

## Health Legislation Amendment Bill (No. 3) 2025

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## Inquiry into the Health Legislation Amendment Bill (No. 3) 2025

AMA Queensland thanks the Health, Environment and Innovation Committee (the Committee) for the invitation to make a submission to its inquiry into the Health Legislation Amendment Bill (the Bill).

We have previously provided feedback to Queensland Health during the policy development stages that have led to this current proposal. As such, this submission is confined to just those amendments relating to cosmetic surgery under the *Private Health Facilities Act 1999*.

AMA Queensland is generally supportive of the proposed reforms and notes previous efforts by the federal and state governments to improve patient outcomes and regulation in cosmetic surgery. There has been significant public concern about the sector and those changes were welcomed by doctors, including plastic surgeons, who saw first-hand the harms that can eventuate from inadequate regulation.

Similarly, doctors have advised that they are aware of cases of patient harm from the inadequate regulation of cosmetic injectables. These have included facial paralysis and death (noting that some of these cases were in jurisdictions other than Queensland).

Doctors have said that there are serious risks in non-medical settings for patients seeking these treatments and that improved regulation is warranted. Examples given were the inappropriate sharing of Botox vials among patients by practitioners/staff administering the medicines and unsafe transportation of medicines, including lack of cold chain storage and other requirements.

Medical practitioners correctly point out that both dental and medical practices have strict accreditation standards and must adhere to regulations governing medicines storage. They must also maintain the capacity to respond to adverse patient outcomes, including anaphylaxis. AMA Queensland is of the view that such requirements should apply to all settings in which these medicines are administered, without exception.

In addition, AMA Queensland has consistently advocated for non-medical prescribing and treatment be conducted in collaboration with a doctor. This is the safest and most appropriate way to protect patients against harm and should apply to the administration of cosmetic injectables.

AMA Queensland also draws the Committee's attention to the rise of single-issue, vertically integrated business models that pose risks for patient safety, like that we have seen in medicinal cannabis. The cosmetic injectables sector is similarly at risk of exploitation by unscrupulous entities and it is essential steps are taken now to mitigate that risk.

AMA Queensland supports the enactment of sensible regulation and restriction of the settings in which cosmetic injectables can be administered, including uniform accreditation standards and requirements for prescribing in collaboration with a medical practitioner. This will go a significant way towards reassuring the public and doctors of the safety of these products for patients.