

立法會
Legislative Council

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**Paper for the House Committee meeting
on 21 April 2006**

**Request for allocation of a debate slot to
the Chairman of the Panel on Welfare Services to move
a motion on “Financial assistance to patients of
Severe Acute Respiratory Syndrome and their families”**

Purpose

This paper seeks the agreement of the House Committee for allocation of a debate slot to Dr Hon Fernando CHEUNG, in his capacity as the Chairman of the Panel on Welfare Services, to move a motion on “Financial assistance to patients of Severe Acute Respiratory Syndrome and their families” for debate at the Council meeting on 17 May 2006.

Background

Joint Panel meeting on 9 March 2006

2. The Panel on Health Services, Panel on Manpower and Panel on Welfare Services held a joint meeting on 9 March 2006 to discuss the support provided by the Government to patients of Severe Acute Respiratory Syndrome (SARS) and their families. Members were concerned about the financial assistance provided to the patients and their families, and had put forward the proposals detailed in paragraphs 3 to 7 below for the Administration’s consideration.

Members’ proposals

3. Members noted that a total of 632 applications for special ex-gratia financial assistance from eligible SARS patient suffering from dysfunction had been approved under the Trust Fund for Severe Acute Respiratory Syndrome (the Trust Fund) since its establishment in November 2003. Assistance includes monthly financial assistance to cover their income loss or increase in

expenditure arising from SARS, if any, as well as medical-related expenses outside the Hospital Authority's medical waiver scheme, such as private consultations. The maximum amount of cumulative financial assistance a SARS patient can receive is \$500,000.

4. As at 9 March 2006, 290 patients were still receiving assistance. Members noted that the Trust Fund had ceased to provide assistance to nine patients because the total cumulative financial assistance received by them had reached the \$500,000 ceiling, and that five patients had already received more than \$400,000 special ex-gratia financial assistance from the Trust Fund. Members proposed that the ceiling on special ex-gratia financial assistance to each recovered and "suspected" SARS patient should be relaxed so that the patients concerned could continue to receive financial assistance until they had fully recovered.

5. The Trust Fund only provides special ex-gratia relief payments to families with deceased SARS patients. Members considered that the Administration should not be too stringent in giving out relief payments, in view of the ex-gratia nature of such payments. Members proposed that families of deceased "suspected" SARS patients should also be eligible for such payments as they similarly suffered loss of their family members as a result of SARS.

6. For the deceased SARS patient cases, special ex-gratia relief payments are made to their families with surviving spouse (\$200,000), dependent children (\$500,000 each for those under 18, and \$300,000 each for those between 18 and 21 in full time studies), dependent parents (\$300,000 for each dependent parent); and for those not falling into any of the above categories, reference would be made to financial dependency and other special considerations for payment of \$100,000 to be made for each family. Members proposed that such payments should be granted to families with deceased elderly SARS patients irrespective of whether the affected families had been relying on the deceased for financial support.

7. Members noted that the Trust Fund, with a current balance of \$23 million (down from the original provision of \$150 million), would soon be exhausted, and 290 SARS patients and their families were still relying on it. Members proposed that additional funds should be injected into the Trust Fund to provide long-term support to the SARS patients.

The Administration's response

8. In response to Members' proposals, the Administration explained that capping the special ex-gratia financial assistance at \$500,000 was on the assumption that many of the patients would gradually recover and no longer need the assistance. The Administration envisaged that the Trust Fund could

remain in place for one to two more years. It had no plans to raise the \$500,000 ceiling, and injection of additional funding would be considered separately if required.

9. The Administration also pointed out that the Hospital Authority had launched a fee waiver scheme for SARS patients in February 2005 to provide life-long services to them for potential SARS-related problems. Eligible SARS patients in financial hardship could also apply for assistance under the existing social security system.

10. As regards deceased elderly patients, the Administration informed Members that there were cases where families of such patients had been given special ex-gratia relief payments.

11. The Administration did not respond to the proposal referred to in paragraph 5 above at the Joint Panel meeting.

Motion debate

12. Members considered that the Administration's responses given at the meeting had fallen short of addressing the needs of the SARS patients and their families. To enable Members and the relevant public officers to consider the proposals put forward at the joint meeting, it was initially suggested that the three Panels should jointly seek the agreement of the House Committee for a debate slot to be allocated to the Chairman of the joint meeting, Dr Hon Fernando CHEUNG, to move a motion on the subject for debate at a Council meeting.

13. As there is no provision in the House Rules (HR) for priority allocation of a debate slot to the Chairman of a joint meeting of Panels, the Panel on Welfare Services agreed that it should request for allocation of a debate slot to its Chairman, Dr Hon Fernando CHEUNG, to move the motion on the subject for debate at the Council meeting on 17 May 2006, under HR 14A(h). Should the House Committee accede to the request of the Panel, the debate slot would not be counted as Dr CHEUNG's own slot. Following past practice, the motion debate would take place before the other individual Member's motions to be debated at the Council meeting on 17 May 2006.

14. The wording of the motion, which has been endorsed by the Panel on Welfare Services, is in the **Appendix**.

Advice sought

15. The House Committee's agreement is sought for the Panel's request detailed in paragraphs 13 and 14 above.

Council Business Division 2
Legislative Council Secretariat
19 April 2006

Appendix

**Motion on “Assistance to patients of Severe Acute Respiratory Syndrome and their families” to be moved by
Dr Hon Fernando CHEUNG, Chairman of Panel on Welfare Services,
at the Legislative Council meeting on 17 May 2006**

Wording of the Motion

“That, in view of the ex-gratia nature and the anticipated shortfall of the Trust Fund for Severe Acute Respiratory Syndrome (the Trust Fund), this Council urges the Government to implement the following measures to assist the patients of Severe Acute Respiratory Syndrome (SARS) and/or their families -

- (a) relax the Trust Fund’s \$500,000 ceiling on special ex-gratia financial assistance for each eligible recovered or “suspected” SARS patient;
- (b) extend the scope of the Trust Fund to cover also families of the deceased “suspected” SARS patients;
- (c) grant special ex-gratia relief payments to families with deceased elderly SARS patients irrespective of whether the affected families had been relying on the deceased for financial support; and
- (d) inject additional funds into the Trust Fund.”