

**For information
on 28 July 2009**

**Subcommittee of the House Committee of the Legislative Council to
Study Issues Relating to Mainland-HKSAR Families**

Obstetric Service Arrangements for Non-eligible Persons

PURPOSE

This paper provides the Administration's response to the views expressed by Members at the Subcommittee meeting held on 29 June 2009 about the obstetric service charges in public hospitals for Mainland women whose spouses are Hong Kong residents.

**POLICY ON THE PROVISION OF HIGHLY SUBSIDIZED
PUBLIC HEALTHCARE SERVICES**

2. At present, the public healthcare services in Hong Kong cover a wide range of services including outpatient service, inpatient service, ambulatory service, etc. All these services are available to Hong Kong residents at heavily subsidized level at about 95%. To ensure rational use of our finite public resources, only Eligible Persons (EPs) (i.e. holders of Hong Kong Identity Card and children who are Hong Kong residents and under 11 years of age) are eligible for public healthcare services at the highly subsidized rates. As for non-local people, including spouses and children of Hong Kong residents, public medical services are provided to them in emergency situations and they may also seek non-emergency public medical services subject to service capacity. However, these people, being Non-eligible Persons (NEPs) (i.e. persons who are not holders of Hong Kong Identity Cards and children under 11 years of age who are not Hong Kong residents), have to pay the specified NEP charges for access to our public healthcare services.

3. In its report issued in February 2003, the Task Force on

Population Policy¹ (the Task Force) made recommendations concerning eligibility for major benefits subsidized by public funds. Specifically, the Task Force considered that the Administration had to strike a very fine balance between the interests of various sectors of the community on the one hand and the need to ensure the long-term sustainability of our social services within limited financial resources on the other. After careful consideration, the Task Force recommended that the principle of “seven-year” residence requirement should apply in the provision of major social benefits which are heavily subsidized by public funds. The Task Force recognized that this requirement would have considerable impact on a large number of people in Hong Kong in the case of subsidized public healthcare services. Therefore, the Task Force proposed that in the case of subsidized public healthcare services, the new requirement would apply to Two Way Permit holders and other visitors.

4. Having regard to the recommendation made by the Task Force mentioned above, the Administration adopted, in 2003, the definition of EPs to the effect that non-Hong Kong residents who are the spouses or children of Hong Kong residents would be treated as NEPs and charged the NEP rates. The present EP and NEP definition applies to the respective charges for all public healthcare services, including obstetric service.

POLICY ON OBSTETRIC SERVICE

5. It is our policy to ensure that Hong Kong residents are given proper and adequate obstetric services. In recent years, there was rapid increase in the demand for obstetric services in Hong Kong by non-Hong Kong resident women (including Mainland women), causing tremendous pressure on the capacity of obstetric service in public hospitals and affecting such services to Hong Kong resident women. It was also noted that there was a large number of non-Hong Kong resident women seeking emergency admission to public hospitals through the Accident and Emergency Departments (A&EDs) for delivery. To tackle the problem, the Hospital Authority (HA) has implemented since 1 February 2007 revised arrangements for obstetric service for NEPs to ensure that Hong Kong resident women are given priority for proper obstetric service. The new arrangements also seek to limit the number of NEPs coming to Hong Kong to give births to a level that can be supported by our public

¹ The Task Force on Population Policy was set up in September 2002 and released its report in February 2003. The Task Force has now ceased operation.

healthcare system, and to deter their dangerous behaviour of seeking emergency hospital admissions through A&EDs shortly before labour.

6. Under the revised arrangements, all NEPs who wish to seek obstetric service in public hospitals have to make prior booking and pay for a package charge of \$39,000, which covers one antenatal check in specialist out-patient clinic, the delivery and the first three days and two nights stay for the delivery. For cases of delivery by emergency admission through the A&EDs, 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 EPs 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.

7. The revised arrangements have been effective in meeting our policy objectives as mentioned in paragraph 5 above. By comparing the first five months of 2009 with the same period in 2006, the number of Hong Kong resident women giving birth in public hospitals has increased by 10.8% while the number of non-Hong Kong resident women giving birth in public hospitals has decreased by 9.3%. Most notably, the number of deliveries by non-Hong Kong resident women in public hospitals through the A&EDs has decreased significantly by 91.6%.

8. At the meeting of the Subcommittee held on 29 June, some Members suggested that those NEPs whose spouses are Hong Kong residents should be entitled to obstetric services at EP rates. They suggested that HA should adopt a two-tier obstetric service charge for NEPs by having different rates for those whose spouses are Hong Kong residents and those with no marital ties in Hong Kong. We consider that all NEPs should continue to be subject to the same NEP rates for relevant services in our public healthcare system. The suggestions mentioned by Members above would re-open the avenue for NEPs to come to Hong Kong to seek access to obstetric service in public hospitals thereby competing for the services for Hong Kong resident women. This problem will be magnified if this group of NEPs is entitled to obstetric service in public hospitals at EP rates.

VIEWS OF THE STEERING COMMITTEE ON POPULATION POLICY

9. The Steering Committee on Population Policy has been kept

informed of the deliberations of the Subcommittee, including Members' comments that the obstetric service charges for Mainland women whose spouses are Hong Kong residents may not be conducive to encouraging childbirth or family reunion. After the Subcommittee meeting on 29 June, Food and Health Bureau (FHB) made an assessment on the subject in the light of the deliberations of the Subcommittee. Taking into account FHB's policy objectives of the obstetric service charge arrangements as detailed in paragraph 5 above; the read-across implications on other heavily subsidized public services; and the need to ensure rational use of our finite public resources, on balance, the Administration considers that the existing obstetric service charge arrangements for NEPs remains appropriate.

THE ONGOING JUDICIAL REVIEW APPLICATIONS

10. The obstetric service package charge for NEPs in public hospitals is being challenged in two ongoing applications for judicial review (JR). In the first application, the applicants challenged, among others, the Government's policy to exclude non-Hong Kong resident spouses of Hong Kong residents from the definition of EPs and the decision of the HA to revise the obstetric service package charge for NEPs since 1 February 2007. The application was dismissed by the Court of First Instance in the judgment handed down in December 2008. The applicants have lodged an appeal and the hearing before the Court of Appeal will take place in March 2010. As for the second application which involves a similar challenge to the exclusion of the applicant from subsidized obstetric services, it will be heard before the Court of First Instance in September 2009. To avoid prejudicing the two ongoing JR proceedings, we do not consider it appropriate to further discuss the matters on the definition of EPs and the issue of whether non-Hong Kong residents whose spouses are Hong Kong residents should be eligible for public healthcare services at highly subsidized rates at the present stage. We also consider it not appropriate to carry out a review of the obstetric charges for NEPs before the conclusion of the ongoing JR applications.

Food & Health Bureau
Hospital Authority
July 2009