts 1–2

notfd gaz 1 April 2005 pp 1066–69
commenced on date of notification

Health Legislation Amendment Regulation (No. 3) 2005 SL No. 142 pts 1, 3

notfd gaz 1 July 2005 pp 763–6
commenced on date of notification

Health Legislation Amendment Regulation (No. 4) 2005 SL No. 170 ss 1–2(1), pt 5

notfd gaz 29 July 2005 pp 1146–8
s 10 commenced 20 September 2005 (see s 2(1))
remaining provisions commenced on date of notification

- Health Legislation Amendment Regulation (No. 5) 2005 SL No. 222 pts 1, 3**
notfd gaz 9 September 2005 pp 147–8
commenced on date of notification
- Health Legislation Amendment Regulation (No. 1) 2006 SL No. 5 pts 1–2**
notfd gaz 3 February 2006 pp 426–7
commenced on date of notification
- Health Legislation Amendment Regulation (No. 5) 2006 SL No. 148 s 1, pt 2**
notfd gaz 23 June 2006 pp 898–902
commenced on date of notification
- Health Legislation Amendment Regulation (No. 6) 2006 SL No. 190 ss 1, 2(1)–(2), pt 5**
notfd gaz 28 July 2006 pp 1480–2
ss 1–2 commenced on date of notification
ss 9, 11 commenced 1 August 2006 (see s 2(1))
remaining provision commenced 20 September 2006 (see s 2(2))
- Health Legislation Amendment Regulation (No. 7) 2006 SL No. 308 pts 1, 4**
notfd gaz 15 December 2006 pp 1861–5
commenced on date of notification
- Health Services Amendment Regulation (No. 1) 2007 SL No. 3**
notfd gaz 2 February 2007 pp 533–4
commenced on date of notification
- Health Legislation Amendment Regulation (No. 2) 2007 SL No. 57 pts 1, 6**
notfd gaz 20 April 2007 pp 1793–5
commenced on date of notification
- Health Legislation Amendment Regulation (No. 3) 2007 SL No. 129 ss 1, 2(1), (3), pt 4**
notfd gaz 22 June 2007 pp 1018–20
ss 1–2 commenced on date of notification
s 8 commenced 20 September 2007 (see s 2(3))
remaining provisions commenced 1 July 2007 (see s 2(1))
- Health Legislation Amendment Regulation (No. 4) 2007 SL No. 143 pts 1, 6**
notfd gaz 29 June 2007 pp 1157–65
commenced on date of notification

6 List of annotations

Accommodation fees—nursing home type patient
s 7 amd 2003 SL No. 222 s 4; 2004 SL No. 154 s 11; 2005 SL No. 170 s 10; 2006 SL No. 190 s 10; 2007 SL No. 129 s 8

Pharmaceuticals

s 8 amd 2003 SL No. 4 s 3; 2004 SL No. 6 s 3; 2004 SL No. 257 s 4; 2006 SL No. 5 s 3; 2007 SL No. 3 s 3

PART 5—FEES FOR MEDICAL RECORDS

pt hdg om 2004 SL No. 154 s 12

Fees for medical records

s 22 amd 2003 SL No. 130 s 10
om 2004 SL No. 154 s 12

Specified information to be given to the chief health officer

s 33A ins 2003 SL No. 222 s 5

Administrative units—Act, s 24(1)

s 34A ins 2006 SL No. 308 s 26

Criteria for prescribed public hospitals—Act, s 38A

s 34B ins 2006 SL No. 308 s 26

Prescribed designated person for confidentiality—Act, s 60

s 34BA ins 2007 SL No. 57 s 14

Disclosure for purposes relating to health services—Act, s 62H(b)

s 34C ins 2006 SL No. 308 s 26
amd 2007 SL No. 57 s 15; 2007 SL No. 143 s 18

Prescribed agreements—Act, s 62N(1)

prov hdg amd 2005 SL No. 142 s 7(1)
s 35 amd 2005 SL No. 142 s 7(2)
sub 2006 SL No. 148 s 4

SCHEDULE 1—FEES

sub 2003 SL No. 130 s 11
amd 2003 SL No. 119 s 121 sch 7; 2003 SL No. 222 s 6
sub 2004 SL No. 154 s 13; 2005 SL No. 170 s 11; 2006 SL No. 190 s 11; 2007
SL No. 129 s 9

SCHEDULE 2—AGREEMENTS

amd 2003 SL No. 130 s 12; 2004 SL No. 292 s 3; 2005 SL No. 46 s 3; 2005
SL No. 222 s 5; 2006 SL No. 148 s 5; 2006 SL No. 308 s 27

SCHEDULE 3—DICTIONARY

def “**accident and emergency service**” ins 2003 SL No. 222 s 7(2)
def “**band 2 procedure**” sub 2003 SL No. 222 s 7(1)–(2)
def “**chief health officer**” ins 2003 SL No. 222 s 7(2)
def “**compensation or damages**” amd 2004 SL No. 6 s 4
def “**diagnostic imaging service**” ins 2003 SL No. 222 s 7(2)
def “**interstate workers’ compensation patient**” ins 2004 SL No. 154 s
14(2)
def “**maintenance care**” ins 2003 SL No. 222 s 7(2)
def “**MBS fee**” ins 2003 SL No. 222 s 7(2)
def “**Medicare Benefits Schedule**” ins 2003 SL No. 222 s 7(2)
def “**pathology request**” ins 2003 SL No. 222 s 7(2)
def “**public Queensland workers’ compensation patient**” ins 2004 SL No.
154 s 14(2)
def “**Queensland workers’ compensation patient**” ins 2004 SL No. 154 s
14(2)
def “**rehabilitation care**” ins 2003 SL No. 222 s 7(2)
def “**scheduled service**” ins 2003 SL No. 222 s 7(2)
def “**WorkCover Queensland**” om 2003 SL No. 119 s 121 sch 7

def **“workers’ compensation insurer”** ins 2003 SL No. 119 s 121 sch 7
om 2004 SL No. 154 s 14(1)

def **“workers’ compensation patient”** amd 2003 SL No. 119 s 121 sch 7
sub 2004 SL No. 154 s 14