

立法會
Legislative Council

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LC Paper No. CB(2)448/11-12
(These minutes have been seen
by the Administration)

Panel on Health Services

**Minutes of special meeting
held on Monday, 8 August 2011, at 9:00 am
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP
Hon Fred LI Wah-ming, SBS, JP
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
Hon CHEUNG Kwok-che
Dr Hon PAN Pey-chyou
Hon Alan LEONG Kah-kit, SC
- Members attending** : Hon Emily LAU Wai-hing, JP
Hon WONG Kwok-hing, MH
- Members absent** : Hon Albert HO Chun-yan
Hon CHEUNG Man-kwong
Hon Cyd HO Sau-lan
Hon IP Kwok-him, GBS, JP
Hon Albert CHAN Wai-yip
- Public Officers attending** : Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Mr Chris SUN
Deputy Secretary for Food and Health (Health)
Special Duties

Attendance by : Session 1
Invitation (9:06 am - 11:18 am)

Hong Kong Women Doctors' Association

Dr Cissy YU
President

Caring Hong Kong

Mr LEE Ka-ho
Committee Organizer

Central and Western Democratic Power

Miss CHENG Lai-king
Member

Association for the Promotion of Family Harmony

Mr Wilhelm TANG Wai-chung
Member

Alliance for Patient Mutual Help Organizations

Mr CHEUNG Tak-hei
Vice-Chairman

The Society of Hospital Pharmacists of Hong Kong

Mr William CHUI Chun-ming
Vice-President

Hong Kong Radiographers' Association

Mr Anthony CHAN Wing-chung
External Secretary

Professor CHAN Wai-sum
Professor of Finance,
Faculty of Business Administration,
The Chinese University of Hong Kong

The Hong Kong Medical Association

Dr LAM Tzit-yuen
Council Member

Pok Oi Hospital

Mr Henry TONG Sau-chai
Chairman of Pok Oi Hospital Board

United Social Service Centre Ltd.

Mr YONG Chak-cheong
Project Manager

Employers' Federation of Hong Kong

Miss Jodi KOON
Senior Director-operations

The College of Nursing, Hong Kong

Miss Ellen KU
First Secretary

Hong Kong Doctors Union

Dr YEUNG Chiu-fat
President

The Federation of Hong Kong & Kowloon Labour
Unions

Miss SIN Hiu-yan
Senior Executive Officer

The Chinese General Chamber of Commerce

Mr Leslie LEE
Committee Member

The Hong Kong Federation of Insurers

Mr David ALEXANDER
Chairman of Task Force on Healthcare Reform

Alliance for a Better Caring and Decent Society in
Tin Shui Wai

Ms LEUNG Choi-kam
Chairperson

The Professional Commons

Mr Charles MOK
Vice-President

Healthcare Policy Forum

Mr George CAUTHERLEY
Convenor

United Christian Nethersole Community Health
Service

Miss Joyce TANG Shao-fen
Medical Director

The Hong Kong General Chamber of Commerce

Mr David O'Rear
Chief Economist

Association of Hong Kong Nursing Staff

Mr Gary K M LEUNG
Chief Executive

Civic Party

Miss Fanny LEUNG
Member

Hong Kong Chamber of Insurance Intermediaries

Mr Patrick HO
Immediate Past President

Mr LEE Chi-wing
Sha Tin District Council Member

Mr Michael MAK Kwok-fung
Wan Chai District Council Member

The Hong Kong College of Family Physicians

Dr Gene TSOI
Immediate Past President

Hong Kong Private Hospitals Association

Dr Alan LAU Kwok-lam
Chairman

Medical & Health Policy Group of Liberal Party

Mr Vincent LAU
Convenor

Specialist on Ophthalmology

Dr Jeffrey PONG

Session 2
(11:25 am - 1:25 pm)

Mr WONG Yun-tat
Kwai Tsing District Council Member

Neighbourhood and Worker's Service Centre

Mr LOONG Tse-wai
Community Organizer

葵涌邨醫療權益關注組

Mr LEUNG Kam-wai
Community Organizer

葵盛東醫療權益關注組

Mr CHOW Wai-hung
Community Organizer

Hong Kong Society of Certified Insurance
Practitioners Ltd.

Mr Dominic LAM
Executive Committee Member

Hong Kong Women Professionals & Entrepreneurs
Association

Mrs Agnes KOON
President

Professor Agnes TIWARI
Professor and Head of School of Nursing,
The University of Hong Kong

Mr Stephen WONG Yuen-shan
Lecturer, Division of Global Political Economy,
Faculty of Social Science,
The Chinese University of Hong Kong

Hong Kong Chinese Medicine Practitioners' Rights
General Union

Mr NGAN King-wan
Vice Chairman

Patients' Alliance on Healthcare Reform

Mr CHOW Ka-chi

Democratic Party of Hong Kong

Mr Mark LI
Convener of the Health Group

Mr CHEUNG Wing-fai

Dr LAU Yuk-kong
Consultant Cardiovascular Disease & Internal
Medicine

Society for Community Organization

Mr PANG Hung-cheong
Community Organizer

General Agents and Managers Association of Hong
Kong

Mr LUI Kun-wah
Director

Circle of Friends

Ms CHAN Suk-yin

Ms LEUNG Gay-hung

Labour Rights Commune

Mr CHUNG Hau-ping
Member

Professor FOK Tai-fai, SBS, JP
Dean, Faculty of Medicine,
The Chinese University of Hong Kong

支持全民受保大聯盟

Mr Jacky LEE
Chairman

Hong Kong Academy of Nursing Preparatory
Committee

Dr Susie LUM
Chairperson

Tung Wah Group of Hospitals

Mrs Viola CHAN MAN Yee-wai
Vice-Chairman

Hong Kong College of Health Services Executives

Dr Lawrence TANG Chang-hung
Vice-President

Professor LEE Sum-ping
Dean, Li Ka Shing Faculty of Medicine,
The University of Hong Kong

**Clerk in
attendance** : Ms Elyssa WONG
Chief Council Secretary (2)5

**Staff in
attendance** : Ms Maisie LAM
Senior Council Secretary (2)5

Ms Priscilla LAU
Council Secretary (2)5

Ms Sandy HAU
Legislative Assistant (2)5

Miss Liza LAM
Clerical Assistant (2)5

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I. Proposal to appoint a subcommittee to study issues relating to the Health Protection Scheme

(LC Paper No. CB(2)2470/10-11(01))

The Chairman said that at the last meeting on 11 July 2011, members supported the proposal for the appointment of a subcommittee to study issues relating to the Health Protection Scheme ("HPS"). The proposed terms of reference, work plan and time frame of the subcommittee prepared by the Legislative Council Secretariat were set out in LC Paper No. CB(2)2470/10-11(01) for members' consideration. According to Rule 26 of the House Rules regarding activation of subcommittees on policy issues, the maximum number of subcommittees appointed by the House Committee and Panels to study policy issues that might be in operation at any one time was eight. Since more than eight subcommittees on policy issues were already in operation, the subcommittee to be appointed by the Panel would be put on the waiting list.

2. Members agreed to the proposed terms of reference, work plan and time frame of the subcommittee. They also agreed that the Panel would continue to follow up the subject pending the approval of the House Committee for the activation of the subcommittee.

II. Healthcare Reform Second Stage Public Consultation Report

(LC Paper Nos. CB(2)2470/10-11(01) to (14), CB(2)2486/10-11(01) to (10) and CB(2)764/10-11(01))

Views of deputations

3. At the invitation of the Chairman, the following 54 deputations presented their views on HPS and the healthcare reform second stage public consultation report -

- (a) Hong Kong Women Doctors' Association;
- (b) Caring Hong Kong;
- (c) Central and Western Democratic Power;
- (d) Association for the Promotion of Family Harmony;
- (e) Alliance for Patient Mutual Help Organizations;

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- (f) The Society of Hospital Pharmacists of Hong Kong;
- (g) Hong Kong Radiographers' Association;
- (h) Professor CHAN Wai-sum;
- (i) The Hong Kong Medical Association;
- (j) Pok Oi Hospital;
- (k) United Social Service Centre Ltd.;
- (l) Employers' Federation of Hong Kong;
- (m) The College of Nursing, Hong Kong;
- (n) Hong Kong Doctors Union;
- (o) The Federation of Hong Kong & Kowloon Labour Unions;
- (p) The Chinese General Chamber of Commerce;
- (q) The Hong Kong Federation of Insurers;
- (r) Alliance for a Better Caring and Decent Society in Tin Shui Wai;
- (s) The Professional Commons;
- (t) Healthcare Policy Forum;
- (u) United Christian Nethersole Community Health Service;
- (v) The Hong Kong General Chamber of Commerce;
- (w) Association of Hong Kong Nursing Staff;
- (x) Civic Party;
- (y) Hong Kong Chamber of Insurance Intermediaries;
- (z) Mr LEE Chi-wing;
- (aa) Mr Michael MAK Kwok-fung;

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- (ab) Hong Kong College of Family Physicians;
- (ac) Hong Kong Private Hospitals Association;
- (ad) Medical & Health Policy Group of Liberal Party;
- (ae) Specialist on Ophthalmology;
- (af) Mr WONG Yun-tat;
- (ag) Neighbourhood and Worker's Service Centre;
- (ah) 葵涌邨醫療權益關注組;
- (ai) 葵盛東醫療權益關注組;
- (aj) Hong Kong Society of Certified Insurance Practitioners Ltd.;
- (ak) Hong Kong Women Professionals & Entrepreneurs Association;
- (al) Professor Agnes TIWARI;
- (am) Mr Stephen WONG Yuen-shan;
- (an) Hong Kong Chinese Medicine Practitioners' Rights General Union
- (ao) Patients' Alliance on Healthcare Reform
- (ap) Democratic Party of Hong Kong;
- (aq) Mr CHEUNG Wing-fai;
- (ar) Dr LAU Yuk-kong;
- (as) Society for Community Organization;
- (at) General Agents and Managers Association of Hong Kong;
- (au) Circle of Friends;
- (av) Labour Rights Commune;

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- (aw) Professor FOK Tai-fai, SBS, JP;
- (ax) 支持全民受保大聯盟;
- (ay) Hong Kong Academy of Nursing Preparatory Committee;
- (az) Tung Wah Group of Hospitals;
- (ba) Hong Kong College of Health Services Executives; and
- (bb) Professor LEE Sum-ping.

4. Members also noted the written submissions from the following organizations/individuals -

- (a) The Business and Professionals Federation of Hong Kong;
- (b) The Chinese Manufacturers' Association of Hong Kong;
- (c) The Hong Kong Asthma Society Ltd;
- (d) Hong Kong Academy of Medicine;
- (e) The Hong Kong Confederation of Insurance Brokers;
- (f) Mr YEUNG Wai-sing; and
- (g) a member of the public.

A summary of the views of deputations is in the **Appendix**.

The Administration's response

5. Under Secretary for Food and Health ("USFH") thanked the deputations for their views on the proposed HPS and made the following response -

- (a) the total premium for the private health insurance ("PHI") was over \$10 billion which was equivalent to one-third of the allocation to the Hospital Authority ("HA"). The aims of the proposed HPS were to enhance transparency, competition and value-for-money of PHI through regulating the PHI and the private healthcare markets;
- (b) packaged charging for specific treatments or procedures categorized by diagnosis-related groups ("DRG") had long been

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used as a basis for costing or charging medical services by many advanced countries. It was a way of classifying medical conditions requiring treatments or procedures in a hospital by diagnosis and complexity. It was not a fixed guaranteed price quote and aimed to provide cost transparency and certainty to patients whereby they would know in advance the medical charges involved in specific treatments or procedures;

- (c) over the past 20 years of discussion on the public healthcare reform, the majority of views were in support of a balanced development of public and private healthcare sectors, with the public healthcare sector as the cornerstone. During the second stage public consultation on healthcare reform, the Administration consulted the 18 District Councils and received views from the public on the proposed HPS through some 80 briefings or forums and two special meetings of the Panel. The public opinion surveys showed that about 70% of the respondents supported that the Government should encourage a wider use of private services by those who could afford it, so that the public sector could better focus on serving its target areas. Based on the above consensus, the Administration would proceed to the planning of HPS and work out its implementation details in a prudent manner;
- (d) the Government would keep its commitment to public healthcare services; this was evident by the increase in the healthcare expenditure from 15% of the Government recurrent expenditure in 2007-2008 to 17% by 2012; and
- (e) HPS was not the panacea for all healthcare issues; it was part of the healthcare reform to enhance consumer protection, price transparency and market competition in the PHI and the private healthcare markets. The Government would continue to take forward various healthcare service reform proposals including enhancing primary care, promoting public-private partnership development of electronic health record sharing and strengthening public healthcare safety net.

Discussion

Incentives for joining HPS

6. Sharing the views of many deputations that the provision of tax deduction for HPS premium would be an effective incentive to encourage the take-up of HPS plans, Mr WONG Kwok-hing, Mr CHAN Kin-por, Ms Audrey EU and Ms Emily LAU Wai-hing urged the Administration to consider providing tax

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deduction for HPS premium. Ms LI Fung-ying also requested the Administration to consider providing incentives to encourage family based participation to cover members of all ages in a family.

7. USFH responded that different financial incentives would bring about different effects. In the Administration's view, no-claim discount, premium cap for high-risk individuals, premium discount for new joiners, required in-policy savings and premium rebate for long-stay were direct and attractive incentives for joining HPS.

Subscription of HPS

8. Ms Audrey EU sought the views from Professor CHAN Wai-sum of the Faculty of Business Administration of The Chinese University of Hong Kong on the target number of subscribers to build up a critical mass in order to make HPS financially viable.

9. Professor CHAN Wai-sum responded that around 500 000 to one million subscribers would make HPS financially viable. The critical mass should have a balanced distribution of gender and age. In response to Ms EU's further enquiry on the composition of the high-risk pool, Professor CHAN said that the Administration was in a better position to provide an estimate of the number of high-risk individuals in Hong Kong, making reference to the relevant number of patients receiving public healthcare services.

10. Ms LI Fung-ying was concerned whether the proposed HPS could attract the young and healthy people to join, and whether the premium level was reasonable and affordable for the elderly and chronically ill persons to access HPS. In her view, it was important to facilitate seamless migration of policyholders from their existing health insurance to HPS plans.

11. USFH advised that the Administration had consulted employer associations and trade unions during the second stage public consultation. While welcoming the proposal of HPS, the employer associations and trade unions were concerned about the cost effectiveness and the implementation details of HPS. The Administration would continue to consult and work out the details with the different stakeholders.

12. As regards attracting other target groups to join HPS, USFH said that apart from no-claim discount, the incentive for young people to join HPS was the fixed premium loading which was calculated on the basis of the health conditions of the insured at the time of subscription. As insurers might impose high premium loading for late entrants who joined HPS at older age due to their increasing health risk, the younger an individual joined HPS, the lower his/her premium loading. As for the chronically ill persons, their premium plus loading

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would be capped at three times the published premiums for Standard Plans. To those who could not afford HPS, USFH reassured members that the Government would continue to uphold the public healthcare system as the safety net for the whole population, in particular the under-privileged groups and other needy patients.

Regulation of private health insurance

13. Pointing out the shortcomings in the existing PHI market such as exclusion of pre-existing conditions in PHI plans, Mr WONG Kwok-hing sought information from the Administration on the regulation of the policy terms and conditions under HPS plans.

14. USFH advised that HPS required participating insurance companies to cover pre-existing medical conditions that were usually excluded by existing health insurance. To ensure that the premium for the high-risk individuals would not be prohibitively high, it was proposed to cap the premium plus loading to be paid by high-risk individuals at three times the published premiums for Standard Plans. Risk assessment for the insured would be conducted at the time of subscription and the premium loading would be fixed throughout the term so long as the individual continuously stayed insured under the HPS plan.

15. Mr CHAN Kin-por pointed out that around 80% of the premium for PHI was used to cover fees and charges by private hospitals and doctors. According to the information provided by the Office of the Commissioner of Insurance, the underwriting profit margin for PHI plans was very low, ranging from 3% to 5%. The criticism against PHI was based on misunderstanding or false or incomplete information. In Mr CHAN's view, the 10 core requirements of HPS plans had already offered good protection for consumers and greatly improved the PHI and the private healthcare markets. He suggested that the Administration should carry out extensive promotion on HPS after working out the implementation details, in order to enhance public understanding on HPS.

Use of the \$50 billion earmarked fiscal reserve

16. Holding the view that it was inappropriate to support the uptake of PHI by public funds, Ms Emily LAU Wai-hing said that the Democratic Party had reservations about the use of the \$50 billion fiscal reserve to support HPS. She suggested that consideration could be given to increasing the profit tax in order to provide sufficient resources for the improvement of the public healthcare services. Referring to the view of Mr George CAUTHERLEY of the Healthcare Policy Forum in which around 90% of the respondents in a survey considered that the \$50 billion earmarked fiscal reserve should be used on

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public healthcare services, Ms LAU questioned the appropriateness of using the \$50 billion to provide incentives under HPS.

17. USFH considered that the figure stated in the survey was debatable. According to Mr CAUTHERLEY, the survey also showed that 39% of the respondents considered public resources on healthcare services inadequate. In other words, more than 60% of the respondents thought otherwise. In fact, the Government had increased its recurrent expenditure on public healthcare from \$30 billion to \$39.9 billion in 2010-2011. The Government would further increase the health budget to 17% of government's recurrent expenditure in 2012. USFH stressed that the Government would not reduce its commitment to public healthcare services.

DRG-based packaged charging

18. Ms Audrey EU sought clarification from Dr Alan LAU Kwok-lam of Hong Kong Private Hospitals Association on his view that packaged charging might not be feasible for treatments and procedures in the existing private hospitals but might be feasible in newly developed private hospitals.

19. Dr Alan LAU Kwok-lam replied that existing private hospitals were general hospitals providing a wide range of medical services ranging from simple procedures to complex surgeries. The overhead cost of running a general hospital was high since more advanced physical and technological facilities had to be provided. This would drive up the average cost of those less complex surgeries. In Dr LAU's view, if the newly developed private hospitals could focus on providing more routine and standardized procedures, its overhead cost would be much lower than that of a general hospital. Hence, its average cost of performing a routine and standardized procedure would be lower than that in a general hospital. In this connection, DRG-based packaged charging would be a more feasible service model for newly developed private hospitals.

20. Dr PAN Pey-chyou expressed concern on the likelihood of the provision of second-class healthcare services if DRG-based packaged charging was adopted, as the benefit limits might put a constraint on the type and range of services offered by the service providers. He asked the Administration whether top-up coverage could be provided under HPS for a choice of better service.

21. USFH disagreed that healthcare services based on DRG-based packaged charging would become second-class services. He pointed out that DRG-based packaged charging was widely adopted in many advanced economies such as the United Kingdom, the United States, Australia, New Zealand and Canada. Overseas experiences revealed that DRG-based packaged charging could

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facilitate market transparency and benchmarking of performance and charges across different hospitals. As regards the availability of top-up coverage under HPS, USFH answered in the affirmative. Subscribers could purchase optional top-up benefits to suit their individual needs, such as coverage of general out-patient services and better services and rooms and boards.

22. The Chairman expressed concern that doctors might be inclined to give up high-risk surgeries or treatments if DRG-based packaged charging was introduced. He cited a study on the treatment for colorectal cancer in Hong Kong and England conducted some 10 years ago. It was found that although Prince of Wales Hospital performed surgeries for 95% of colorectal cancer cases which was 10% more than that performed by hospitals in England, their treatment outcomes and post-surgery side effects were almost the same. The Chairman surmised that under DRG-based packaged charging, healthcare service providers in England might have abandoned those high-risk cases due to cost consideration. In the light of this, the Chairman asked whether co-payment would be provided under HPS as an option for subscribers, especially for those high-cost cases which could not be fully covered by HPS plans.

23. USFH replied that about 15% of healthcare needs were met by the private healthcare sector currently. There was no cause for concern about giving up high-risk cases by private healthcare service providers as most complicated cases were handled by HA. He further advised that co-payment, together with optional top-up coverage, had been incorporated in the design of HPS to provide more choice for the subscribers.

Formulation of HPS framework

24. In order to encourage those individuals who were willing and able to pay for private healthcare services to choose private services, Mr Alan LEONG considered that HPS plans should provide comprehensive protection as well as transparency and certainty of medical charges for subscribers. He also considered it important to have further consultation with the relevant stakeholders to thrash out details that could address the shortcomings in the existing private healthcare market and inspire public confidence in HPS. He sought information from the Administration on how to work out the details of HPS.

25. USFH advised that efforts would be made in three areas. First, further consultation would be made with different stakeholders to address the concerns over DRG-based packaged charging, setting of a reasonable premium level, and the development requirements of the four pieces of land earmarked for new private hospital developments taking into account the need to support HPS. Secondly, to ensure that the supervisory and regulatory functions would be properly delivered, the Administration would prepare the drafting of legislative

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requirements and planned to submit the legislative proposals to the Legislative Council in 18 to 24 months. Thirdly, a high-level Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would be established to conduct a strategic review on healthcare manpower planning and professional development to meet the future manpower needs of both the public and private sectors.

Impact of HPS on the public and private healthcare systems

26. Reflecting the public concerns on the aggravating brain drain from the public to the private healthcare system and the deterioration of public healthcare services caused by the expansion of the private healthcare services, Ms Emily LAU Wai-hing sought views from Dr LAU Yuk-kong, Consultant Cardiovascular Disease & Internal Medicine, on how to achieve long-term sustainability of the public healthcare system, while at the same time providing an alternative to those who preferred private healthcare services. Ms Audrey EU also sought Dr LAU's view on the way forward for the public healthcare system and whether HPS was worth supporting.

27. Dr LAU Yuk-kong considered it a positive step forward in strengthening the regulation and supervision of the PHI and the private healthcare markets. However, he questioned the appropriateness of using public funding to subsidize individuals subscribing to PHI. He also questioned the necessity to boost the private healthcare market through HPS in view of the high wastage of healthcare manpower in the public sector. As regards HPS, he expressed doubts on the willingness of the insurers and private health institutions to disclose all costs, expenses and profits to enhance transparency. He conjectured that there would be a demand from the PHI and the private healthcare markets for Government's further injection when the \$50 billion fiscal reserve was exhausted. He was also worried that the private healthcare sector might object to the increase of the number of training places for doctors and the recruitment of overseas medial practitioners to practise in Hong Kong. As an adequate supply of healthcare manpower was the key to the success of HPS, Dr LAU expressed grave concern that the shortage of healthcare manpower would undermine the public healthcare system.

Manpower planning

28. Ms Audrey EU sought views from Professor FOK Tai-fai, Dean of the Faculty of Medicine of the Chinese University of Hong Kong, on the capability of the Government to ensure an adequate supply of healthcare manpower, especially after the implementation of HPS.

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29. Professor FOK agreed that the problems of the shortage of healthcare manpower and private hospital beds were serious. Without a corresponding expansion in the capacity of the private healthcare sector to cope with the potential increase in demand for private healthcare services arising from the implementation of HPS, it would be very difficult, if not infeasible, to carry out healthcare reform and HPS. Professor FOK went on to say that the four pieces of lands earmarked for the development of new private hospitals might not be sufficient to cater for the increasing demand. As regards the shortage of healthcare manpower, as it took at least 13 years to train a specialist, Professor FOK considered it necessary to recruit qualified overseas medical practitioners to relieve the shortage of healthcare personnel. He was not worried about the professional standard of overseas doctors as it was quite common even in other well-developed countries to recruit overseas doctors to practise in their countries.

30. There being no other business, the meeting ended at 1:35 pm.

Council Business Division 2
Legislative Council Secretariat
30 November 2011

Panel on Health Services

**Special meeting on Monday, 8 August 2011
on the Healthcare Reform Second Stage Public Consultation Report**

Summary of views and concerns expressed by deputations/individuals

Organization / individual	Major views and concerns
Healthcare reform	
<ul style="list-style-type: none">The Society of Hospital Pharmacists of Hong Kong	1. The deputation expresses support for the healthcare reform as it aims to develop a dual system of healthcare delivery by the public and private sectors; strengthen the supervision of private healthcare services and the private health insurance ("PHI"); and relieve the pressure on the public healthcare system.
<ul style="list-style-type: none">Democratic Party of Hong Kong	1. The deputation supports a long-term healthcare reform to develop a sound healthcare system for the whole population in order to cater for the ageing population in the future.
Scheme concept and the implementation of the Health Protection Scheme	
<ul style="list-style-type: none">Alliance for Patient Mutual Help OrganizationsThe Business and Professionals Federation of Hong KongThe Chinese General Chamber of CommerceThe Chinese Manufacturers' Association of Hong KongEmployers' Federation of Hong Kong	1. The deputations express in-principle support for the Health Protection Scheme ("HPS"). Noting that the Government will not reduce its commitment to the public healthcare services, the deputations agree that HPS will provide more choice for individuals who are willing and able to pay for private services, thereby reducing the pressure on the public healthcare system and maintaining its sustainability.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • The Hong Kong Confederation of Insurance Brokers • The Hong Kong College of Family Physicians • Hong Kong College of Health Services Executives • Hong Kong Doctors Union • The Hong Kong Federation of Insurers • The Hong Kong General Chamber of Commerce • Hong Kong Private Hospitals Association • Hong Kong Women Doctors Association • Hong Kong Women Professionals & Entrepreneurs Association • Pok Oi Hospital • Tung Wah Group of Hospitals • Professor CHAN Wai-sum, Faculty of Business Administration of The Chinese University of Hong Kong • Mr CHEUNG Wing-fai • Professor FOK Tai-fai, SBS, JP, Faculty of Medicine of The Chinese University of Hong Kong • Mr LEE Chi-wing, Sha Tin District Council Member 	<p>2. The deputations also support regulating PHI and private healthcare services through introducing the voluntary HPS to enhance market transparency, promote healthy competition, and strengthen protection for the public.</p>
<ul style="list-style-type: none"> • Association for the Promotion of Family Harmony • Central and Western Democratic Power • College of Nursing, Hong Kong 	<p>1. The deputations express reservations about HPS and cast doubt on its financial feasibility and viability. They ask the Administration to provide more details and greater transparency of HPS. In their view, HPS may not be able to relieve the pressure on the public healthcare</p>

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • General Agents and Managers Association of Hong Kong • Hong Kong Radiographers' Association • Medical & Health Policy Group of Liberal Party • Mr Stephen WONG Yuen-shan, Faculty of Social Science of The Chinese University of Hong Kong 	<p>system because many patients cannot afford the insurance premium.</p> <ol style="list-style-type: none"> 2. The deputations also hold the view that HPS might not be able to acquire adequate mass participation, in particular the enrolment of young and healthy people to share out the risk. It is also difficult for the Government to regulate the profit, administration charges and premium of insurance companies. 3. There is a view that the Government should not promote the private healthcare market as the public healthcare system is more efficient than the private one. The use of \$50 billion fiscal reserve to support HPS is also at variance with economic efficiency.
<ul style="list-style-type: none"> • Democratic Party of Hong Kong 	<ol style="list-style-type: none"> 1. The deputation welcomes the proposed regulation and supervision of PHI and the private healthcare market to strengthen protection for the public.
<ul style="list-style-type: none"> • Dr LAU Yuk-kong 	<ol style="list-style-type: none"> 1. The deputation supports the proposed regulation and supervision of PHI and private healthcare market to strengthen protection for the public, but objects to the use of the \$50 billion fiscal reserve to promote PHI. In the deputation's view, the expansion of the private healthcare market will only drive up the total healthcare expenditure, and cannot reduce the pressure on the public healthcare system. HPS would only lead to wastage of public resources in the administration and claims arbitration of insurance as well as the operation of the regulatory body.
<ul style="list-style-type: none"> • Alliance for a Better Caring and Decent Society in Tin Shui Wai 	<ol style="list-style-type: none"> 1. The deputations object to HPS for various reasons: the high medical inflation rate will cause premium escalation; the elderly and the

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • Caring Hong Kong • Circle of Friends • Civic Party • Healthcare Policy Forum • The Hong Kong Asthma Society Ltd • Labour Rights Commune • Neighbourhood and Worker's Service Centre • Patients' Alliance on Healthcare Reform • The Professional Commons • Society for Community Organization • United Social Service Centre Ltd • 葵涌邨醫療權益關注組 • 葵盛東醫療權益關注組 • Mr Michael MAK Kwok-fung, Wan Chai District Council Member • Mr WONG Yun-tat, Kwai Tsing District Council Member • Mr YEUNG Wai-sing, Eastern District Council Member • A member of the public 	<p>high-risk groups might not have the financial ability to afford HPS; and the problems of moral hazard and abuse in the use of medical services under HPS. The deputations are also sceptical about the sustainability of HPS and its effectiveness in risk pooling.</p> <ol style="list-style-type: none"> 2. As regards the use of the \$50 billion fiscal reserve to provide financial incentives under HPS, there is a view that it is not fair to subsidize people with financial ability for the uptake of HPS, so that they could enjoy better private healthcare services. 3. The deputations opine that HPS might not be able to help sustain the public healthcare system and relieve the pressure on the public system. They are worried that the Government might shift its responsibility for providing healthcare services to the private market under the pretext of promoting choice and enhancing consumer protection.
<ul style="list-style-type: none"> • United Christian Nethersole Community Health Service (D22) 	<ol style="list-style-type: none"> 1. The deputation proposes to make HPS mandatory as voluntary HPS may entail serious risk pooling. In its view, the viability of HPS can be achieved if the whole population subscribes to the scheme.
<ul style="list-style-type: none"> • Hong Kong Chinese Medicine Practitioners' Rights General Union 	<ol style="list-style-type: none"> 1. In the deputation's view, HPS neglects the role of Chinese medicines and its cost effectiveness in treating illnesses. HPS will drive up medical costs, leading to an increase in the insurance premium. HPS would only benefit the insurance companies.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • Employers' Federation of Hong Kong • The Federation of Hong Kong & Kowloon Labour Unions • General Agents and Managers Association of Hong Kong • The Hong Kong Federation of Insurers • Professor CHAN Wai-sum, Faculty of Business Administration of The Chinese University of Hong Kong 	<p>1. In the deputations' view, the success of HPS depends on a number of factors: proper control of medical costs and the premium level; effective risk pooling by the subscription of young and healthy people; provision of sufficient incentives to encourage subscription of a sizable number of people of different risk profiles; a fair scheme and pricing structure to encourage participation of insurance companies; a smooth migration of employer-provided insurance plans; sufficient provision of private healthcare services and adequate supply of healthcare manpower. In the long run, the success of HPS will be determined by its financial sustainability and the involvement of all stakeholders including insurers, doctors, hospitals and subscribers in its proposed framework.</p>
Public consultation of HPS	
<ul style="list-style-type: none"> • Healthcare Policy Forum • The Hong Kong Medical Association • The Professional Commons • Professor CHAN Wai-sum, Faculty of Business Administration of The Chinese University of Hong Kong 	<p>1. The deputations have reservations about the broad support from members of the public for HPS. The deputations point out that HPS is a voluntary scheme and those who find the scheme not attractive will not join HPS. The Government might not know the actual support for HPS until the roll-out of the scheme. In the deputations' view, the Administration's conclusion that HPS enjoys a broad-based community support is pre-mature and optimistic.</p>
Subscription of HPS	
<ul style="list-style-type: none"> • The Federation of Hong Kong & Kowloon Labour Unions • General Agents and Managers Association of Hong Kong 	<p>1. The deputations support the provision of incentives to encourage subscription to HPS plans. Suggestions of incentives include tax deduction for HPS premium; no claim bonus up to 50% of the HPS premium; and premium discount for subscription on a family basis and</p>

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • Hong Kong Doctors Union • The Hong Kong General Chamber of Commerce • The Hong Kong Medical Association • Hong Kong Women Doctors Association • Hong Kong Women Professionals & Entrepreneurs Association • Mr LEE Chi-wing, Sha Tin District Council Member • Mr YEUNG Wai-sing, Eastern District Council Member 	<p>for living in a healthy lifestyle.</p> <p>2. There is also a suggestion of providing a grace period of three years for HPS subscribers aged 65 or above and those with chronic illnesses, so as to encourage their participation.</p>
<ul style="list-style-type: none"> • Medical & Health Policy Group of Liberal Party • Professor CHAN Wai-sum, Faculty of Business Administration of The Chinese University of Hong Kong 	<p>1. The deputations consider it important to have the support of employers in HPS. A smooth migration mechanism would attract employers to transfer their insurance plans for their employees to HPS. Incentives, such as tax concession should also be offered to employers. In addition, HPS plans should follow the individuals even when they change jobs.</p>
Premium level	
<ul style="list-style-type: none"> • Caring Hong Kong • Civic Party 	<p>1. The deputations opine that premium escalation is unavoidable. As insurers are profit-making companies, they would adjust the premium levels in line with the increasing medical costs. In view of the medical inflation, the premium level would be much higher than the proposed premium level by the time HPS is implemented.</p>
<ul style="list-style-type: none"> • Tung Wah Group of Hospitals 	<p>1. To maintain the premium at a reasonable level, the deputation considers that the Government has the ultimate financial responsibility</p>

Organization / individual	Major views and concerns
	for HPS.
Coverage of HPS	
<ul style="list-style-type: none"> • The Hong Kong College of Family Physicians • Tung Wah Group of Hospitals • United Christian Nethersole Community Health Service • 葵涌邨醫療權益關注組 • 葵盛東醫療權益關注組 • Mr LEE Chi-wing, Sha Tin District Council Member 	<ol style="list-style-type: none"> 1. The deputations suggest extending the core benefit coverage of HPS to cover primary care in order to improve public health and promote disease prevention. A sound referral system by general practitioners should be in place. There is also a suggestion of adding annual health screening programmes to the core benefit coverage.
<ul style="list-style-type: none"> • The Federation of Hong Kong & Kowloon Labour Unions 	<ol style="list-style-type: none"> 1. The deputation holds the view that the core benefit coverage of HPS is not sufficient to cover the increasing medical costs and charges by private hospitals.
<ul style="list-style-type: none"> • Hong Kong Women Professionals & Entrepreneurs Association 	<ol style="list-style-type: none"> 1. The deputation suggests that the scope of the benefit coverage of HPS be adjustable and the upper limits should go in line with the medical inflation.
<ul style="list-style-type: none"> • The Hong Kong Confederation of Insurance Brokers 	<ol style="list-style-type: none"> 1. The deputation suggests that HPS plans be extended to cover treatments at public hospitals, including those payable under the private charges of the Hospital Authority.
Features of HPS	
<ul style="list-style-type: none"> • Hong Kong Women Professionals & Entrepreneurs Association 	<ol style="list-style-type: none"> 1. The deputation suggests that people aged 65 or above could join HPS not just in the first year of the launch of HPS but also after the first

Organization / individual	Major views and concerns
	<p>year of the launch. To encourage early subscription, tax incentive is suggested to be provided. The deputation also opines that the premium loading for people aged 65 or above should also be capped.</p> <p>2. The deputation proposes a two-tier system providing a choice for the working population of a standard HPS plan and a more comprehensive plan.</p>
<ul style="list-style-type: none"> • Tung Wah Group of Hospitals 	<p>1. The deputation suggests simplifying the procedure of reimbursing medical fees. Patients should be required to pay for the hospital charges exceeding the limits of coverage of HPS plans.</p>
<ul style="list-style-type: none"> • Mr LEE Chi-wing, Sha Tin District Council Member 	<p>1. The deputation objects to the requirement of a waiting period in order to cover those with pre-existing conditions. The deputation also proposes to fix the amount of premium payment for subscribers.</p>
<ul style="list-style-type: none"> • The Hong Kong General Chamber of Commerce 	<p>1. The deputation holds the view that the concept of no claim discount is misplaced and it discourages subscribers from seeking necessary care.</p>
Packaged charging	
<ul style="list-style-type: none"> • The Hong Kong Confederation of Insurance Brokers • Hong Kong Women Professionals & Entrepreneurs Association • The Society of Hospital Pharmacists of Hong Kong • Professor LEE Sum-ping, Li Ka Shing Faculty of Medicine of The University of Hong Kong 	<p>1. The deputations welcome the proposal of private healthcare services at packaged charging based on Diagnosis-Related Groups ("DRG") as it can introduce competition, contain medical inflation, enhance transparency in healthcare service providers, and promote the development of the private healthcare market in the long run. However, there is concern on the adequate provision of services based on DRG packaged charging by private hospitals.</p>

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • The Hong Kong Medical Association • Hong Kong Private Hospitals Association • The Professional Commons • Dr Jeffrey PONG 	<ol style="list-style-type: none"> 1. The deputations hold the view that DRG-based packaged charging is undesirable. It is impossible to set a reasonable packaged fee for most disease conditions. The deputations point out that the packaged fees for certain well defined conditions offered by private hospitals are not all-inclusive. Patients have to pay charges exceeding the packaged limit. It is also unclear whether the DRG-based packaged charging is subject to annual reviews. 2. Under the DRG-based packaged charging, the risk of unforeseen and extra costs will be borne by doctors and hospitals. There is concern that the quality of healthcare services might be adversely affected. Private hospitals might not invest in new and advanced medical equipment if the packaged fees are set to be fixed and all-inclusive.
<ul style="list-style-type: none"> • Hong Kong Private Hospitals Association 	<ol style="list-style-type: none"> 1. The deputation considers that for the successful implementation of DRG-based packaged charging, the hospital treatment or procedure concerned must be performed at a sufficiently high frequency allowing the variation in costs to be averaged out among different cases, or the procedure concerned is relatively standardized with a low variation in costs. In this connection, DRG-based packaged charging could only be feasible if it is implemented at newly developed private hospitals in which their mode of operation will focus on the provision of fairly standardized treatments or less complex surgeries.
<ul style="list-style-type: none"> • The Hong Kong Confederation of Insurance Brokers 	<ol style="list-style-type: none"> 1. The deputation suggests that the current flat-rate private charges schedule of the Hospital Authority should be revamped to be DRG-based, and be used as the benchmark for the packaged services of private hospitals.

Organization / individual	Major views and concerns
Supervision of HPS	
<ul style="list-style-type: none"> • Democratic Party of Hong Kong • Hong Kong Society of Certified Insurance Practitioners Ltd. • Dr LAU Yuk-kong 	<ol style="list-style-type: none"> 1. The deputations express support for the regulation of PHI and private healthcare services to enhance market transparency, promote healthy competition and strengthen protection for the public. The regulatory framework should ensure the transparency of the insurance premium, the commission charges to insurance intermediaries as well as the medical charges. Charges of the intermediaries should also be regulated. There is a suggestion that flexibility should be built into the regulatory framework in order to balance the interests of the insurers and the insured.
<ul style="list-style-type: none"> • Hong Kong Academy of Medicine • Hong Kong Women Doctors Association 	<ol style="list-style-type: none"> 1. The deputations consider it important to have a sound mechanism to avoid misuse of medical services, and to prevent patients from flooding to hospitals for care which is also available in the community.
<ul style="list-style-type: none"> • Caring Hong Kong • Civic Party • Patients' Alliance on Healthcare Reform • The Professional Commons • Society for Community Organization • Mr YEUNG Wai-sing, Eastern District Council Member 	<ol style="list-style-type: none"> 1. The deputations cast doubts on the ability of the Government to implement an effective regulatory framework for private insurers and private healthcare service providers, in the absence of legislative regulations. Without stringent control, the burden of the insured will be increased due to the increasing premium and medical costs.
<ul style="list-style-type: none"> • Caring Hong Kong • Civic Party • The Hong Kong General Chamber of Commerce 	<ol style="list-style-type: none"> 1. While supporting the regulation of the insurance market, the deputations object to the establishment of a new dedicated agency to supervise the implementation and operation of HPS. They consider that the role can be performed by the Office of the Commissioner of Insurance.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • The Chinese General Chamber of Commerce • General Agents and Managers Association of Hong Kong • Hong Kong Chamber of Insurance Intermediaries • Dr LAU Yuk-kong 	<ol style="list-style-type: none"> 1. Noting the establishment of a Working Group on HPS to formulate the framework of HPS, the deputations consider it necessary to engage various stakeholders in the Working Group and receive views from different sectors, such as the industrial and commercial sectors, the insurance industry, the medical sector, patient groups as well as the general public.
\$50 billion earmarked fiscal reserve	
<ul style="list-style-type: none"> • Alliance for a Better Caring and Decent Society in Tin Shui Wai • Caring Hong Kong • Circle of Friends • The College of Nursing, Hong Kong • Healthcare Policy Forum • The Hong Kong Asthma Society Ltd • Hong Kong Chinese Medicine Practitioners' Rights General Union • Hong Kong Radiographers' Association • Labour Rights Commune • Patients' Alliance on Healthcare Reform • 葵盛東醫療權益關注組 • Mr Michael MAK Kwok-fung, Wan Chai District Council Member • Dr LAU Yuk-kong • Mr WONG Yun-tat, Kwai Tsing District Council Member • Mr YEUNG Wai-sing, Eastern District Council Member 	<ol style="list-style-type: none"> 1. The deputations object to the use of the \$50 billion fiscal reserve to provide public subsidies to those who subscribed to PHI. Some deputations are worried that the private insurers and healthcare services providers would reap most of the benefits. Some deputations are worried that the provision of public subsidy to PHI subscribers might reduce funding to public healthcare services. 2. In the deputations' view, the \$50 billion fiscal reserve should be used directly on improving primary care and strengthening the public healthcare safety net. They also suggest building new public hospitals and a Chinese medicine hospital.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • The Chinese General Chamber of Commerce 	<ol style="list-style-type: none"> 1. The deputation suggests conducting regular reviews on the use of the \$50 billion fiscal reserve to ensure the prudent use of the money.
<ul style="list-style-type: none"> • Association of Hong Kong Nursing Staff • The Chinese General Chamber of Commerce • The Hong Kong General Chamber of Commerce 	<ol style="list-style-type: none"> 1. In the deputations' view, the Government should ensure the adequate provision of public healthcare funding. The healthcare safety net should be further strengthened in order to cater the needs of the under-privileged and the needy.
Manpower planning and regulatory framework for healthcare professions	
<ul style="list-style-type: none"> • Association of Hong Kong Nursing Staff • The Business and Professionals Federation of Hong Kong • The Chinese General Chamber of Commerce • The College of Nursing, Hong Kong • The Federation of Hong Kong & Kowloon Labour Unions • Hong Kong Academy of Nursing Preparatory Committee • Hong Kong Chamber of Insurance Intermediaries • The Hong Kong General Chamber of Commerce • Hong Kong Radiographers' Association • Pok Oi Hospital • The Professional Commons • Society for Community Organization • The Society of Hospital Pharmacists of Hong Kong 	<ol style="list-style-type: none"> 1. The deputations express grave concern on the shortage of healthcare manpower. The rising demand for private healthcare services has led to a high wastage of specialists and nurses in public hospitals, adversely affecting the quality of public healthcare services. The deputations are worried that the implementation of HPS would aggravate the shortage of healthcare manpower in public hospitals. 2. The deputations urge the Administration to conduct long-term manpower planning, in particular setting a manpower ratio based on the demand from the public and private sectors as well as individual specialties. In the long run, it is necessary to increase the number of training spaces. 3. The deputations suggest the following short-term measures to address the manpower shortage: reducing the workload; improving the working environment; recruiting qualified overseas medical practitioners and allied health professionals, such as pharmacists, to practise in Hong Kong.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • 支持全民受保大聯盟 • Professor FOK Tai-fai, SBS, JP, Faculty of Medicine of The Chinese University of Hong Kong • Professor Agnes TIWARI, School of Nursing of the University of Hong Kong • Mr WONG Yun-tat, Kwai Tsing District Council Member 	<p>4. The deputations generally welcome the establishment of the high-level Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("Steering Committee") to conduct a strategic review on healthcare manpower planning and professional development. The deputations suggest that the Steering Committee should engage professionals from both the public and private sectors, and formulate a comprehensive policy to address the issues of manpower planning and training to meet the changing service demands.</p>
<ul style="list-style-type: none"> • The Hong Kong Medical Association 	<p>1. The deputation urges the Administration to ensure the conduct of extensive engagement and consultation of the profession before any changes are made to the regulatory regime of doctors.</p>
<ul style="list-style-type: none"> • Society for Community Organization 	<p>1. The deputation suggests that consideration be given to reforming the Medical Council of Hong Kong, in particular increasing the number of representatives from the non-medical sector.</p>
Primary care	
<ul style="list-style-type: none"> • The Hong Kong Medical Association 	<p>1. The deputation considers that the best way to contain medical costs is to strengthen primary care. The deputation does not support refinancing for hospital care.</p>
<ul style="list-style-type: none"> • Association of Hong Kong Nursing Staff • The Business and Professionals Federation of Hong Kong • Circle of Friends • Hong Kong Academy of Medicine 	<p>1. Pointing out the importance of primary care in the healthcare system, the deputations urge the Administration to strengthen primary care as an integral part of the healthcare reform and promote the concept of family doctor. They consider that primary care is conducive to disease prevention and chronic disease management. By encouraging</p>

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • The Hong Kong Asthma Society Ltd • The Hong Kong College of Family Physicians • The Hong Kong Medical Association • Hong Kong Women Professionals & Entrepreneurs Association • Patients' Alliance on Healthcare Reform • Pok Oi Hospital • The Society of Hospital Pharmacists of Hong Kong • United Christian Nethersole Community Health Service 	<p>members of the public to use primary care services, the demand for hospital services may be indirectly reduced. A sound referral system for hospital admission or specialist consultation by general practitioners should also be put in place.</p> <p>2. Apart from primary care, some deputations request the Administration to improve the services of rehabilitation, mental health and psychology, as well as step up its efforts in community and drug education.</p>
Others	
<ul style="list-style-type: none"> • Civic Party • The Professional Commons • Patients' Alliance on Healthcare Reform • Democratic Party of Hong Kong 	<p>1. The deputations urge the Administration to further increase the expenditure on public healthcare. Pointing out the decrease in the public and private health expenditure as a percentage of GDP from 3.2% in 2003-2004 to 2.4% in 2011-2012, and the nominal increase in the proportion of health budget to the government's recurrent expenditure in 2012 is only 3% which is lower than the inflation rate of 5.6% in the first half of 2011, the deputations do not agree that the public healthcare system is having a serious problem of sustainability.</p>
<ul style="list-style-type: none"> • Hong Kong Chamber of Insurance Intermediaries 	<p>1. The deputation suggests the Administration to step up its efforts in the promotion and publicity of HPS through mass media and community activities.</p>
<ul style="list-style-type: none"> • Hong Kong Women Professionals & Entrepreneurs Association 	<p>1. The deputation supports the introduction of electronic health record sharing to provide continuity of healthcare services. It also suggests</p>

Organization / individual	Major views and concerns
	that consideration be given to the enactment of by-laws to protect the privacy of patients.
<ul style="list-style-type: none"> • Hong Kong Doctors Union 	<ol style="list-style-type: none"> 1. The deputation calls on the Government to address the problems of the lack of control and supervision of health maintenance organizations. It also calls for greater transparency in the running cost and charges of packages offered by the insurance firms, private hospitals, out-patients departments and associated doctors of health maintenance organizations.
<ul style="list-style-type: none"> • Hong Kong College of Health Services Executives 	<ol style="list-style-type: none"> 1. The deputation expresses concern on the high rent faced by the primary care doctors and the high premium of the professional indemnity insurance for doctors. It urges the Steering Committee to address the above issues.

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
The Business and Professionals Federation of Hong Kong	LC Paper No. CB(2)2470/10-11(12)
Caring Hong Kong	LC Paper No. CB(2)2470/10-11(03)
The Chinese General Chamber of Commerce	LC Paper No. CB(2)2492/10-11(04)
The Chinese Manufacturers' Association of Hong Kong	LC Paper No. CB(2)2470/10-11(13)
Civic Party	LC Paper No. CB(2)2492/10-11(07)
The College of Nursing, Hong Kong	LC Paper No. CB(2)2470/10-11(05)
The Federation of Hong Kong & Kowloon Labour Unions	LC Paper No. CB(2)2492/10-11(03)
Healthcare Policy Forum	LC Paper No. CB(2)2470/10-11(08)
Hong Kong Academy of Medicine	LC Paper No. CB(2)2486/10-11(09)
Hong Kong Academy of Nursing Preparatory Committee	LC Paper No. CB(2)2492/10-11(14)
The Hong Kong Asthma Society Ltd	LC Paper No. CB(2)2492/10-11(11)
Hong Kong Chamber of Insurance Intermediaries	LC Paper No. CB(2)2486/10-11(05)
The Hong Kong Confederation of Insurance Brokers	LC Paper No. CB(2)2486/10-11(10)
Hong Kong College of Family Physicians	LC Paper No. CB(2)2486/10-11(07)

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Hong Kong Doctors Union	LC Paper No. CB(2)2470/10-11(06)
The Hong Kong Federation of Insurers	LC Paper No. CB(2)2470/10-11(07)
The Hong Kong General Chamber of Commerce	LC Paper No. CB(2)2486/10-11(04)
The Hong Kong Medical Association	LC Paper No. CB(2)2486/10-11(03)
Hong Kong Radiographers' Association	LC Paper No. CB(2)2486/10-11(01)
Hong Kong Women Doctors' Association	LC Paper No. CB(2)2492/10-11(01)
Hong Kong Women Professionals & Entrepreneurs Association	LC Paper No. CB(2)2470/10-11(10)
Labour Rights Commune	LC Paper No. CB(2)2486/10-11(08)
Medical & Health Policy Group of Liberal Party	LC Paper No. CB(2)2492/10-11(08)
Neighbourhood and Worker's Service Centre	LC Paper No. CB(2)2470/10-11(09)
Patients' Alliance on Healthcare Reform	LC Paper No. CB(2)764/10-11(01)
Pok Oi Hospital	LC Paper No. CB(2)2492/10-11(02)
The Professional Commons	LC Paper No. CB(2)2492/10-11(05)
Society for Community Organization	LC Paper No. CB(2)2492/10-11(12)
The Society of Hospital Pharmacists of Hong Kong	LC Paper No. CB(2)2470/10-11(04)

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Tung Wah Group of Hospitals	LC Paper No. CB(2)2492/10-11(15)
United Christian Nethersole Community Health Service	LC Paper No. CB(2)2492/10-11(06)
Professor CHAN Wai-sum, Faculty of Business Administration, The Chinese University of Hong Kong	LC Paper No. CB(2)2486/10-11(02)
Professor FOK Tai-fai, SBS, JP, Faculty of Medicine, The Chinese University of Hong Kong	LC Paper No. CB(2)2492/10-11(13)
Mr LEE Chi-wing, Sha Tin District Council Member	LC Paper No. CB(2)2486/10-11(06)
Dr Jeffrey PONG	LC Paper No. CB(2)2492/10-11(09)
Professor Agnes TIWARI, School of Nursing, The University of Hong Kong	LC Paper No. CB(2)2492/10-11(10)
Mr YEUNG Wai-sing, Eastern District Council Member	LC Paper No. CB(2)2470/10-11(14)
A member of the public	LC Paper No. CB(2)2470/10-11(11)