

立法會
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LC Paper No. CB(2)2753/11-12

(These minutes have been seen
by the Administration)

Panel on Health Services

**Minutes of special meeting
held on Monday, 7 May 2012, at 8:30 am
in Conference Room 1 of the Legislative Council Complex**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Fred LI Wah-ming, SBS, JP
Hon CHEUNG Man-kwong
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon CHEUNG Hok-ming, GBS, JP
Hon WONG Ting-kwong, BBS, JP
Prof Hon Patrick LAU Sau-shing, SBS, JP
Hon Cyd HO Sau-lan
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
Hon CHEUNG Kwok-che
Hon IP Kwok-him, GBS, JP
Hon Alan LEONG Kah-kit, SC
- Members absent** : Hon Vincent FANG Kang, SBS, JP
Dr Hon PAN Pey-chyou
Dr Hon Samson TAM Wai-ho, JP
- Public Officers attending** : Item I and II

Mr Richard YUEN, JP
Permanent Secretary for Food and Health (Health)
Food and Health Bureau

Item I

Ms Angela LEE
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Item II

Ms Estrella CHEUNG
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr Tina MOK
Principal Medical and Health Officer (1)
Department of Health

Dr K H LEE
Chief Manager (Cluster Performance)
Hospital Authority

**Attendance
by invitation** : Item I

Civic Party

Dr KWOK Ka-ki
Chairman of Health and Well-being Policy Branch

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

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

Ms Ivy CHENG
Research Officer (2) 2

Ms Priscilla LAU
Council Secretary (2) 5

Ms Sandy HAU
Legislative Assistant (2) 5

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I. The land disposal arrangement for the development of private hospitals at Wong Chuk Hang and Tai Po

[LC Paper Nos. CB(2)1708/11-12(01) and CB(2)1917/11-12(01) and IN24/11-12]

Views of deputation

At the invitation of the Chairman, Civic Party presented its views on the land disposal arrangement for the development of private hospitals at Wong Chuk Hang and Tai Po, details of which were set out in its submission (LC Paper No. CB(2)1917/11-12(01)).

The Administration's response

2. Permanent Secretary for Food and Health (Health) ("PSFH(H)") thanked the deputation for its views and made the following response -

- (a) public healthcare services had been and would continue to be the cornerstone of the healthcare system, acting as the safety net for all. To improve the public healthcare services, the recurrent health expenditure had been progressively increased from \$31.6 billion in 2007-2008, by over 40%, to almost \$45 billion in the 2012-2013 Estimates. This apart, works projects on public hospitals underway or to be started included the construction of the North Lantau Hospital Phase One, the expansion of the Tseung Kwan O Hospital, the improvement works for the Yan Chai Hospital and the Caritas Medical Centre, the construction of the new Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics at Kai Tak, the expansion of the United Christian Hospital and the redevelopment of Kwong Wah Hospital and Queen Mary Hospital;
- (b) at present, over 90% of the inpatient services were provided by public hospitals. It was however worth noting that there were around 2.56 million people covered by private health insurance. To address the significant imbalance between the public and private healthcare sectors, strengthen regulation over private hospitals and provide the public with more choices and affordable high quality private hospital services, the Government had reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. The two reserved sites at Wong Chuk Hang and Tai Po had been put out for tender on 13 April 2012;

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- (c) to ensure that the services of the new hospitals were of good quality, would cater for the needs of the general public and help develop the medical industry, the Administration had included a set of special requirements for the private hospital development at the above two sites, covering, among others, land use, bed capacity, service scope, packaged charge and price transparency, service target, service standard and reporting as set out in paragraph 7 of the Administration's paper. One of the mandatory requirements of the tenderer was that more than half of the directors/partners in the board of the tenderer/of the partnership must each have at least three years' experience, on an aggregate basis from 1 January 2006 to 31 December 2011, in managing or operating a hospital(s) in Hong Kong or overseas with average annual inpatient discharges and deaths of not less than 25 000 during the period;
- (d) to facilitate monitoring of the operations of the new private hospitals to be developed at these two sites, a number of measures would be made available to the Government if the successful tenderer breached any of its obligations, such as the right to require the successful tenderer to implement a cure plan and pay liquidated damages, the right to exercise step-in rights to temporarily take partial or total control of the hospital and the right to terminate the service deed. The Government might also resort to the performance guarantee and bank bond provided by the successful tenderer;
- (e) the setting of the minimum percentage of inpatient bed days for use by local residents per year at the level of 50% had taken into account the need to accord priority to local residents, the increasing demand for private healthcare services by non-local residents such as expatriate employees, and the need to provide flexibility for the new hospitals in view of the fact that the tenancy of the two sites at Wong Chuk Hang and Tai Po would have a term of 50 years. In order to encourage the hospitals to target their service to local residents, additional scores would be given for a higher percentage commitment up to 70%;
- (f) the requirement that the new hospitals could allocate not more than 30% of the total Gross Floor Area ("GFA") of the hospital for non-clinical supporting facilities was intended to provide areas for the ancillary facilities essential to support the operation of the hospitals, such as parking spaces, canteens and

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retail shops, as well as accommodation facilities for patients and their families and carers. There had been stringent rules prohibiting changing the land use to hotel or residential use;

- (g) while the land of most of the existing private hospitals were provided land at nominal or concessionary premium, the two reserved sites at Wong Chuk Hang and Tai Po were put out for open tender. Bidders were required to submit their service provision proposals, which carried a weighting of 70%; and land premium offers, which carried a weighting of 30%, concurrently under two separate envelopes. Operators of the new private hospitals should have full autonomy in setting their service charges which would be determined by market supply and demand. It was expected that with the efforts in promoting the development of private hospitals, an increase in the overall capacity of the private healthcare system would restore the supply-demand equilibrium and lower the current level of charges of private hospitals; and
- (h) the announcement of the tender result would take place in early 2013 under the new term of Government. There did not appear to be cases for major changes in policy under the new term of Government if the policy was reasonable and could serve the public well.

Discussion

The tender exercises

3. Mr CHEUNG Man-kwong said that the Democratic Party was against the further development of the medical services industry when the capacity of the current healthcare system was unable to meet the local demand. Given that the Chief Executive-elect had expressed reservations on the development of the medical industry during election and the possible change in the Principal Official for the policy purview of health, he considered that it was not opportune to put out the tender exercises for the two reserved sites at Wong Chuk Hang and Tai Po within the current term of Government. He asked whether consideration could be given to suspending the tender exercises.

4. PSFH(H) stressed that with a view to increasing the overall capacity of the healthcare system in Hong Kong to cope with the increasing service demand and addressing the imbalance between the public and private sectors in hospital services, it was the Government's policy to promote and

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facilitate private hospital development. The outcome of the First and Second Stage Public Consultations on Healthcare Reform also reflected a broad consensus in the community for the provision of more choices of value-for-money private healthcare services. The development of private hospitals at the two reserved sites was aimed at, among others, increasing the capacity of the private healthcare system to cope with the increasing local service demand, rather than promoting the development of the medical services industry.

5. Mr CHEUNG Man-kwong maintained the view that the hammering out of the special requirements for the private hospital development at the two sites and the putting out of the tender exercises concerned should be left to the next term of Government, in particular the tenancy of the two sites would have a term of 50 years.

6. PSFH(H) responded that the Administration's plan to dispose of the four reserved sites for private hospital development by phases starting from early 2012 had been announced some years ago, and no adverse views from the community had been received. Having regard to the responses and experience of the tender exercises for the sites at Wong Chuk Hang and Tai Po, the Administration would dispose of the other two reserved hospital sites at Tseung Kwan O and Lantau at a later stage.

7. Prof Patrick LAU expressed dissatisfaction that the Administration did not consult the Panel on the major tender requirements before putting out the tender exercises in April 2012. The Chairman sought explanation on the reason for not consulting the Panel before the tender exercises.

8. PSFH(H) responded that the Administration had briefed the Panel its proposed special requirements for private hospital development in the four reserved sites in different forums. A case in point was the briefing on the launching of an Expression of Interest exercise to solicit market interest in the development of private hospitals at the four reserved sites in December 2009.

9. Ms Audrey EU was of the view that while the granting of the two hospital sites would be through open tender, the requirement that at least half of the members in the board of the tenderer/of the partnership must each have at least three-year relevant experience had created a minimum experience threshold for submission of the tender.

10. PSFH(H) responded that given that no less than 300 hospital beds had to be provided at the new hospitals, it was necessary to ensure that the

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successful tenderers had the expertise and experience in managing and operating large-scale hospitals in Hong Kong or overseas.

11. Holding the view that the limited capacity of the private healthcare system could not be adequately addressed with the provision of only two reserved sites for private hospital development, Mr CHAN Kin-por urged the Administration to expedite the disposal of the other two reserved sites at Tseung Kwan O and Lantau and increase the supply of land for private hospital development.

12. PSFH(H) advised that given the different timing in their availability, the other two reserved sites would be disposed of separately at a later stage. The Administration would also encourage expansion of private hospitals. PSFH(H) stressed that public healthcare services had been and would continue to be the cornerstone of the healthcare system. Hence, the Administration would give priority consideration to the construction or expansion of public hospitals whenever any sites suitable for hospital development became available.

13. In response to Ms Cyd HO's enquiry on whether the Administration would lower the thresholds of the major tender requirements if there was an unsatisfactory tender response, PSFH(H) replied in the negative. Ms Cyd HO requested the Administration to make public the marks of the tenderers upon completion of the tender exercises.

The subject sites

14. Prof Patrick LAU noted that the reserved sites at Wong Chuk Hang and Tai Po were adjacent to the Wong Chuk Hang Hospital and behind the Tai Po Hospital respectively. He asked whether consideration had been given to using the two sites for the expansion of the two existing hospitals, which in his view, would be more cost effective than the development of new private hospitals.

15. PSFH(H) advised that finding suitable sites for private hospital development was very difficult given the limited land resources in Hong Kong. It was a coincident that the reserved sites had existing hospitals located nearby. For the Tai Po Hospital, the Administration had already reserved areas for the expansion of the Hospital.

16. Prof Patrick LAU noted that to the north of the reserved site at Wong Chuk Hang was a slope. He expressed concern that vesting the new hospital with the slope maintenance responsibility would increase the operation cost of the hospital.

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17. PSFH(H) advised that it was already stated in the Expression of Interest exercise that there was such a slope. Prof Patrick LAU requested the Administration to provide written information after the meeting on the reason for including the slope as part of the reserved site.

Land use

18. Noting that the tenderer could propose to allocate no more than 5% of GFA of the new hospital for accommodation facilities for patients of the hospital and their carers, Ms Audrey EU was of the view that the valuable land resource should instead be used for the provision of beds to meet the service demand.

19. PSFH(H) responded that it was considered necessary to provide a small percentage of GFA for accommodation facilities for both local and overseas day patients and their carers. It would be clearly stated in the Conditions of Sale that the non-clinical supporting facilities, including, among others, the accommodation facilities, should, in the opinion of the Director of Health ("DH"), be ancillary or essential to support the operation of the hospital. No part of these facilities could be used for any other purpose. The operation of the new hospitals would also be subject to the monitoring of DH. PSFH(H) further advised that while the new hospitals were required to provide no less than 300 hospital beds to ensure optimal use of the land, it was expected that the total number of hospital beds to be proposed by the tenderers might be in the range of 400 to 500 given the competition involved.

Service scope

20. Ms Audrey EU held the view that requiring the new hospitals to cap only the number of obstetric beds at no more than 20% of the total number of beds in the hospital could not prevent these hospitals from slanting towards other particular types of service in the future. She considered that the provision of any particular type of services exceeding the level of 15% of the total number of beds in the hospital should require approval of DH.

21. Mr CHAN Hak-kan considered that, apart from obstetric services, it was necessary to put in place requirements to avoid the new hospitals from focusing on any particular type of services in order to meet the different needs of patients.

22. PSFH(H) advised that the new hospitals would be required to provide services of a mix of specialties, including general medicine; general surgery; orthopaedics and traumatology; and gynaecology, without

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slanting towards any particular type of services. While the cap on the number of obstetric beds was a measure in response to the recent grave public concern over the slanting towards obstetric services by some existing private hospitals, it was considered necessary to provide the new hospitals the flexibility to adjust its service scope to meet the market demand.

23. Mr CHAN Hak-kan enquired whether the provision of Chinese medicine services would be given additional scores in order to further promote the development of Chinese medicine in Hong Kong.

24. Principal Assistant Secretary for Food and Health (Health) 2 ("PASFH(H)2") replied in the positive, adding that with a view to encouraging tenderers to provide a comprehensive and practicable proposal on the scope of other services of the hospital, additional scores would be given for provision of each of the preferred specialties or services, which included, among others, Chinese medicine services.

Packaged charging and price transparency

25. Pointing out that at present, DH had no legal authority to regulate the level of service charges of private hospitals, Mr CHAN Hak-kan enquired how the Administration could ensure that the new hospitals would set their service charges at affordable levels and in a transparent manner.

26. PSFH(H) advised that the allocation of the two sites were through open tender rather than a land grant at nil or nominal premium. It was not appropriate for the Administration to adopt administrative measures to regulate the level of charges of the new private hospitals and such charges should be determined by market supply and demand. That said, at least 30% of the inpatient bed days taken up in the hospitals each year had to be for services provided through standard beds at packaged charge based on the "diagnosis-related groups" ("DRG") system. To enhance price transparency of services provided by the hospitals, they were also required to make available comprehensive charging information of its services for easy reference of the public and patients, including displaying the charging information on the hospital website and at major facilities within the hospital. PSFH(H) further advised that it was expected that there might be a drop in the level of service charges of private hospitals when there was an increase in the overall capacity of the private healthcare system.

27. The Chairman pointed out that under the proposal of the Health Protection Scheme ("HPS"), the coverage of DRG-based packaged charging might only apply to about 30% of hospital admissions or

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ambulatory procedures. He asked whether HPS subscribers would take up all the inpatient bed days provided at packaged charge by the new hospitals.

28. PSFH(H) clarified that DRG-based packaged charging under HPS would act as a claims reference only. It aimed to provide a reference for participating insurers and the insured for comparison of medical costs and charges for the specific treatment or procedures, and provide benchmarking and monitoring of healthcare costs. For the new private hospitals to be developed at the two reserved sites, there was only a minimum, i.e. 30%, but not maximum requirement on the inpatient bed days to be taken up for services provided through standard beds at packaged charge. All patients, rather than only the HPS subscribers, would be eligible for these services.

Service target

29. Pointing out that the existing private hospitals had already reached their full capacity and catering for local healthcare needs should be the first and foremost consideration when promoting private hospital development, Ms Audrey EU considered that the minimum percentage of inpatient bed days for use by local residents per year should be increased from the proposed 50% to 70%. To provide flexibility, the lease conditions could include a provision giving the Government the right to change the requirement as and when necessary.

30. Mr CHAN Hak-kan was of the view that more than half of the inpatient bed days should be for use by local residents per year.

31. PSFH(H) responded that given the fact that a number of parties had expressed their interests in developing private hospitals at the reserved sites, it was expected that some tenderers might propose the provision of at least 70% of inpatient bed days for use by local residents per year with a view to obtaining the additional scores. PSFH(H) stressed that the tenancy of the two reserved sites at Wong Chuk Hang and Tai Po would have a term of 50 years. To ensure fairness, the plan of the Administration was to impose a similar set of tender requirements on the other two reserved hospital sites at Tseung Kwan O and Lantau, which would be disposed of at a later stage. Hence, there was a need to provide flexibility to the new hospitals in setting their long-term service target.

32. Ms Audrey EU expressed dissatisfaction with the Administration's response. She maintained that the services of the new private hospitals should be offered primarily to local residents. Given that the tenancy of the two sites would have a term of 50 years, the lease conditions of these sites should be subject to review and variation by the Administration at regular

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intervals, say, three or five years, taking into consideration the change in the trend in local service demand. The lease conditions should also include a provision giving the Government the right to change the requirement as and when necessary.

33. PSFH(H) advised that any modification to the conditions in the lease would require mutual agreement of the Government and the purchaser or grantee concerned. DH would also closely monitor the operation and performance of the new private hospitals. The proposed provision would create uncertainties over the operation and hence affect the viability of the business plans of the new private hospitals concerned.

Breaching of performance obligations

34. Ms Audrey EU noted that if the successful tenderer did not meet any or all of the performance obligations, the Government would be entitled to require the tenderer to pay the Government liquidated damages. She was concerned that such arrangement might lack deterrent effect if the tenderer concerned could fully shift the cost for liquidated damages onto patients. Ms Cyd HO raised a similar concern.

35. PSFH(H) responded that there was no cause for such a concern. Apart from requiring the tenderer concerned to pay liquidated damages, a number of measures would also be made available to the Government if the successful tenderer breached any of its obligations. These included, among others, the right to require the successful tenderer to implement a cure plan, the right to exercise step-in rights to temporarily take partial or total control of the hospital and the right to terminate the service deed.

36. Ms Cyd HO sought information on the circumstances when the Government would trigger the above measures. PASFH(H)2 advised that the details were set out in paragraphs 18 to 21 of the draft service deed at Annex III of the Tender Notice. The rate of liquidated damages for default in each performance obligation was set out in Schedule 5 of the draft service deed.

Regulation of existing private hospitals

37. Mr CHAN Kin-por asked whether consideration could be given to imposing the same set of requirements on land use, bed capacity, service scope, packaged charge and price transparency, service target, service standard and reporting on the existing private hospitals.

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38. PSFH(H) replied in the negative, adding that the measure to be put in place to ensure the successful tenderer's compliance with the requirements was to require the tenderer to enter into, in addition to the land lease, a service deed with the Government. The service deed would incorporate the successful tenderer's proposals for the operation of the hospital. However, similar arrangement could not be made under the land leases of the existing private hospitals. That said, consideration could be given to requiring the existing private hospitals to follow the same set of requirements for new private hospital development if they apply for a land grant or a change of land use in the future. The Administration would also conduct a review on the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) to strengthen the monitoring of the performance of private hospitals.

II. Latest arrangement for Mainland women giving birth in Hong Kong

[LC Paper Nos. CB(2)1863/11-12(01) and (02)]

39. PSFH(H) briefed members on the latest arrangement for Mainland women giving birth in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1863/11-12(01)).

Non-Eligible Persons whose spouses are Hong Kong residents

40. Mr CHEUNG Man-kwong was concerned that Mainland pregnant women whose husbands were Hong Kong permanent residents who wished to give birth in Hong Kong had to seek emergency deliveries at public hospitals, as they could not afford the obstetric service charges of private hospitals and all beds for obstetric services in public hospitals would be reserved for local pregnant women in 2013. In the light of this, he asked whether consideration could be given to allowing these Mainland pregnant women to make bookings for delivery at public hospitals.

41. Ms Audrey EU made a similar suggestion, pointing out that the number of Mainland spouses of Hong Kong residents who chose to deliver in public hospitals was about 3 000 per year.

42. PSFH(H) responded that the Administration's policy was to ensure that Hong Kong residents were given proper and priority obstetric services. The decision of the Hospital Authority ("HA") to cease accepting booking for delivery by non-local women had taken into account the steadily rising local birth rate in recent years and the obstetric service capacity of the public hospitals.

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43. Chief Manager (Cluster Performance) of HA ("Chief Manager (CP), HA") supplemented that the latest obstetric demand situation in 2012 revealed that there would be around 40 000 projected deliveries by local women. Based on the projection by the Census and Statistics Department, it was estimated that there would be around 41 000 deliveries by local mothers in 2013. Taking into consideration the estimation of around 2 000 non-booked cases of emergency deliveries, the projected total number of deliveries in public hospitals in 2013 would be around 43 000. This was the maximum number of delivery cases the public hospitals could handle.

44. Noting that there were a total of 34 891 local deliveries in Hong Kong in 2011, Mr Fred LI sought the reasons for HA's projection that there would be a surge of 6 000 delivery cases in 2013.

45. Chief Manager (CP), HA advised that the actual number of bookings in public hospitals for delivery in 2012 had already reached 45 000 as at April 2012. The projection of 41 000 deliveries by local women in 2013 had already taken into account the past statistics that about 21% of the bookings would choose not to deliver at public hospitals and a 1.5% increase in birth rate as projected by the Census and Statistics Department.

46. Referring to the arrangement that the Administration had reached a consensus with private hospitals for at least four private hospitals (namely Hong Kong Baptist Hospital, Precious Blood Hospital (Caritas), Union Hospital and St Teresa's Hospital) to provide obstetric services for Mainland pregnant women whose husbands were Hong Kong permanent residents and who hoped to give birth in Hong Kong but were unable to make their bookings in hospital this year, Mr CHAN Hak-kan said that to his understanding, the obstetric service charge of these hospitals were in the range of \$100,000 to \$200,000, which was far from affordable by these families. He asked whether consideration could be given to requesting these private hospitals to provide delivery places at the package price of \$39,000 to this group of Mainland pregnant women.

47. Mr IP Kwok-him said that there was a broad consensus in the Legislative Council that the healthcare system in Hong Kong should also take care of the Mainland pregnant women whose husbands were Hong Kong residents in addition to local pregnant women. He considered it incumbent upon the Administration to provide financial assistance, say, through the Community Care Fund, to those Mainland spouses of Hong Kong residents who had difficulties to settle the obstetric service fees at private hospitals.

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48. PSFH(H) advised that the Administration had no authority to regulate the service charges of private hospitals. He understood that the obstetric service charges of some private hospitals were in the range of \$30,000 to 45,000. Given that the number of live births born in Hong Kong to Mainland spouses of Hong Kong residents stood steady at the level of about 6 000 over the past few years, the demand for non-local pregnant women to give birth at private hospitals in Hong Kong would be lowered from 31 000 in 2012 to around 6 000 in 2013. Hence, it was expected that in 2013, the level of obstetric service charges in private hospitals would be much lower than the present level.

49. Principal Medical and Health Officer (1) of DH supplemented that as at the end of April 2012, more than 10 bookings had been made at these private hospitals since the announcement of the arrangement on 26 April 2012.

50. Ms Cyd HO said that Civic Act-up was of the view that the Administration should purchase places from private hospitals for Mainland spouses of Hong Kong residents. PSFH(H) responded that the suggestion was against the policy of the Administration.

51. The Chairman pointed out that in 2012, private hospitals had provided obstetric services to around 40 000 local and Mainland pregnant women. Given that private hospitals on average required a 60% occupancy rate to cover its operation cost, they would require a minimum of 24 000 obstetric cases to support its operation. In the event that there would be a drop in the demand for private obstetric services from 40 000 to 10 000 cases, the private hospitals would either increase the obstetric service charges or cease to provide obstetric services. Ms Cyd HO expressed a similar concern.

52. PSFH(H) responded that from the economic and market perspective, private hospitals could either increase their obstetric service charges to cover its operation cost or lower their obstetric service charges to attract the Mainland spouses of local residents who hoped to give birth in Hong Kong as well as local pregnant women who originally opted to use the public obstetric services.

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53. At the request of the Chairman, the Administration undertook to provide after the meeting information to elaborate the above explanation. Ms Cyd Ho requested the Administration to also provide information on the number of obstetric beds to be provided by those private hospitals which were expected to lower its price in the face of keen competition.

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Complementary immigration control measures

54. Mr Fred LI asked about the measures to combat the illegal use of Hong Kong-registered cross-boundary vehicles to assist non-local pregnant women in entering Hong Kong and evading screening at the boundary control points.

55. PSFH(H) responded that the Administration had stepped up its efforts to screen passengers as well as cross-boundary vehicles which posed the highest risk of assisting non-local pregnant women in entering Hong Kong. The Hong Kong law enforcement agencies had also enhanced cooperation with their Mainland counterparts in intelligence exchange to seek to stamp out the operation of agents and syndicates on both sides of the boundary. PSFH(H) further advised that a recruitment exercise for additional healthcare personnel to assist the immigration officers in the assessment of stage of pregnancy of non-local pregnant women at boundary control points was underway. Following the implementation of a series of enhanced measures to control the use of obstetric services by non-local women since the end of 2011, the number of emergency deliveries by non-local women via Accident & Emergency Departments ("A&EDs") had dropped from more than 50 cases each week in July 2011 to 24 cases in the first week of May 2012. Only five among these 24 cases involved Mainland pregnant women whose husbands were non-local residents without booking.

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56. Ms Audrey EU requested information on the figures demonstrating the effectiveness of the enhanced measures to control the use of obstetric services by non-local women referred to in paragraphs 8 and 9 of the Administration's paper.

57. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

Default payment by Non-Eligible Person pregnant women

58. Noting that the Non-Eligible Person ("NEP") obstetric package charge for non-booked cases would be increased from \$48,000 to \$90,000 with effect from 12 May 2012 so as to deter the undesirable and high-risk behaviour of seeking last-minute hospital admission before delivery through A&EDs, Mr Fred LI asked about the measures to recover default payment by Mainland pregnant women whose husbands were non-local residents. Mr IP Kwok-him and Ms Audrey EU raised a similar question.

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59. Chief Manager (CP) of HA advised that at present, the overall settlement rate by Mainland women whose spouses were non-local residents was over 95%. Under the current arrangement, NEP pregnant women would be issued a demand note for payment of hospital fees every two to seven days of hospitalization to remind them to settle the payment. If the NEP pregnant women failed to settle the hospital fees before discharge from public hospitals, HA would wait until it approached the deadline of the registration period of 42 days after birth or upon settlement of the fees, whichever is earlier, to deliver the birth returns of the babies concerned to the birth registry to register the births of the babies. For those NEPs who failed to settle the hospital fees, they would not be able to enjoy the non-emergency healthcare services of HA during their subsequent visits.

III. Any other business

60. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2
Legislative Council Secretariat
4 September 2012