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**Panel on Health Services, Panel on Manpower  
and Panel on Welfare Services**

**Background Brief prepared by the Legislative Council Secretariat**

**Trust Fund for Severe Acute Respiratory Syndrome**

**Purpose**

This paper highlights the major views of the Panel on Health Services (HS Panel) and the Panel on Welfare Services (WS Panel) on the operation of the Trust Fund for Severe Acute Respiratory Syndrome (the Trust Fund) and related matters.

**Background**

Establishment of the Trust Fund

2. The Finance Committee (FC) of the Legislative Council approved the creation of a new commitment of \$150 million for the setting up of the Trust Fund on 7 November 2003 to -

- (a) provide special ex-gratia relief payments to families with deceased Severe Acute Respiratory Syndrome (SARS) patients;
- (b) provide assistance, including special ex-gratia financial assistance, for recovered SARS patients suffering from longer term effects, attributable to SARS (including the effects of medication received for SARS, if any), which may result in some degree of bodily dysfunction, subject to medical proof and financial need; and
- (c) provide assistance, including special ex-gratia financial assistance, for patients who were clinically diagnosed as having SARS on admission, treated with steroids as medication for SARS, but

turned out subsequently not to have SARS, suffering from longer term effects, attributable to the effects of steroids received (if any), which may result in some degree of physical dysfunction, subject to medical proof and financial need, in case this happens.

### Special ex-gratia relief payments for families with deceased SARS patients

3. For the deceased SARS patient cases, special ex-gratia relief payments will be 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 below 21 in full time studies), dependent parents (\$300,000 for each dependent parent); and those not falling into the above category (\$100,000 for each family). No financial eligibility test is imposed.

### Special ex-gratia financial assistance for the recovered SARS patients and the “suspected” SARS patients treated with steroids

4. For both the recovered and the “suspected” SARS patients treated with steroids, assistance, including special ex-gratia financial assistance, will be given, subject to medical proof and financial need. The total cumulative financial assistance is capped at \$500,000 for each such patient, and the exact level is determined by the Committee on Trust Fund for SARS (the Committee) on a case-by-case basis. The assistance is subject to medical re-assessment every six months for monitoring the progress of the patients’ health conditions and, where appropriate, their financial needs as well. Financial assistance will only continue if the medical need remains and the asset value remains below the prescribed limits.

5. Monthly financial assistance is determined having regard to the loss or reduction in the income of these patients, by reference to the prevailing Median Monthly Domestic Household Income for a family with a similar number of members who are solely dependent on the patient in question, and taking account of any justifiable special needs determined by the Committee on a case-by-case basis. Apart from this, only the assets of the applicants will be taken into account in the calculation of their asset amount (i.e. assets of their family members are excluded from the calculation).

6. Medical expenditure includes in-patient and out-patient services in public hospitals/clinics, drugs (including Chinese medicine), essential medical/rehabilitation equipment and treatment, as well as any other special exceptional medical expenditure to be approved by the Committee on a discretionary basis. The amount is net of claims for the same purpose covered by other sources, for instance, by employers or medical insurance.

### Administration of the Trust Fund

7. The Committee, chaired by a non-official and comprises a mix of non-official and official members, was established on 8 November 2003 to advise the Administration on the detailed eligibility criteria and assessment of individual applications.

8. Applications are first processed by the Social Welfare Department and the Hospital Authority (HA) before they are submitted to the Committee for making recommendations to the Trustee, Director of Social Welfare, for final decision. Applicants who are not satisfied with the recommendation can apply to the Review Committee on Trust Fund for SARS for review.

9. Depending on the complexity of individual cases concerned, about one month's time is generally required to process an application if the information provided by the applicant is adequate. To minimise the impact of the processing time on the assistance provided, payments to successful applicants would generally begin to count from the date of application rather than the date of approval.

### **Major views of past discussions**

#### Commitment of the Trust Fund

10. During the discussion on the creation of a new commitment of \$150 million for the setting up of the Trust Fund at the joint meeting of the HS Panel and the WS Panel on 29 October 2003, members expressed concern whether earmarking some \$70 million for the recovered SARS patients and the "suspected" SARS patients treated with steroids was adequate to cover all these patients.

11. The Administration responded that in the event that eligible applicants failed to receive the financial assistance due to shortfall of the Trust Fund, additional funding from FC could be sought. The Administration pointed out that since dosages of steroids prescribed for "suspected" SARS patients were small and ceased soon after they were confirmed as non-SARS cases, it was expected that not many of these patients would suffer longer-term effects attributable to the SARS-related treatment, if any.

#### Eligibility criteria for the Trust Fund

12. During the discussions by the WS Panel on the third progress report on the Trust Fund on 13 December 2004 and 10 January 2005, Ms LI Fung-ying, Miss CHAN Yuen-han and Mr LEE Cheuk-yan raised concern that the Committee placed too much emphasis on whether the applicants had been

relying on the deceased for financial support and ignored the actual situation of the family of the deceased. For instance, although the deceased SARS patients had not contributed towards their families in monetary term before their death, the fact that they had helped to take care of the young children in the families should be recognised. Another case was that surviving parents of the deceased SARS patients were refused ex-gratia payment because they could not provide proof that their deceased children had supported them financially before their death.

13. The Administration replied that as the Committee was managing a public fund, it needed to draw up guidelines for approving applications having regard to the broad criteria endorsed by FC. Despite such criteria, the Committee was mindful that there might be deserving cases which did not fully meet the stipulated criteria. Having regard to the ex-gratia nature of the Trust Fund, the Committee would take into account all the relevant circumstances of individual case and exercise discretion as appropriate in areas where the Committee was given such authority.

14. The Administration assured members that the extent to which the families had relied on the deceased for financial support was an important but not the sole determining factor in granting special ex-gratia payment. Although surviving parents of deceased SARS patients were required to provide proof that their deceased children had supported them financially before their death, the Committee had often exercised discretion to waive such a requirement. For instance, 27 out of the 55 cases which lacked the requisite supporting document that the applicants had been supported by the deceased had been granted special ex-gratia financial assistance. In addition, there were cases where the applicant did not receive financial contributions from the deceased as such but had to incur additional expenditure as a result of the death of the deceased, for instance, the need to hire domestic helper to look after children. The Committee had exercised discretion and approved special ex-gratia financial assistance to the applicants after taking into account all the circumstances of individual cases.

#### Level of assistance for recovered and “suspected” SARS patients

15. At the meeting of the WS Panel held on 13 December 2004, Mr WONG Kwok-hing asked whether the Administration would consider raising the \$500,000 ceiling for special ex-gratia financial assistance, as well as the \$1,000 and \$500 monthly assistance ceilings for dietary supplements and transportation respectively for the recovered and the “suspected” SARS patients treated with steroids.

16. The Administration advised that it had no plan to raise the ceiling of special ex-gratia financial assistance for these two groups of patients. The amount of special ex-gratia financial assistance received by over 90% of the

eligible patients was much less than the \$500,000 ceiling, which demonstrated that their needs should be able to be met by the existing ceiling. Moreover, HA would also shortly introduce in February 2005 a new measure to provide long-term free medical care to all these patients for problems relating to SARS.

17. The Administration also advised that it had no plan to raise the monthly assistance ceilings for dietary supplements and transportation for these two groups of patients. The provision of monthly assistance for dietary supplements and transportation and the setting of the ceilings for such assistance at \$1,000 and \$500 respectively were made by the Committee after considering the actual claims made by the first 220 applicants. The actual claims made by the applicants varied widely, and an analysis was made in June 2004 which revealed that the ceilings should be able to satisfy the needs of most patients. However, in response to the requests of some of the patients, the Committee had recently decided to raise the monthly ceiling for transportation to \$750 under special justifiable circumstances. The Administration would continue to monitor to see whether the present monthly assistance ceiling of \$750 was adequate to meet the patient's expenditure for travelling to and from hospitals/clinics.

18. Mr LEE Cheuk-yan asked why successful applicants in the recovered and "suspected" SARS category could not obtain reimbursement in full from the Trust Fund for their private medical expenses.

19. The Administration explained that under the existing arrangements, where the successful applicants chose to use private health care services, the Trust Fund would only reimburse according to the rates of similar services charged by HA. Although the Trust Fund would not reimburse the successful applicants in full for their private medical expenses, this should not deprive them of adequate medical care as this group of patients primarily received treatment or rehabilitation services provided by HA which were reimbursed in full by the Trust Fund. Moreover, these patients would be entitled to medical care provided by HA free of charge for all SARS-related illnesses throughout their lives.

#### Employees' compensation for HA workers infected with SARS on duty

20. At the meeting of the WS Panel on 18 February 2005, Dr Fernando CHEUNG urged HA not to punish those staff who took their cases to the court to seek employees' compensation from contracting SARS at work, as there had been some complaints from the affected employees that HA refused to release to them their medical records.

21. HA replied that a normal policy and procedure in releasing medical records upon patients' request would continue to be applied. Employees claiming to have contracted SARS at work were treated no differently from

other patients who sought to obtain their medical records. Any employee who had encountered problem in obtaining their medical records from HA was welcome to approach HA's Head of Human Resources for assistance.

22. HA also confirmed that all HA employees who claimed to have contracted SARS at work were aware of their current status. A great deal of work had been put in by HA, the Labour Department and the insurer to make sure that there was substantial evidence to convince themselves that classifying people as non-SARS and unlikely injury on duty (IOD) cases were correct. For instance, it was not possible for employees who claimed to have contracted SARS at work if they were on annual leave or working in a hospital which had not admitted SARS patients during the incubation period. Another example was that employees classified as unlikely IOD cases were residents of Amoy Gardens or in some other similar scenarios.

23. Miss CHAN Yuen-han, Mr LEUNG Kwok-hung and Mr TAM Yiu-chung expressed the view that HA should set up a fund to take care of the long-term needs of its employees incapacitated by SARS.

24. The Administration advised members that as SARS was a new disease, more time was needed to understand its long-term effect on recovered SARS patients. The Administration would consider the need to set up a fund similar to that established for people who were incapacitated by pneumoconiosis for recovered SARS patients after the nature of SARS became better known. In the meantime, the Trust Fund was able to tide over the needs of recovered SARS patients on their present economic difficulties. Moreover, HA would provide long-term free medical care to all these patients for problems relating to SARS.

25. Members are invited to note that SARS was added to the list of occupational diseases under Second Schedule to the Employees' Compensation Ordinance (Cap. 282) and Schedule 2 to the Occupational Safety and Health Ordinance (Cap. 509) on 8 February 2005.

## **Recent development**

### Closure of new applications for the Trust Fund

26. New applications for the Trust Fund ceased to be accepted from 1 January 2006, unless HA has medical indication that the potential applicant is likely to be suffering from SARS-related dysfunction.

### **Relevant papers**

27. Members are invited to access the LegCo website at <http://www.legco.gov.hk> to view the minutes and relevant paper of the joint meeting of the HS Panel and WS Panel held on 29 October 2003, and the minutes and relevant papers of the meetings of the WS Panel held on 13 December 2004, 10 January 2005 and 18 February 2005.

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