立法會
Legislative Council

LC Paper No. CB(2)2555/02-03
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Panel on Health Services

Minutes of special meeting held on Monday, 24 February 2003 at 8:30 am in the Chamber of the Legislative Council Building

Members Present	**:**	Dr Hon LO Wing-lok (Chairman) Hon Michael MAK Kwok-fung (Deputy Chairman) Hon Cyd HO Sau-lan Hon Albert HO Chun-yan Hon CHAN Kwok-keung Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP
Members Absent	**:**	Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Hon LI Fung-ying, JP
Members Attending	**:**	Dr Hon David CHU Yu-lin, JP Hon LEE Cheuk-yan Hon Fred LI Wah-ming, JP
Public Officers Attending	**:**	Dr E K YEOH, JP Secretary for Health, Welfare & Food

Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare & Food

Mr Nicholas CHAN
Principal Assistant Secretary for Health, Welfare & Food(Health)(Acting)

Dr KO Wing-man, JP
Director (Professional Services & Public Affairs)
Hospital Authority

Ms Ivis CHUNG
Executive Manager, Hospital Authority

Dr Regina CHING
Assistant Director (Personal Health Services)
Department of Health

Miss Ophelia CHAN
Assistant Director (Rehabilitation & Medical Social Services)
Social Welfare Department

Mrs Alice LEUNG
Chief Social Welfare Officer (Rehabilitation & Medical Social Services)
Social Welfare Department

Deputations by Invitation : Elderly Rights League (H. K.)

Ms WAN Ching-han
Resident Representative

Society for Community Organisation

Mr PANG Hung-cheong
Community Organizer

Association for the Rights of the Elderly

Ms Rita LAM
Secretary

Miss Kitty CHOW
External Vice-Chairman

Joint Action Group to Fight for the Well-being of Elder

Mr WAN Bong
Member

Ms Ann TSUI
Worker

Alliance for Patients' Mutual Help Organisations

Ms CHAN Sui-ching
Chairperson

Ms BUT Ka-man
Executive Organizer

Caritas - Hong Kong - Services for the Elderly

Ms LI Kwai-tin
Elderly Representative

Ms CHAN Mi-wai
Social Worker

Shatin Elderly Concern Right and Welfare Group

Ms CHONG Woon-yee
Representative

Ms CHAN Woon
Representative

Kwai Chung Estate Elderly Rights Concern Group

Mr NG Wing-chak
Member

Ms CHEUNG Mo-chun
Member

Coalition of Senior Citizens on Concern for Medical Matters

Ms PO Tim
Coordinator

Mr YIP Chuk-kuen
Coordinator

The Grey Power

Mr LEE Rui

Mr LEE Chik-kai

Wong Chuk Hang Estate Elderly Masses Society

Ms YUEN Kwai-lan
Member

Ms CHENG Sok-ching
Member

Joyful Club

Ms YU Ying-ha
Member

Ms LAM Yee-lin
Member

Hong Kong Council of Social Service

Mr CHUA Hoi-wai
Business Director, Policy Research & Advocacy

The Hong Kong Association of the Pharmaceutical Industry

Mr Robert SIU
Executive Director

Mr John LO
Board of Director

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Charges for public health services and the fee waiver mechanism
(LC Paper Nos. CB(2)1245/02-03(01) to (15))

The Chairman welcomed representatives from the Administration and deputations to the meeting. The Chairman then invited deputations to give their views on the revamp of fee structure of the Hospital Authority (HA) and the enhanced fee waiver system.

Views of deputations

Elderly Rights League (H.K.) and Society for Community Organisation (SOCO)
(LC Paper No. CB(2)1245/02-03(01))

2. Ms WAN Ching-han and Mr PANG Hung-cheong presented the views of the Elderly Rights League (H.K.) and SOCO as set out in their joint submission. Notably, they were of the view that the enhanced fee waiver mechanism with its stringent requirements and unclear criteria could not truly assist the low income group, chronically ill patients and elderly patients who had little income or no assets, but were not Comprehensive Social Security Assistance (CSSA) recipients. They recommended the following -

(a) Persons aged 65 and above and held a senior citizen card should automatically be granted full exemption from paying the revised public medical care fees;

(b) Income and asset limits for applying public housing flat should be used to assess the eligibility of applicants for a fee waiver. If the applicants met the eligibility criteria, they should be granted full exemption from paying the revised public medical care fees;

(c) Chronically ill patients should be granted full exemption from paying the revised public medical care fees;

(d) Patients whose income was lower than the income limit for applying public housing flat and the asset limit for applying CSSA should be waived from paying all public medical care fees;

(e) Patients who met the criteria set out in (b), (c) or (d) above should be issued a fee waiver card with a validity period of not less than one year;

(f) A special unit dedicated to vet applications for full or partial fee exemption from public medical care fees should be set up under the Social Security Branch of the Social Welfare Department (SWD); and

(g) Applicants who failed to meet the eligibility criteria set out in (a) to (e) above should be able to approach medical social workers (MSWs) to seek full or partial fee waiver.

Association for the Rights of the Elderly (the Association)
(LC Paper No. CB(2)1245/02-03(02))

3. Ms Rita LAM presented the views of the Association as set out in its submission. Notably, the Association was of the view that more should be done to assist the low income group, chronically ill patients and elderly patients who had little income or no assets, but were not CSSA recipients. For instance, patients aged 65 and above should automatically be granted half fee waiver for all public medical care services without having the need to undergo the asset limit test. Patients aged below 65, who were chronically ill or from the low income group, should not need to apply afresh for a fee waiver upon the expiry of the validity period of their waiver, and should only need to produce evidence of their financial situation for extending the waiver period. The Association was also of the view that the Administration should conduct extensive public consultation on the provision of ambulatory care and the introduction of medical savings through the Health Protection Accounts Scheme recommended in the Consultation Document on Health Care Reform, before deciding on the way forward.

Joint Action Group to Fight for the Well-being of Elder (the Joint Action Group)
(LC Paper No. CB(2)1245/02-03(03))

4. Mr WAN Bong took members through the views of the Joint Action Group as set in its submission. Suggestions made by the Joint Action Group were as follows -

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(a) Hong Kong identity (ID) card holders aged 60 and above should automatically be granted half fee waiver for all public medical care services without having the need to undergo the asset limit test;

(b) Members of the public should be consulted before implementing the revised fee structure for public health care services and the enhanced fee waiver mechanism; and

(c) Public medical care fees should include medication, i.e. drug should not be separately charged.

Alliance for Patients' Mutual Help Organisations (the Alliance)
(LC Paper No. CB(2)1245/02-03(04))

5. Ms CHAN Sui-ching highlighted the following views/suggestions made by the Alliance for Patients' Mutual Help Organisations as set out in its submission -

(a) The Administration should expeditiously promulgate the criteria to be used by MSWs in determining whether a fee wavier should be valid for a defined period of time or one-off, and whether full or partial wavier should be granted to patients who met the two financial criteria set out in paragraph 9 of the Administration's paper (LC Paper No. CB(2)1245/02-03(15));

(b) Asset limit for waiving of medical charges for each elderly member aged 65 and above in the patient's family should be raised from $80,000 to $100,000. Similar arrangement should be made for each chronically ill member in the patient's family;

(c) Persons holding a registration card for the disabled should automatically be recognised as chronically ill patients, thereby obviating the need for MSWs to determine whether applicants for the waiving of public medical care fees were chronically ill patients;

(d) Patients whose monthly medical expenses exceeded 2% of their monthly income should be one of the determining factors for granting full exemption from paying public medical care fees; and

(e) There should be an appeal channel under the enhanced fee waiver mechanism.

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Caritas - Hong Kong - Services for the Elderly (Caritas)
(LC Paper No. CB(2)1245/02-03(05))

6. Ms LEE Kwa-tin introduced the submission from Caritas which called upon the Administration to re-consider the revamp of public medical care fees and give due regard to the characteristics and needs of elders who had little income or no asset and not on public assistance. Suggestions made by Caritas on the charging of public medical care services were similar to those made by the Joint Action Group in paragraph 4 above.

Shatin Elderly Concern Right and Welfare Group (the Group)
(LC Paper No. CB(2)1245/02-03(06))

7. Ms CHONG Woon-yee and Ms CHAN Woon presented the views of the Group as set out in its submission. In essence, the Group considered that the Administration should withdraw its plan to revise public medical fees on 1 April 2003, as many elders could not afford the revised fees. Although some of them had children, the current economic downturn had rendered many of them unable to support their parents. The Group urged for measures similar to those suggested by the Joint Action Group and Caritas in paragraphs 4 and 6 above.

Kwai Chung Estate Elderly Rights Concern Group (the Concern Group)
(LC Paper No. CB(2)1245/02-03(07))

8. Mr NG Wing-chak introduced the submission from the Concern Group which opposed the introduction of revised public medical care fees on 1 April 2003. The Concern Group was of the view that the fee waiver system would deter elders from seeking assistance, as they considered it humiliating to do so. In view of the contributions which elders had made to Hong Kong in their youth, elders should only be charged half fee for public health care services with no time limit set. Elders who could not afford even the half fee should be granted 75% or full waiver.

Coalition of Senior Citizens on Concern for Medical Matters (the Coalition)
(LC Paper No. CB(2)1245/02-03(08))

9. Mr YIP Chuk-kuen and Ms PO Tim presented the views of the Coalition as set out in its submission. The Coalition considered that the Administration should not increase public medical care fees to tackle the problem of fiscal deficit because health care services were welfare. It expressed similar course of actions suggested by other organisations in paragraphs 4, 6 and 7 above.

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The Grey Power
(LC Paper No. CB(2)1245/02-03(09))

10. Mr LEE Rui presented the submission of the Grey Power which was of the view that every citizen in Hong Kong was entitled to free medical care services at public clinics/hospitals, regardless of one's financial situation, as in the case of the provision of nine-year free education. The Grey Power opposed the use of "user-pay" principle in the provision of public health care services, and considered the divisive effect of the fee waiver system detrimental to social cohesion.

Wong Chuk Hang Estate Elderly Masses Society
(LC Paper No. CB(2)1245/02-03(10))

11. Ms YUEN Kwai-lan and Ms CHENG Sok-ching presented the views of the Wong Chuk Hang Estate Elderly Masses Society as set in its submission, which echoed that of other organisations in paragraphs 4,6, 7 and 9 above.

Joyful Club
(LC Paper No. CB(2)1245/02-03(11))

12. Ms YU Ying-ha highlighted the following views of the Joyful Club as set out in its submission -

(a) Persons aged 60 and above should be granted half fee for attending all public health care services;

(b) Public clinics/hospitals should not charge patients a separate fee for each drug, as this would give rise to many elderly patients refraining from seeking treatment and/or purchasing drugs on their own without doctor's advice;

(c) Public clinics/hospitals should continue to supply drugs to patients and that the supply should not be shortened from three months to one month; and

(d) Views of the elderly should be sought before implementing the revised fee structure, as the elderly were frequent users of public health care services and most of those not on CSSA had little income or no asset.

Hong Kong Council of Social Service (HKCSS)
(LC Paper No. CB(2)1245/02-03(12))

13. Mr CHUA Hoi-wai briefed members on the salient points of HKCSS's submission, which were as follows -

(a) The enhanced fee waiver system should be effective in providing protection to the low income group, chronically ill patients and elderly with little income and asset. Moreover, the system should be easily accessible and with simple application and assessment procedures to order to avoid high administrative costs;

(b) Persons aged 65 and above should only be charged half fee for public health care services without the need to apply for assistance under the enhanced fee waiver mechanism. This was because the frequency of use of medical services by the elderly was 2.3 times higher than other age groups. Moreover, their income was lower than other age groups, for instance, the median monthly income of the elderly was only $2,600 in 2000, and the monthly income of a household with elderly persons, according to the 2001 Population Census, was only 65% of the Median Monthly Domestic Household Income (MMDHI);

(c) Similar to persons aged 65 and above, persons who were certified by doctors to be chronically ill and needed frequent medical care, and recipients of disability allowance should also only be charged half fee for public health care services without the need to apply for assistance under the enhanced fee waiver mechanism;

(d) Eligibility criteria under the enhanced fee waiver mechanism were more stringent than the existing medical fee waiver mechanism. At present, patients whose monthly household income was at the level of 75% of the MMDHI applicable to their household size and whose asset was less than the asset limit for CSSA applicable to their household size would be considered for full waiver of their medical fees at public clinics/hospitals. However, the same would only be considered under the enhanced mechanism if the patient's monthly household income was at the level of 50% of the MMDHI applicable to their household size and pass the asset limit test which albeit would be higher than at present;

(e) Asset limit for waiver of medical charges under the enhanced fee waiver mechanism should be further raised to that adopted for Old

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Age Allowance (OAA); and

(f) In view of the growing ageing population, rising medical costs and fiscal difficulties, the Administration should expeditiously come up with financing options to ensure the long-term sustainability of the public health care system. During this process, the Administration should listen to the views of different sectors n the community, whilst giving due regard to the medical needs and affordability of the vulnerable groups.

The Hong Kong Association of the Pharmaceutical Industry (HKAPI)
(LC Paper No. CB(2)1245/02-03(14))

14. Mr Robert SIU took members HKAPI's submission which supported fee charging for each drug item by the Hospital Authority (HA), but hoped that income from such charges would be used on improving medicine supply. HKAPI was also of the view that the implementation of various cost-saving measures, such as the Patients' Choice Item Pilot Scheme and restricted use of new drugs by some HA clusters and the impending implementation of drug charge were sending a confusing message to the public. In the light of this, HKAPI considered that a transparent drug policy should be established in consultation with the industry. The Administration should also amend the Undesirable Medical Advertisements Ordinance (Cap. 231) to enable patients to receive more updated information on the newer drugs.

Response from the Administration

15. Deputy Secretary for Health, Welfare and Food (DSHWF) explained that the objectives of the revamp of fee structure of public health care services were to better target resources at areas most in need, minimise inappropriate use and misuse and improve the efficiency and equity of the public health care system. DSHWF assured the meeting that it was the Government's fundamental philosophy that no one would be denied adequate medical care because of lack of means. To ensure that this principle would be upheld after the fee revamp, CSSA recipients would continue to be waived from payment of their medical expenses at the public sector. To provide effective protection to the low income group, chronically ill and elderly patients with limited income/assets and not on CSSA, improvements would be made to the existing fee waiver mechanism by enhancing its transparency and objectivity. The enhanced mechanism would be introduced in parallel with the revised fee structure and would continue to be administered by MSWs with the support of clerical staff.

16. Referring to the enhanced fee waiver mechanism as set out in paragraphs 7

to 15 of the Administration's paper (LC Paper No. CB(2)1245/02-03(15)), DSHWF pointed out that the eligibility criteria were meant as guidelines for MSWs to follow and that the list of non-financial factors to which MSWs would make reference to was not exhaustive. DSHWF further pointed out that following the fee restructuring, charges would continue to be affordable. Overall, even at the revised fee level, Government subsidy still represented a high level of 96% of the full costs. It was envisaged that about 50% of HA patients could meet the income criteria, as set out in paragraph 9 of the Administration's paper, to apply for a fee waiver under the enhanced mechanism.

17. DSHWF disagreed that the eligibility criteria for a full waiver of medical fees at public clinics/hospitals would be more stringent under the enhanced fee waiver mechanism. Cases in point were that under the enhanced fee waiver mechanism, the residential property owned and occupied by the patient's household would not count towards his/her asset and households with elderly members would enjoy a higher asset limit than those without. In respect of the latter, this meant the asset limit would be raised by $50,000 for each elderly member aged 65 and above. For instance, a five-person family with three elderly members would have an asset limit of $300,000 instead of $150,000. On the income limit for consideration of full waiver of medical fees at public clinics/hospitals, DSHWF said that the proposal in the enhanced mechanism was broadly in line with the current practice. The reason for assessing patients' eligibility on the basis of whether their monthly household income was at the level of 50% of the MMDHI applicable to their household size was because such income level did not exceed the average monthly CSSA payment applicable to the patient's household size. DSHWF further said that the Administration was well aware of the fact that most elderly citizens would no longer earn any income and had to depend on their personal savings. In the light of this, apart from raising the asset limit of elderly patient by $50,000 under the enhanced fee waiver mechanism, MSWs would continue to adopt a lenient approach in vetting their applications for a fee waiver. DSHWF also said that patients who could not meet the eligibility criteria under the enhanced fee waiver mechanism but had special difficulty in paying the public medical fees could always approach MSWs to seek assistance.

Discussion

18. Mr Andrew CHENG expressed concern that the enhanced fee waiver mechanism could not provide effective protection to the low income group, the chronically ill and elderly patients. Notably, whether a patient would be granted a fee waiver in full or otherwise and the duration of the waiver depended too much on the discretion of MSWs. In view of the fact that the revised fees would still be heavily subsidised to a level of 96% overall, Mr CHENG questioned whether

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the time and efforts spent by MSWs to consider fee waiver applications was worthwhile. In his view, instead of increasing fees to help eliminate the budget deficit of HA, more cost-saving measures, such as reducing the number of senior staff, should be initiated. Mr CHENG further said that as most elderly had no income and very little personal savings, it was contrary to the fostering of a sense of security for the elderly advocated by the Chief Executive if they had to undergo income/asset limit test for waiving of public medical fees. In the light of this, Mr CHENG asked the Administration whether it would consider granting full or 50% waiver to all elderly patients on presentation of their ID cards.

19. Secretary for Health, Welfare and Food (SHWF) responded that given the finite resources, public funds should be channelled to assist the lower income groups and to services which carried major financial risks to patients. He explained that the fee revamp was not aimed at helping to eliminate the deficit problem of HA. He pointed out that HA had and would continue to undertake various efficiency savings measures to address its deficit problem. For instance, the number of senior staff at HA had reduced significantly over the years as a result. On the suggestion of granting all elderly patients full or half fee waiver on presentation of their ID cards, SHWF said that it was not feasible nor fair to do so. This was because there were some elders who did not have any difficulty in affording the revised fee level. Hence, the Administration could not further justify further subsidies to these better off patients. Limited resources should be channelled to the most in need.

20. SHWF disagreed that the enhanced fee waiver mechanism could not provide effective protection to the low income group, the chronically ill and elderly patients with limited income/assets. It was necessary that MSWs had the discretion to consider fee waiver applications, having regard to the varied circumstances of applicants. Review on the effectiveness of the enhanced mechanism to assist patients in need would be conducted in the light of the operational experience. Where justified, changes to the enhanced mechanism would be made. SHWF also disagreed that the Administration had reneged on its promise to care for the elderly, as evidenced by the facts that services for the elderly had improved significantly over the past five years and about $12 billion a year was spent on providing these services.

21. Mr LEE Cheuk-yan said that merely raising the asset limit for the elderly to $80,000 was not enough, as most elderly patients had no income and had to depend on their savings. In his view, even raising the asset limit to several hundred thousands was not enough. If the elderly were not granted full waiver of public medical fees, most of them would refrain from or delay in seeking treatment for fear they would not have enough money to live on. In the light of this, Mr LEE was of the view that all elderly should be granted full waiver of their

medical charges. Mr LEE then asked what kind of patients would be considered chronically ill patients, and what was considered a reasonable health care expenditure as a percentage of monthly household income.

22. SHWF reiterated his explanation as to why it was not feasible nor fair to grant all elderly full waiver from paying their medical expenses at the public sector. As mentioned by DSHWF earlier at the meeting, the eligibility criteria were not rules, and MSWs had the discretion to grant full fee waiver to the elderly patients if the patients had special difficulties due to non-financial factors, such as the need of using the public medical services frequently. Nevertheless, SHWF agreed to consider further raising the asset limit of elderly patients for waiving of medical charges after the revised fees and the enhanced fee waiver mechanism had come into operation for some time. As regards what type of patients would be considered chronically ill patients, SHWF said that they generally referred to those with chronic diseases such as diabetes and high blood pressure and that their clinical condition necessitated them to use public medical services frequently. As to what was considered a reasonable health care expenditure as a percentage of monthly household income, SHWF said that overseas experience indicated that it was reasonable if household spent less than 10% of its monthly household income on medical services.

23. Dr LAW Chi-kwong referred members to a submission from the Democratic Party tabled at the meeting (LC Paper No. CB(2)1292/02-03(01)), which indicated that 90% of the 1 010 respondents to a survey conducted by the Democratic Party between 21 and 23 February 2003 supported granting all elderly half fee waiver of public medical services on presentation of their ID cards. Dr LAW then pointed out that setting the asset limit for the elderly for full waiver of medical charges at $80,000 lacked sound basis and objectivity. For instance, no justification had been given as to why the asset limit was not based on that for OAA at $169,000, and a recent study revealed that an elderly person on average needed $650,000 to lead a CSSA standard of living. The six-month validity period of the waiver was also too short, as it was highly unlikely that the financial situation of the elderly would improve in six-months' time unless they won a lottery. Moreover, given that many elderly patients only needed to visit Government specialist out-patient clinics every three months, this meant that they would need to apply for a fee waiver again after two medical appointments. In the light of this and having regard to the fact that well-off elderly patients would not use public clinics, Dr LAW was of the view that all elderly should be granted half fee waiver of public medical services on presentation of their ID cards. Dr LAW was also of the view that chronically ill patients should be granted full waiver of their public medical charges for a period of one year if they were certified as chronically ill by doctors. Dr LAW also said that it would be a better use of resources if income/asset test for a fee waiver was carried out by the Social

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Security Branch of SWD instead of by MSWs.

24. SHWF responded that the Administration would consider extending the validity period of the waiver and raising the asset limit for the elderly, particularly those without the support of family members, in the light of the operational experience of the enhanced fee waiver mechanism. SHWF further said that he did not agree that all elderly patients should be granted half fee waiver of public medical charges on the assumption that well-off elderly patients would not use public clinics. This was because, firstly, it was a fact that some well-off elderly were users of public clinics. Secondly, public health care services were not limited to those provided by public clinics and many well-off elderly patients were users of hospital and rehabilitation services provided by HA. As to using MSWs to vet the income/asset eligibility of applicants, SHWF said that this was necessary as the needs and circumstances of individual applicants required professional judgements by MSWs were varied.

25. Mr Michael MAK declared that he was an employee of HA. Noting that a charge of $10 per drug item would come into operation on 1 April 2003 after the current moratorium on public fees was lifted, Mr MAK asked whether the charge was for one month's supply of the drug item or for the supply of the drug item until the patient's next appointment, which was usually in three months' time. Mr MAK considered the $80,000 asset limit for the elderly to get a full fee waiver arbitrary, and invited the deputations to give their view on it. Mr MAK further said that he had received many complaints from frontline health care workers at the accident and emergency (A&E) department of public hospitals that many patients used foul language on them as a way of venting their anger on being charged a fee of $100. Mr MAK urged the public not to do so, as the A&E charge was introduced by the Government, which should be held responsible.

26. SHWF hoped that Mr MAK would not encourage the public to vent their anger on the Government for the fee revamp, as the intention of the fee revamp was to better target limited resources to help the lower income, chronically ill and elderly patients. SHWF reiterated that the Administration would consider raising the asset limit for the elderly, particularly those without family members to support them, in the light of the operational experience of the enhanced fee waiver mechanism. As to the supply of drug, SFWF said that HA Board had approved that the $10 fee would cover the supply of the drug until the patient's next medical appointment.

27. Mr PANG Hung-cheong of SOCO responded that setting the asset limit of $80,000 for each elderly to be eligible for a full fee waiver was too low, having regard to the fact that an elderly CSSA recipient was receiving about $4,000 a month. Mr CHUA Hoi-wai of HKCSS welcomed the Administration's

undertaking to review the asset limit for the elderly, particularly those without family members to support them, in the light of the operational experience of the enhanced fee waiver mechanism. Mr CHUA, however, hoped that the Administration would have regard to the fact that by relying on the patient's family to support its elderly member might undermine the relationship between them and could force the elderly patient to live alone. Mr CHUA added that he got the information that patients whose monthly household income was at the level of 75% of the MMDHI applicable to their household size and whose asset was less than the asset limit for CSSA applicable to their household size would be considered for full waiver of their medical fees at public clinics/hospitals from MSWs. Mr CHUA hoped that under the enhanced fee waiver mechanism, the eligibility and assessment criteria would be made clearer and more transparent.

28. Ms Cyd HO opined that the eligibility and assessment criteria under the enhanced fee waiver mechanism were far from clear and transparent, as much was left to the discretion of MSWs. A case in point was that there was no definition of chronically ill patients. Ms HO then asked whether the Elderly Commission (EC) was supportive of the fee revamp; and if so, whether EC had taken into account the financial burden on those elderly not on CSSA brought about by increases in basic items such as rent. Ms HO also criticised the high fee charged by the Chinese medicine out-patient clinics under HA, as this would encourage fee increase in the private sector.

29. SHWF responded that he was not in a position to speak for EC. However, he believed that EC had considered the impact of the fee revamp on the elderly. SHWF reiterated that discretion was necessary in considering waiver of public medical charges. Elderly patients whose income and asset had exceeded the eligibility limits could still be considered for a fee waiver if they had justifiable reason(s). As to the Chinese medicine out-patient clinics, SHWF said that setting the fee at $120 for Chinese medicine out-patient service was made having regard to the current level of charges in the market and patients' affordability. Patients having difficulty in paying the $120 fee could apply for partial or total fee waiver from HA. SHWF further said that the reason for setting the fee comparable to the average level of charges in the market was to avoid competing with the private sector which currently already provided generally comprehensive and affordable Chinese medicine services in the community. Another reason was that unlike general and specialist out-patient services, the delivery of Chinese medicine out-patient service would be on a limited scale and that the focus was on promoting the development of "evidence-based" Chinese medicine practice through clinical research, clinical services provided at the clinics.

30. Ms HO further said that, in order to allay the concern of the elderly, HA should expeditiously assess their eligibility for a fee waiver before the

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implementation of revised fees on 1 April 2003. Ms HO also urged the Administration to further raise the asset limit for the elderly for a full fee waiver and provide an appeal channel under the enhanced fee waiver mechanism.

31. Mr Fred LI said that the Administration should not increase public medical fees to address its fiscal problem, because providing adequate medical care to its citizens was the responsibility of the Government. Mr Albert HO was of the view that all elderly aged 65 and above should be granted half fee waiver on presentation of their ID cards, having regard to the fact that all transport companies offered concessionary fares to all elderly. Mr HO pointed out that not only would granting the elderly half fee for all public medical charges save a lot of administrative costs, it would also prevent the elderly from delay in seeking treatment. If the income from the revised fees would only amount to about $300 million a year and could not help eliminate the deficit problem of HA, Mr HO said that he could not see why the Administration could not show more understanding of the situation of the elderly who had no income and little asset by only requiring them to pay half fee for all public medical care services. Dr YEUNG Sum expressed views similar to that of Mr HO.

32. SHWF reiterated that the fee revamp was not to address the budget deficit of HA, but to better target limited resources to help people most in need.

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33. On closing, the Chairman requested the Administration to provide a response to the views/concerns raised by members and deputations which it did not have time to respond at the meeting, at the regular meeting in March 2003.

34. There being no other business, the meeting ended at 10:50 am.

Council Business Division 2
Legislative Council Secretariat
18 June 2003