

**For discussion
On 19 January 2010**

**Subcommittee to Study Issues Relating to
Mainland-HKSAR Families**

**The use of subsidized obstetric services by Mainland women whose
spouses are Hong Kong residents**

Background

At the meeting of the Legislative Council Subcommittee to Study Issues Relating to Mainland-HKSAR Families (“the Subcommittee”) on 28 July 2009, the Administration has been requested to –

- (a) provide an assessment on the impact on the capacity of public medical services in Hong Kong and population policy if Mainland spouses of Hong Kong residents are given equal treatment with local women in using obstetric services; and
- (b) convey Members’ views to the Steering Committee on Population Policy (“the Steering Committee”) and the Family Council for consideration and follow-up discussion on the policy of obstetric service and the impacts of the policy on family reunion.

Impact on capacity of public obstetric services

2. It is the Government’s policy to ensure that Hong Kong resident women are given proper and adequate obstetric services. Due to rapid increase in the demand for obstetric services in Hong Kong by non-local women (i.e. those being non-Hong Kong residents, including Mainland women) in recent years, which had caused tremendous pressure on the capacity of obstetric service in public hospitals and affected such services to Hong Kong resident, the Hospital Authority (“HA”) has implemented since 1 February 2007 revised arrangements for obstetric

service for non-local women¹. The purpose is to ensure that Hong Kong resident women are given priority for proper obstetric service, and to limit the number of non-local women coming to Hong Kong to give births to a level that can be supported by our healthcare system.

3. The service capacity in our public hospitals is already under considerable pressure with the prevailing arrangements, which treat all Mainland women with Hong Kong husbands no differently from other Non-eligible Persons (“NEPs”). The annual delivery capacity in HA has been fully utilized in the past two years. The service capacity has been stretched to its limit during peak season and the booking for obstetric service for NEPs in HA was suspended from September to December in 2008 and then from October to December in 2009 to ensure local women would receive adequate obstetric service. If those NEPs with Hong Kong resident husbands were to be charged the Eligible Persons (“EPs”) rate for obstetric service, we expect that there would be substantial increase in the number of such NEPs seeking to deliver in our public hospitals, causing enormous pressure on our service capacity.

4. We also consider that if non-local women with Hong Kong husbands are entitled to obstetric service at EP rates, this will generate pressure for the Government to apply EP rate to all non-local persons whose spouses are Hong Kong residents (i.e. non-local men and women with Hong Kong resident spouses). Any change to the present definition of EP to cover non-local persons whose spouses are Hong Kong residents would give rise to heavy burden and substantial increase in the demand for our public healthcare services. It should also be noted that there is substantial difference between the charges for EP and NEP, as illustrated in the examples below:-

¹ Under the revised arrangements, all Non-eligible Persons (NEPs) who wish to seek obstetric service in public hospitals have to make prior booking and pay for a package charge of \$39,000. For cases of delivery by emergency admission through the Accident and Emergency Departments, the charge would be \$48,000. This charging policy applies to all NEPs regardless of whether their husbands are Hong Kong residents. HA would reserve sufficient places for Eligible Persons to ensure that they have priority over NEPs in the booking of obstetric services, and HA would only accept booking from NEP when spare service capacity is available.

Services	NEP rate	EP rate
Attendance at General Outpatient Clinic	\$215/attendance	\$45/attendance
Attendance at Specialist Outpatient Clinic	\$700/attendance	\$100 for first attendance and \$60 for each subsequent attendance
Attendance at Accident & Emergency Department	\$570/attendance	\$100/attendance
In-patient service	\$3,300/day	\$100/day

Deliberations of the Family Council

5. The Family Council was briefed by the Food and Health Bureau (FHB) on the obstetric service arrangements of the HA for non-Hong Kong resident women at its meeting in September 2009. The Family Council also noted the views of the Subcommittee.

6. Views of Family Council Members were as follows –

- (a) Members recognized the need to balance the “family” angle against existing policy objectives and considerations, and on balance, they generally supported the fundamental principle that Hong Kong residents should be given proper and adequate obstetric service taking into account that public resources were finite, and that under the existing health care policy, eligibility for highly subsidized public healthcare services, including obstetric services, was restricted to Hong Kong residents.
- (b) Members noted the importance of upholding the existing policy objectives to maintain a proper “firewall” or “threshold” to protect the interests of Hong Kong residents.
- (c) Members opined that without compromising the long-term sustainability of the social services having regard to the

resources and implications on the public services, the Administration could keep in view the provision of support services for and the needs of Mainland-HKSAR families.

7. The Family Council concluded that there was a need to balance consideration of a multitude of factors, and to ensure the long-term sustainability of social services in a holistic manner. In this respect, the implementation of the existing obstetric service arrangement for non-local women was effective and no review was considered necessary at this stage.

Deliberations of the Steering Committee on Population Policy

8. The Steering Committee has thoroughly considered the views of this Subcommittee, the Family Council and the FHB on the issue regarding obstetric service arrangements for NEPs in public hospitals, in particular arrangements for Mainland women whose spouses are Hong Kong residents.

9. From the population policy angle, the Steering Committee considers that even if Mainland women whose spouses are Hong Kong residents were entitled to the same highly subsidised rates as local women in using obstetric service arrangements in public hospitals, its impact on Hong Kong's population would be limited. The Steering Committee remains of the view that each couple will have its own childbearing plan, taking into account the specific circumstances of each family. The one-off obstetric service charge is but one of the many factors which a couple will consider. Other factors, such as child care arrangement, education and other related child rearing expenditure would be equally, if not more, important factors. It would thus be a bit far-fetched to suggest that by lowering the obstetric service charge in public hospitals for Mainland women alone, more Mainland women whose spouses are Hong Kong residents will give birth to more babies, hence boosting Hong Kong's fertility rate.

10. Regarding this Subcommittee's other comment that the existing obstetric service arrangement for Mainland women is not conducive to family reunion, the Steering Committee notes that the waiting time for Mainland spouses of Hong Kong residents under the OWP system has been shortened to around four years since 2009. In other words, for children born to Mainland-Hong Kong couples, irrespective of whether they are born in Hong Kong (and hence Hong Kong residents by birth) but due to child care arrangements have to return

to the Mainland and come back to Hong Kong together with their mothers when the latter obtained approval under the OWP system; or born in the Mainland and hence have to apply under the OWP system to settle in Hong Kong, the waiting time to come to Hong Kong is now about four years only. These children can still start their education in Hong Kong at a young age and should not have insurmountable problem settling in Hong Kong. The Steering Committee also notes the views of the Family Council that there is a need to balance the family angle against existing policy objectives and other considerations.

11. The Steering Committee notes that the objectives of introducing the obstetric service arrangements for non-local women are to ensure that local women will have priority and adequate obstetric service given the fact that public resources are finite; and that the number of non-local women coming to Hong Kong to give birth can be limited to a level that can be supported by our healthcare system. These policy objectives remain relevant. Coupled with the limited impact from the population policy angle; views of the Family Council; and FHB's assessment on the implications on service capacity of public hospitals and potential read-across implications on other heavily subsidized public healthcare services if there is a change to the definition of "eligible persons" for healthcare services, the Steering Committee agrees that the existing obstetric service arrangements for non-eligible persons should be maintained.

Conclusion

12. Taking into account government's policy objectives of the obstetric service arrangements; the need to ensure rational use of our finite public resources, the Administration considers that the existing obstetric service charge arrangements for NEPs should be maintained.

**Food and Health Bureau
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