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**Panel on Health Services**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 14 April 2008**

**Elderly health care voucher pilot scheme**

**Purpose**

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the elderly health care voucher pilot scheme.

**Background**

2. The Chief Executive announced in his 2007-2008 Policy Address of the Administration's plan to launch a three-year pilot scheme in the 2008-2009 financial year to provide five health care vouchers of \$50 each to senior citizens aged 70 or above annually to partially subsidise their use of primary care services in the private sector. These elders could use the vouchers for services provided by western medicine doctors, Chinese medicine practitioners, allied health professionals and dentists, etc. and for preventive as well as curative services.

3. The pilot scheme, costing some \$150 million annually, would implement the "money follows patient" concept on a trial basis, enabling senior citizens to choose their own primary health care services in their own communities that suit their needs most, thereby piloting a new model for subsidised primary care services in the future.

**Past discussions**

4. The Panel held discussions with the Administration on the elderly health care voucher pilot scheme on 12 October and 12 November 2007. Major views/concerns of members and the Administration's responses are set out in the ensuing paragraphs.

*Eligible age for receiving health care vouchers*

5. Hon Andrew CHENG, Dr Hon Fernando CHEUNG, Hon LEE Cheuk-yan and Hon WONG Kwok-hing urged the Administration to lower the eligible age for receiving health care vouchers to age 65 or above, having regard to the fact that the eligible age for receiving Old Age Allowance was between 65 and 69.

6. The Administration explained that as the implementation of the "money follows patient" concept through the pilot scheme was new, it was necessary to proceed with caution by confining the scheme to a smaller scale and a smaller population group as a start. Moreover, overseas experience had shown that private health care providers might increase their fees and charges if the government provided substantial subsidies for private health care services on a large scale.

*Value of the health care vouchers*

7. Members were generally of the view that providing each senior citizen with five health care vouchers valued at \$250 annually was too miserly, and should be increased to better safeguard the health of the elderly. In particular, Hon Andrew CHENG urged the Administration to increase the value of each voucher to \$120-\$150, which was the average consultation and medication fee charged by doctors in the private sector, so that the elderly did not have to fork out their own money to foot their medical bills.

8. The Administration explained that the health care vouchers were not meant to provide full subsidy for seeking health care services in the private sector, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care amongst patients and especially the concept of co-payment to ensure appropriate use of health care. It, however, pointed out that existing public health care services available to the elders would not be reduced as a result of implementing the pilot scheme. Senior citizens might still access public health care services as necessary.

9. Dr Hon KWOK Ka-ki was of the view that the health care vouchers should at least afford each senior citizen to undergo annual physical and dental checkups. Dr Hon Joseph LEE suggested allowing health care vouchers to be used on purchasing physical checkup service provided by health centres run by non-governmental organisations (NGOs) and dental checkup service provided by Government dental clinics, while Hon Vincent FANG suggested designating one of the five health care vouchers for physical checkup.

10. The Administration advised that it attached great importance to strengthening preventive care for the elderly. Options on how best to take this forward should be discussed in the context of the territory-wide consultation on health care reforms and supplementary financing arrangements. It further advised that as the scheme of providing health care vouchers to the elderly was new, decision was made not to attach too many conditions on the usage of the vouchers during the three-year trial period to make the scheme more convenient for elders. Although the pilot scheme would be

subject to a full review after the three-year trial period, a periodic review would be conducted every six months to fine-tune the scheme in light of operational experience.

*Administration of the pilot scheme*

11. Members were advised that an electronic platform for storing the accounts of the eligible elders would be set up to obviate the needs of the elderly to keep their health care vouchers on the one hand and to enable the collection of utilisation data for analysis purpose on the other.

12. Dr Hon Fernando CHEUNG pointed out that in view of the complexity involved in administering the elderly health care voucher pilot scheme and the fact that some elders, particularly those living alone and with no relatives, were hard to reach, the Administration should consider collaborating with NGOs providing services to the elderly in implementing the pilot scheme.

**Relevant papers**

13. Members are invited to access the Legislative Council's website (<http://www.legco.gov.hk>) for details of the papers and minutes of the relevant meetings.

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