

**LEGCO PANEL ON HEALTH SERVICES  
LEGCO PANEL ON WELFARE SERVICES**

**Support Measures for  
Severe Acute Respiratory Syndrome (SARS) Patients and their  
Families in the context of the Outbreak from March to June 2003**

**Purpose**

At the meeting of the Joint LegCo Panel on Health Services and Welfare Services on 20 October 2003, having considered the paper on “Support Measures for SARS Patients and their Families in the context of the Outbreak from March to June 2003” (Paper No. CB(2)108/03-04(01)), Members requested the Administration -

- (a) to provide details of the special ex-gratia financial assistance (hereinafter called the financial assistance) for recovered SARS patients suffering from longer term effects, attributable to SARS or arising from the treatment received for SARS, which may result in some degree of physical or psychological dysfunction (hereinafter called the recovered SARS patients);
- (b) to examine whether the scope of the financial assistance should be extended to those who showed SARS symptoms, had undergone drug treatment and were subsequently confirmed as non-SARS cases. If it happens that such cases also suffer from longer term

effects, arising from the treatment received for SARS, which may result in some degree of physical or psychological dysfunction (hereinafter called the suspected SARS patients with drug treatment), whether to provide them with special ex-gratia financial assistance under the proposed Trust Fund should be considered; and

- (c) to provide information on overseas experience (say in Canada and Singapore) in providing financial assistance to SARS patients and their families.

2. This paper provides the required supplementary information for members' reference.

#### **Details of the special ex-gratia financial assistance**

3. As pointed out in Paper No. CB(2)108/03-04(01), the SARS outbreak from March to June 2003 was unique and unprecedented. Under such circumstances, the financial assistance serves to provide temporary relief as tide-over assistance to the recovered SARS patients, subject to medical and financial needs.

4. While the detailed arrangements of the scheme are being finalized and will be subject to the advice of the Committee for the proposed Trust Fund, we envisage the following principles be adopted -

- (a) there must be some degree of physical or psychological dysfunction, on the basis of the attending doctors' assessment; and

- (b) there should be a loss or reduction in income of the recovered SARS

patient as a result of the SARS infection (as well as other social welfare grounds, if any) on the basis of the medical social workers' advice.

5. The special ex-gratia financial assistance which would be capped at \$500 000 for each individual would cover two aspects –

(a) monthly financial assistance having regard to the loss or reduction in the recovered patient's income arising from the SARS infection, by reference to the Median Monthly Domestic Household Income (MMDHI) for a family with a similar number of members, and taking account of any justifiable special needs. The exact formula will be decided by the Committee for the proposed Trust Fund; and

(b) reimbursement of medical expenditure to cover in-patient and out-patient services in public hospitals/clinics, essential medical/rehabilitation equipment not available in public hospitals/clinics or are chargeable by HA (to be certified and prescribed to be essential by public hospitals/clinics), as well as any other special exceptional medical expenditure to be approved by the Committee for the proposed Trust Fund on a discretionary basis.

6. Given that this is intended as a tide-over arrangement, the financial assistance for each patient will be determined on a need basis and be of a limited duration, and details would be determined by the Committee for the proposed Trust Fund. We hope that the patients would recover gradually and would resume normal life over time. In the event that there are cases that require long term support which runs beyond the cap, assistance would be rendered by the present social welfare network and social security system.

SWD and HA would monitor such cases, if any, closely to ensure that timely and appropriate support would be provided.

### **Adequacy of the Amount for the recovered SARS Patients**

7. At the last meeting of the Joint LegCo Panel, some Members have expressed concern over the adequacy of the total amount of the Fund earmarked for the recovered SARS patients. With medical knowledge available to-date, it is not possible to work out precisely the number of recovered SARS patients with medical needs. We also recognize that it is difficult to estimate the amount of financial assistance for individual applicants. Very much would depend on the medical and economic needs of the individuals concerned. Nonetheless, to address Members' concerns that the number of recovered SARS patients in need may exceed our initial estimate, we propose to increase the earmarked sum from \$50 million to \$70 million. This will bring the total one-off commitment for the proposed Trust Fund from \$130 million to \$150 million. Details are shown at Annex A.

### **Whether to extend the scope to suspected SARS patients with drug treatment**

8. Given SARS was new and never encountered before, it is inevitable that the understanding, locally and internationally, of its causes, its nature and the treatment remains limited. More scientific research is required, before more effective drugs and treatment unfold.

9. Those suspected SARS patients with drug treatment were diagnosed at the time of admission according to the prevailing definition for SARS as specified by the World Health Organization. Such definition comprised the

clinical symptoms with epidemiological history but did not include laboratory findings. This group of patients was correctly diagnosed when satisfying the prevailing definition and appropriate treatment was initiated.

10. We are mindful that medical knowledge available to-date shows that

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(a) the observed effects of Ribavirin have generally been short term and reversible; and

(b) the effects of steroids require further observations, and medical experts are also not sure whether the reported effects thus far are due to the disease, the treatment or the predisposing conditions of the patients themselves.

11. According to medical knowledge available to-date, there is no definitive indication that those suspected SARS patients with drug treatment would suffer from longer term effects. It is also not certain whether such effects, if any, would be great, not to mention the possible number of such patients involved.

12. It would therefore be prudent to examine whether the suspected SARS patients with drug treatment would also suffer from longer term effects, arising from the treatment received from SARS, which may result in some degree of physical or psychological dysfunction, as the recovered SARS patients, before taking a view on the need for and the appropriate type of assistance. HA is considering an appropriate mechanism for conducting such medical assessment for the suspected SARS patients with drug treatment.

13. In recognition that the recovered SARS patients and the suspected SARS patients with drug treatment may be particularly concerned about their health, HA is setting up a hotline for coordination of appropriate follow-up of such patients with medical/psychosocial problems. SWD will also continue to provide its support to these two groups.

### **Overseas experience**

14. As requested by Members at the last meeting of the Joint LegCo Panel, details of the financial support given by the Canadian Government and the Singapore Government for SARS patients and their families, which are known to the best of our knowledge, are given in Annex B.

### **Way Forward**

15. Subject to Members' views, we intend to seek the Finance Committee's approval of a one-off commitment of \$150 million for the proposed Trust Fund for SARS on 7 November 2003. The scope of the Trust Fund would remain unchanged.

Health, Welfare and Food Bureau

October 2003

**Revised Ex-Gratia Assistance Schedule and Financial Implications  
for the Trust Fund for SARS**

<b>Category</b>	<b>Propose Rate</b>	<b>No. of Cases<sup>1</sup> (where information is known to the Administration at this stage)</b>	<b>Estimated Total Amount</b>
<b><i>Deceased Patients – Ex-Gratia Relief Payment</i></b>			
Surviving dependent children	\$500,000 for each child aged below 18 at the time of the parent's death	74 <sup>2</sup>	\$37 million
	\$300,000 for each child aged over 18 and below 21 in full time studies at the time of the parent's death	10 <sup>3</sup>	\$3 million
Surviving spouses	\$200,000 regardless of age	160 <sup>4</sup>	\$32 million
Surviving dependent parents <sup>5</sup>	\$300,000 for each dependent parent	19	\$5.7 million

<sup>1</sup> Families that have received financial assistance under the Financial Assistance Scheme for Family Members of those who Sacrifice their Lives to Save Others (7 heroic death cases approved so far) are not eligible, and have been so excluded from the respective categories.

<sup>2</sup> This is ascertained from beneficiaries of the We Care Education Fund who are children aged below 18 whose parent(s) have died of SARS, excluding one child from a heroic death case.

<sup>3</sup> This is only an estimate based on a few known cases rendered support by SWD such as referring to other sources of funding for meeting their educational needs (e.g. Project Blossom).

<sup>4</sup> There is one child with both parents died of SARS. It is proposed that in addition to the payment receivable as a surviving dependent child, the child should be given the payment of \$200,000 for surviving spouse.

<sup>5</sup> Dependent parents will be defined as those who are living with the deceased and have been relying solely on the deceased for financial support. Other justified cases will be considered on a discretionary basis subject to the advice of the Committee.

<b>Category</b>	<b>Propose Rate</b>	<b>No. of Cases<sup>1</sup> (where information is known to the Administration at this stage)</b>	<b>Estimated Total Amount</b>
Other families not eligible for any of the above	\$100,000 for each family	76 <sup>6</sup>	\$7.6 million
		<b><i>Sub-Total</i></b>	<b><i>\$85 million</i></b>
<b><i>Recovered Patients – Ex-Gratia Financial Assistance</i></b>			
For certain recovered SARS patients suffering from longer term effects, attributable to SARS or arising from the treatment received for SARS, which may result in some degree of physical or psychological dysfunction	On a need basis, with cumulative financial assistance receivable by a patient capped at \$500,000 per patient	Not available at this stage, pending medical knowledge to unveil.	\$70 million
		<b>Total</b>	<b>\$155 million (say ~ \$150 million)</b>

Health, Welfare and Food Bureau  
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<sup>6</sup> This is an estimate based on the number of deceased aged 80 and above.

**Details of the financial support given by other Governments  
for SARS patients and their families**

**A. Canada**

Cumulative number of SARS cases	251
Number of deaths from SARS	43
<p>Under the SARS Grant Initiative, income relief is provided to workers who delivered or assisted in the delivery of health care services and who contracted SARS, were denied access to their place of employment due to the SARS outbreak, or who were quarantined/under voluntary isolation and suffered a loss of employment income and did not qualify for Employment Insurance benefits.</p> <p>Grants may be made to eligible recipients to cover lost income as a result of being unemployed due to contracting SARS or being quarantined as a result of SARS. The maximum amount payable per eligible recipient shall be C\$6,000 (HK\$35,700) and payments may be made for a maximum period of 15 weeks as follows –</p> <p>(a) C\$400 (HK\$2,380) per week, if employed full-time; and</p> <p>(b) C\$200 (HK\$1,190) per week, if employed part-time.</p> <p>The above applies to both medical and non-medical employees in health care setting (including laboratories).</p>	
<p>Waiving the waiting period of 2 weeks which apply to claims of Employment Insurance for other diseases. The EI scheme allows up to 15 weeks of special benefits for eligible claimants affected by injury, sickness or quarantine.</p>	
<p>Offering assistance to home-owners paying mortgage through deferral of payments and re-finance arrangements.</p>	

(Source: <http://www.hc-sc.gc.ca/english>)

## B. Singapore

Cumulative number of SARS cases	238
Number of deaths from SARS	33
<p>Under the Courage Fund, the total amount (as at 31.7.03) is S\$28.5 million (HK\$126.83 million). The community donation is S\$13.75 million (HK\$61.69 million). The Government's pledge is S\$14.75 million (HK\$65.64 million), comprising S\$13.75 million (HK\$61.69 million) (matching community donation on a 1:1 basis) and S\$1 million (HK\$4.45 million). Of this, S\$5.5 million (HK\$24.48 million) is used for immediate financial needs of SARS victims and health care workers (see the five items below for the details); and the remaining amount used for courage awards for frontline health care workers; grants for needy health care workers (S\$4 million (HK\$17.8 million)); professorship in epidemiology and infectious diseases management and control; bursary awards for nurses and other health care workers; and reserves for future outbreaks.</p>	
<p>Lump Sum Relief (SARS patients and health care workers):</p> <p>(a) SARS patients:</p> <ul style="list-style-type: none"><li>- S\$3,000 (HK\$13,350) for a non-health care worker</li><li>- up to \$10,000 (HK\$44,500) for a family with deceased SARS patient</li></ul> <p>(b) Health care workers contracting SARS</p> <ul style="list-style-type: none"><li>- S\$10,000 (HK\$44,500) for a health care worker</li><li>- up to S\$30,000 (HK\$133,500) for a family with health care worker died of SARS</li></ul>	
<p>Hospital Bill Relief to provide financial assistance to SARS patients to cover the hospitalisation costs borne by the SARS patients themselves (i.e. not covered by employers, insurance schemes, Medishield or Medifund).</p>	
<p>Hospitalisation Relief is provided to unemployed and self-employed persons who have been hospitalised for SARS-related reasons, such as Observation or Suspect cases, up to the point of "fit for discharge" (S\$100 (HK\$440) per day of hospitalization for self-employed persons and S\$50 (HK\$220) per day of hospitalization for unemployed persons).</p>	
<p>Hospital Quarantine Relief is provided to self-employed persons who have been quarantined in hospital for extended stay after the point of "fit for discharge" (S\$70 (HK\$310) per day).</p>	

Education Grants for children of patients died of SARS (breadwinners of their families) and children of health care workers contracting SARS, to cover educational needs of the children from kindergarten level up to basic degree level (pegged to local education cost).

(Source: provided by the Singapore Government to the HKSAR Government)

Footnote:

1. The source on “SARS cases” and “deaths from SARS” is from the WHO website, with –
  - (a) “cumulative number of SARS cases” referring to the number of probable cases with onset of illness from 1 November 2002 to 31 July 2003, as published by WHO on 26 September 2003; and
  - (b) “number of deaths from SARS” referring to the number of deaths published by WHO as deaths attributable to SARS.