

立法會
Legislative Council

LC Paper No. CB(2)142/20-21

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 12 June 2020, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Members present : Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
Hon CHAN Hoi-yan (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Prof Hon Joseph LEE Kok-long, SBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon YIU Si-wing, BBS
Hon CHAN Chi-chuen
Hon CHAN Han-pan, BBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Hon Elizabeth QUAT, BBS, JP
Hon POON Siu-ping, BBS, MH
Hon CHU Hoi-dick
Hon SHIU Ka-fai, JP
Hon SHIU Ka-chun
Dr Hon Pierre CHAN
Hon KWONG Chun-yu

Public Officers attending : Item III

The Administration

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Mr FONG Ngai, JP
Deputy Secretary for Food and Health (Health)³
Food and Health Bureau

Ms Lily LEE lee-man
Principal Assistant Secretary for Food and Health (Health)⁴
Food and Health Bureau

Dr Ivan LO Fai-man
Consultant Clinical Geneticist
Department of Health

Dr K L CHUNG
Director (Quality & Safety)
Hospital Authority

Steering Committee on Genomic Medicine

Prof Raymond LIANG Hin-suen, SBS, JP
Chairman, Steering Committee on Genomic Medicine

Item IV

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health)¹
Food and Health Bureau

Dr Ruby LEE Siu-yin, JP
Consultant Family Medicine (Elderly Health Service)
Department of Health

Dr Cissy CHOI Yu-sze
Head (Primary Healthcare Office)
Food and Health Bureau

Dr Sara HO Yuen-ha
Chief Manager (Patient Safety and Risk Management)
Hospital Authority

**Attendance
by invitation** : Item IV

Dr CHEUNG Ching-lung, Assistant Professor, Department
of Pharmacology and Pharmacy, LKS Faculty of Medicine,
The University of Hong Kong

Health In Action

Miss LIU Kin-yan
Health Coordinator (Development & Strategy)

The Osteoporosis Society of Hong Kong

Dr WONG Sze-hung
President

The Society for Community Organisation

Mr LIN Wai-kiu
Community Organizer

Elderly Right League (Hong Kong)

Ms FONG Ho-chu
Representative

**Clerk in
attendance** : Ms Maisie LAM
Chief Council Secretary (2) 5

**Staff in
attendance** : Miss Kay CHU
Senior Council Secretary (2) 5

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

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II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1143/19-20(01) and (02)]

2. The Chairman said that the Administration had not proposed any items for discussion at the last regular meeting of the Panel of the 2019-2020 legislative session which was scheduled for Friday, 10 July 2020 at 10:45 am. She invited members' proposals in this regard.

3. While noting that the discussion of the Subcommittee on Subsidiary Legislation Relating to the Prevention and Control of Disease ("the Subcommittee") would cover the policy aspects of the various items of subsidiary legislation relating to the prevention and control of coronavirus disease 2019 ("COVID-19") under its study, Mr CHAN Chi-chuen was of the view that the Panel should continue to serve as a platform for a wider scope of discussion of the latest measures taken by the Administration to prevent and control COVID-19 in Hong Kong. Dr KWOK Ka-ki and Dr Pierre CHAN held a similar view. Dr KWOK Ka-ki added that the discussion could cover, among others, the special service and visiting arrangements of public hospitals and clinics under the activation of Emergency Response Level by the Hospital Authority ("HA") and the Administration's preparedness and response plan for a possible another peak of the disease in the fourth quarter of 2020. Dr Pierre CHAN and Mr YIU Si-wing said that the discussion could conclude the experience gained so far to better prepare for the future. Ms CHAN Hoi-yan remarked that the Subcommittee might not be able to follow up on issues relating to the provision of quarantine facilities in July 2020 and its discussion could not cover the medical treatment for COVID-19 patients.

4. Having regard to members' views expressed at the May regular meeting and today's meeting, the Chairman suggested that the Panel would discuss the measures for the prevention and control of COVID-19 in Hong Kong and the commissioned study on risk factors associated with breast cancer for local women at its July regular meeting. Members raised no other views.

III. Genomic medicine

[LC Paper Nos. CB(2)1143/19-20(03) and (04)]

5. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the Report on Strategic Development of Genomic Medicine in Hong Kong ("the Report") submitted by the Steering

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Committee on Genomic Medicine ("the Steering Committee"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1143/19-20(03)).

6. Members noted the background brief prepared by the Legislative Council ("LegCo") on the subject under discussion (LC Paper No. CB(2)1143/19-20(04)).

Hong Kong Genome Project

7. Dr KWOK Ka-ki remarked that there was no reason to object the development of genomic medicine in Hong Kong. However, he was concerned that the taking forward of the Hong Kong Genome Project ("HKGP") would involve a budget of \$1.2 billion. He enquired how the Administration would strike a proper balance in the allocation of the finite public resources to promote the development of genomic medicine on the one hand, and on the other hand address the treatment needs of those patients with rare diseases and cancers who had to purchase at their own expense those drugs which were proven to be of significant clinical benefits but were very expensive that HA did not provide them as part of its standard services.

8. SFH advised that the introduction of HKGP would, among others, enhance the diagnostic rate and enable more targeted clinical management of uncommon genetic disorders and allow more personalized treatment for cancer patients. Separately, recurrent resources were provided for HA to expand the scope of the HA Drug Formulary. While patients who needed the self-financed drugs had to purchase them at their own expense, a safety net was in place (i.e. the Samaritan Fund and the Community Care Fund Medical Assistance Programme) to subsidize the drug expenses of patients with financial difficulties. With the introduction of measures to enhance the means-tested mechanism for the safety net in 2019, the Administration and HA would continue to study measures to alleviate the financial burden on patients' families arising from drug expenditure.

9. Expressing support for the implementation of HKGP, Mr YIU Si-wing enquired the estimated time required for HKGP to bring clinical benefits to patients and their families after starting to recruit patients for sequencing in mid-2021. Pointing out that there was an absence of a statutory definition of "rare disease" in Hong Kong, Ms CHAN Hoi-yan asked about how the development of genomic medicine could shed light on defining and improving the treatment of rare diseases in the local context. SFH and Chairman of the Steering Committee advised that at present, genetic and genomic services of HA were mostly developed at the local

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level and on an independent basis by individual clinicians or hospitals according to the interest and expertise of the respective staff and local needs. The clinical genetic and genomic services provided by the two medical schools, such as that for hereditary breast and colorectal cancers, were funded by research grants or private grants and catered only for a limited number of patients. Deputy Secretary for Food and Health (Health)3 ("DS(H)3") added that at present, part of the demands for clinical genetic services had been met by the private sector. The implementation of HKGP would serve as a catalyst to enhance clinical application of genomic medicine to benefit patients and their families. For instance, international and local experience revealed that the diagnostic yield of uncommon diseases could be raised from around 10% up to around 30% to 40% by using whole genome sequencing. Along with HKGP, HA would implement its Strategic Service Framework for Genetic and Genomic Services which aimed to fill the current service gaps and set out a blueprint for its genetic and genomic services to help patients make informed decisions on their treatment and management. In response to the Chairman's enquiry, Chairman of the Steering Committee advised that testing for BRCA gene mutation had been provided by HA for years.

10. Referring to a media report that the cost of sequencing a genome was about USD1,000, Mr POON Siu-ping sought elaboration about the eligibility criteria for participating in HKGP and the use of the \$1.2 billion. DS(H)3 advised that HKGP aimed to cover 20 000 cases in two phases for a period of six years. Since some cases might involve two or more samples depending on the clinical and research needs, it was estimated that HKGP would sequence 40 000 to 50 000 genomes in total. The pilot phase would cover 2 000 cases with undiagnosed disorders, and cancers with clinical clues linked to possible hereditary components. A human genome contained approximately 3 billion deoxyribonucleic acid-sequence base pairs. The \$1.2 billion would cover the cost of interpreting these enormous amounts of data. Noting that participation in HKGP would be by invitation, the Chairman was concerned about the avenue for the general public to gain access to predisposition tests on carrier genes for certain diseases.

11. Expressing support for the Steering Committee's recommendations to further the development of genomic medicine in Hong Kong, Dr Pierre CHAN queried about the concrete measures to be put in place to address the data security and privacy protection issues arising from the implementation of HKGP, in particular that of the genomic and clinical data of patients with rare diseases, whom could be easily identified due to small case numbers. As a reference, he noted from the press release issued by HA in October 2019 on the findings of the investigation on two complaint cases on patient information handling that it was a long-standing

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practice for police officers requesting gummed labels with personal information of individual HA patients for law enforcement purposes. The above apart, while the Police had made use of the Major Incident Investigation and Disaster Support System to provide support to the Centre for Health Protection of the Department of Health ("DH") regarding its epidemiological investigations and relevant contact tracing of confirmed cases, he was concerned about whether HA patients' informed consent on the release of their Hong Kong identity card numbers to other parties had been obtained in this regard. Pointing out that research had revealed that a genome database could be misused by third parties for constructing a sample of deoxyribonucleic acid of a particular person to implant fabricated biological evidence at crime scene, Mr CHAN Chi-chuen was concerned about whether the Administration and the Police would be empowered to access to the genome data without the consent of the individuals concerned for law enforcement purposes.

12. SFH and DS(H)3 advised that eligible patients (and their family members if necessary) would be invited to participate in HKGP on a voluntary basis after giving informed consent. Participants could withdraw from HKGP anytime if they wished to do so. Chairman of the Steering Committee stressed that with the informed consent of HKGP participants, the anonymized genomic and clinical data would be pooled for access and analysis by approved researchers in a secure, monitored data environment for medical research purposes.

13. Mr YIU Si-wing asked whether the long-term goal of HKGP would go beyond benefiting patients in need but to gain a position in genomic medicine in the region and whether Hong Kong would collaborate with the Mainland as well as other neighbouring places with Chinese population in the area of genome data analysis to achieve synergy. The Chairman asked about the scope of the genome database of the local population to be established under HKGP. Chairman of the Steering Committee advised that HKGP would establish a health-related genome database of the local population. Efforts had been and would continue to be made to maintain communication with other places where similar genome projects were being carried out, which included the Mainland, Singapore and some Western countries.

Clinical services in genetics and genomics

14. Declaring that he had a daughter suffering from Mowat-Wilson Syndrome, Dr Fernando CHEUNG opined that there was a lack of coordination between HA and DH in the diagnosis and treatment of patients of rare diseases. He sought elaboration on how the Administration

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would take forward the recommendation of the Steering Committee that the Hong Kong Children's Hospital should play a key role in enhancing service collaboration and research translation in genomic medicine among HA, the Clinical Genetic Service ("CGS") of DH and universities.

15. Director (Quality & Safety), HA explained that for historical reason, there was no dedicated genetic and genomic service in HA. At present, public clinical services in genetic diagnosis, counselling and prevention were mainly provided by CGS of DH. As far as specialized genetic and genomic expertise was concerned, there was currently no corresponding establishment in HA. Most of the expertise was vested in CGS of DH and the Faculties of Medicine of the two local universities. To pool together expertise and relevant support, CGS of DH had moved into the Hong Kong Children's Hospital in December 2019. Clinicians of the two medical schools had also been providing genetic consultation services at the Hong Kong Children's Hospital. Chairman of the Steering Committee added that as talents was a key to foster the development of genome medicine, the Hong Kong Academy of Medicine had been invited to coordinate with relevant colleges on enhancing the training in clinical genetics. There was a need to enhance genomic literacy of nurses and allied health professionals, in particular those serving in relevant departments of HA which involved the utilization and interpretation of genetic and genomic information.

16. Dr Fernando CHEUNG expressed concern about the absence of representatives from rare disease patient groups in the Steering Committee which was responsible for recommending the strategies for developing genomic medicine for healthcare. DS(H)3 advised that a number of advisory committees would be established under the Hong Kong Genome Institute ("HKGI") to advise on the implementation of HKGP. The Administration would examine the engagement of patient groups in these advisory committees.

17. Mr POON Siu-ping enquired about the staff establishment of HKGI and the plan of the Administration to build up the talent pool for genomic medicine in Hong Kong. SFH advised that the two medical schools had been training relevant healthcare professionals to support genetics and genomics. In addition, it was expected that HKGP would serve as a catalyst to build up a talent pool.

Use of genetic data for insurance and employment purposes

18. Dr KWOK Ka-ki expressed concern about the use of genetic data for insurance purpose. Mr CHAN Chi-chuen noted that some countries had adopted a legislative approach, whereas some opted for self-regulation by

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the insurance industry to address genetic discrimination-related issues in the insurance and employment context. Referring to the recommendation of the Steering Committee that more specific regulatory measures on genetic discrimination in the context of insurance should be explored, albeit that the Disability Discrimination Ordinance (Cap. 487) and the Personal Data (Privacy) Ordinance (Cap. 486) had been providing protection against genetic discrimination and relevant privacy issues to a certain extent, he asked the plan of the Administration in this regard. Mr SHIU Ka-chun asked under what circumstances the Administration would legislate the use of genetic data for insurance and employment purposes.

19. SFH advised that having taken into account the recommendation of the Steering Committee, the Hong Kong Federation of Insurers had updated the Best Practice on the Use of Genetic Test Results, which took effect on 1 June 2020. According to the Best Practice, member insurers of the Federation would not require applicants to undertake genetic testing for underwriting purposes. The Administration would continue to review the local situation and would not rule out the possibility of imposing regulatory measures in this regard as and when necessary. DS(H)3 supplemented that for HKGP participants, consent for the use of the genomic and clinical data concerned for research purpose would be sought. As regards the processing of genetic data by other third parties, discriminatory treatment in relation to insurance based on genetic test results and requesting or requiring genetic information in connection with discriminating against an employee might be unlawful. It should also be noted that genetic data was considered as personal data protected under the Personal Data (Privacy) Ordinance.

Direct-to-consumer genetic tests

20. Noting that health-related and non-health-related direct-to-consumer genetic tests ("DTCGTs") had become prevalent and many of DTCGTs could be obtained overseas through online purchase, Mr POON Siu-ping asked whether the Administration would introduce regulation in this regard. Expressing concern over the prevalence of non-health-related DTCGTs which claimed to provide insights to children's talents and abilities and the possibility of unnecessary investigations brought about by health-related DTCGTs, Ms CHAN Hoi-yan raised a similar question.

21. Chairman of the Steering Committee advised that while the Supplementary Medical Professions Ordinance (Cap. 359) restricted the performance of genetic and genomic testing for diagnostic or treatment purposes by Medical Laboratory Technologists, there were no restrictions on who could conduct non-health-related DTCGTs and how they could be offered to consumers. Since many of DTCGTs could be obtained overseas

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through online purchase, the Steering Committee concluded that the most pragmatic approach was to enhance public education on making informed decisions. Consumers should be advised, before taking the tests, to consult healthcare professionals, fully understand the clinical validity and utility of the tests, as well as the limitations of the genetic test results. Mr SHIU Ka-chun sought elaboration about the Administration's stance on DTCGTs. SFH assured members that the Administration would enhance public education in this regard.

Conclusion

22. In closing, the Chairman called on the Administration to report on the implementation of the recommendations of the Steering Committee at future meetings of the Panel as and when appropriate.

IV. Prevention of osteoporosis

[LC Paper Nos. CB(2)1143/19-20(05) and (06)]

23. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the prevention of osteoporosis, details of which were set out in the Administration's paper (LC Paper No. CB(2)1143/19-20(05)).

24. Members noted the information note on the subject under discussion prepared by the LegCo Secretariat (LC Paper No. CB(2)1143/19-20(06)).

Presentation of views by deputations

25. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of five organizations and individual presented their views on the prevention of osteoporosis. A summary of their views is in the **Appendix**. Members also noted the two written submissions from organizations not attending the meeting.

Discussion

26. Responding to the views expressed by the deputations, USFH advised that prevention of osteoporosis should begin by building strong and healthy bones at an early age. While some risk factors such as ageing and certain illnesses were not preventable, all people regardless of age should

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adopt a healthy lifestyle by, among others, doing regular physical and weight-bearing exercise, eating a balanced diet, and refraining from smoking and excessive drinking, to avoid or reduce bone density loss and to minimize fracture risk. The first District Health Centre ("DHC") in Kwai Tsing District, which was one of the major initiatives of the Administration to facilitate the development of primary healthcare, would step up public education and promotion on the prevention of osteoporosis. Separately, HA would continue to strive to shorten the waiting time for assessment and treatment for patients with fragility fracture, and provide rehabilitation and follow-up check-up services for the patients concerned.

[At 12:22 pm, the Chairman informed members of her decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion. The Chairman proposed and members agreed that the two motions respectively proposed by Mr KWONG Chun-yu and Ms Elizabeth QUAT, the wordings of which were tabled at the meeting, would be considered towards the end of the meeting.]

27. Pointing out that the establishment of DHCs was aimed at shifting the emphasis of the present healthcare system from treatment-oriented to prevention-focused and secondary prevention was one of the core services of DHCs, Prof Joseph LEE called on the Administration to take heed of deputations' suggestion of providing osteoporosis screening services at DHCs to identify people at risk of developing osteoporosis and strengthen bone health management and fall prevention. Ms CHAN Hoi-yan called for the provision of district-based osteoporosis screening services for elders at DHCs. Expressing concern that the estimated annual number of hospital admissions due to fragility fracture stood at over 5 000 with a mortality rate of over 20%, Mr KWONG Chun-yu strongly urged the Administration to introduce a pilot osteoporosis screening scheme for early identification of high-risk people to enable better management of their bone health. Mr SHIU Ka-chun considered that bone mineral density screening service should be a primary healthcare service available at DHCs and the three Woman Health Centres under DH's Family Health Service as elderly persons and Asian women were at higher risk of developing osteoporosis. Dr Helena WONG made a similar suggestion. In her view, it was cost effective for DHCs or other clinics under DH to provide dual energy X-ray absorptiometry scan on bone mineral density, which was estimated to cost \$500 for each test, as there were about 10 000 hip fracture hospital admissions each year which on average involved a healthcare cost of \$100 000 per case. Dr Fernando CHEUNG held a similar view.

28. Consultant Family Medicine (Elderly Health Service), DH advised that there was currently no sufficient evidence to support a territory-wide

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osteoporosis screening programme in Hong Kong. Hence, bone mineral density screening service was not part of the health promotion and disease prevention services offered to all women at or below 64 years of age by Maternal and Child Health Centres and Woman Health Centres. People who were at risk of developing osteoporosis should, among others, seek medical advice on appropriate management options. USFH added that the scope of the Elderly Health Care Voucher ("EHV") Scheme covered the management of osteoporosis in the private healthcare sector. Separately, efforts had been and would continuously be made by DH and DHCs to implement various measures, including education on fall prevention, to promote primary prevention of osteoporosis and osteoporotic fracture. Depending on the conditions of the patients concerned, the management of osteoporotic fracture admitted cases in the hospital setting might involve specialists including Endocrinologists, Family Physicians, Geriatricians and Orthopaedic Surgeons. In response to Mr POON Siu-ping's enquiry, Chief Manager (Patient Safety and Risk Management), HA advised that HA would examine the enhancement of the Acute Geriatric Fragility Fracture Nursing Coordination Services in formulating the annual service plans of its hospitals.

29. Noting from Dr CHEUNG Ching-lung's submission (LC Paper No. CB(2)1188/19-20(01)) that the average length of stay for hip fracture cases of HA was 27 days and it was estimated that implementation of universal dual energy X-ray absorptiometry scan on bone mineral density could save \$100 million relevant healthcare cost per annum, Ms CHAN Hoi-yan asked the reason why the Administration was of the stance that there were still controversies in osteoporosis screening and yet sufficient evidence to support universal screening programme in Hong Kong. USFH advised that it was not a common practice in other places to implement universal screening programme as the development of osteoporosis was attributable to a number of risk factors, such as age, sex and medical history.

30. At the invitation of Dr Fernando CHEUNG, Dr CHEUNG Ching-lung, Assistant Professor, Department of Pharmacology and Pharmacy, The University of Hong Kong said that bone mineral density screening was implemented in Australia for people aged 70 or above. Locally, the fact that the number of fall-related hospitalizations had increased from 15 per 1 000 persons in 2005 to 20 per 1 000 persons in 2018 had demonstrated the ineffectiveness of the existing fall preventive measures. Mr POON Siu-ping called on the Administration to take heed of deputations' views. The Chairman considered that osteoporosis screening service should be introduced for women aged 50 or above as hip fracture, one of the outcomes of osteoporosis, might result in permanent impairment of mobility. Referring to the International Osteoporosis Foundation's findings

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that one out of three women and one out of five men among the global population aged 50 or above suffered from osteoporotic fracture, Ms Elizabeth QUAT called on the Administration to conduct a study on the local situation; provide free and regular osteoporosis screening services for females aged 50 or above and males aged above 65 in the public healthcare sector or through public-private partnership; and step up health education on prevention of osteoporosis. Dr Helena WONG expressed dissatisfaction that HA and DH did not maintain statistics on patients with osteoporosis and those with fractures.

31. USFH took note of members' views, adding that the implementation of screening programmes for any chronic diseases had to be thoroughly examined and subject to the availability of scientific evidence. The Chairman suggested that in the meantime, the annual voucher amount of the EHV Scheme should be increased and all persons aged 50 or above should become eligible to use the voucher for receiving bone mineral density measurement in the private sector.

Motions

32. Having ascertained that a quorum was present, the Chairman invited members to consider whether the two motions respectively proposed by Mr KWONG Chun-yu and Ms Elizabeth QUAT should be proceeded with. No members raised objection.

33. Mr KWOK Chun-yu moved the following motion:

"鑒於有研究指出，本港 65 歲以上人士有四成患有骨質疏鬆症，而骨質疏鬆症患者較容易骨折，就此本會促請政府將骨質疏鬆篩查納入基層醫療先導計劃。"

(Translation)

"Given that some studies have pointed out that 40% of people aged over 65 in Hong Kong have suffered from osteoporosis and osteoporosis patients have a higher risk of bone fractures, this Panel urges the Government to include osteoporosis screening as a pilot scheme on primary care services."

34. The Chairman put the motion to vote. All eight members present at the meeting voted in favour of the motion. The Chairman declared that the motion was carried.

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35. Ms Elizabeth QUAT moved the following motion which was seconded by Ms CHAN Hoi-yan:

"為預防骨質疏鬆症，本委員會促請特區政府盡快為全港 50 歲或以上女性及 65 歲以上男性提供免費骨質密度篩查服務。待完成篩查後，安排健康個案每 5 年覆檢、邊緣個案每 3 年覆檢，及有健康問題個案每年覆檢。"

(Translation)

"For the purpose of preventing osteoporosis, this Panel urges the HKSAR Government to provide free osteoporosis screening services for females aged 50 or above and males aged above 65 on a territory-wide basis, and upon completion of the screening, make arrangements to conduct review for cases without health issues, marginal cases and those with health issues at five-yearly intervals, three-yearly intervals, and annually respectively."

36. The Chairman put the motion to vote. All eight members present at the meeting voted in favour of the motion. The Chairman declared that the motion was carried.

V. Any other business

37. There being no other business, the meeting ended at 12:58 pm.

Council Business Division 2
Legislative Council Secretariat
3 November 2020

Panel on Health Services

Meeting on Friday, 12 June 2020, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Summary of views and concerns expressed by organizations/individual on
prevention of osteoporosis

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Dr CHEUNG Ching-lung, Assistant Professor, Department of Pharmacology and Pharmacy, LKS Faculty of Medicine, The University of Hong Kong	<ul style="list-style-type: none"> • LC Paper No. CB(2)1188/19-20(01)
2.	Health In Action	<ul style="list-style-type: none"> • LC Paper No. CB(2)1188/19-20(02)
3.	The Osteoporosis Society of Hong Kong	<ul style="list-style-type: none"> • LC Paper No. CB(2)1188/19-20(03)
4.	The Society for Community Organisation	<ul style="list-style-type: none"> • LC Paper No. CB(2)1188/19-20(04)
5.	Elderly Right League (Hong Kong)	<ul style="list-style-type: none"> • LC Paper No. CB(2)1188/19-20(04)

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