

**立法會**  
**Legislative Council**

LC Paper No. CB(4)1750/20-21  
(These minutes have been seen by  
the Administration)

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**Panel on Health Services**

**Minutes of meeting held on  
Friday, 9 July 2021, at 10:45 am  
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)  
Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, GBS, JP  
Hon Starry LEE Wai-king, SBS, JP  
Hon CHAN Kin-por, GBS, JP  
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBM, GBS, JP  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon YIU Si-wing, SBS  
Hon CHAN Han-pan, BBS, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Hon SHIU Ka-fai, JP  
Dr Hon Pierre CHAN
- Member attending** : Hon Holden CHOW Ho-ding
- Members absent** : Hon LEUNG Che-cheung, SBS, MH, JP  
Dr Hon CHENG Chung-tai

**Public Officers  
attending**

: Agenda item III

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

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

Dr Ronald LAM Man-kin, JP  
Controller, Centre for Health Protection  
Department of Health

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

Dr Vivien CHUANG  
Chief Manager (Infection, Emergency & Contingency),  
Hospital Authority

Agenda item IV

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

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

Mr Derek LEE Chi-chung  
Head (Voluntary Health Insurance Scheme)  
Food and Health Bureau

**Clerk in  
attendance**

: Mr Colin CHUI  
Chief Council Secretary (4)3

**Staff in  
attendance**

: Ms Macy NG  
Senior Council Secretary (4)3

Miss Natalie YEUNG  
Council Secretary (4)3

Miss Ariel SHUM  
Legislative Assistant (4)3

Action

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**I. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(4)1191/20-21(01)]

Members noted that the following paper had been issued since the last meeting:

Administration's response to the letter from Dr Hon CHIANG Lai-wan on early discussion of two items on the Panel's list of outstanding items for discussion.

**II. Items for discussion at the next meeting**  
[LC Paper Nos. CB(4)1196/20-21(01) and (02)]

2. Members agreed to hold regular Panel meetings on 20 August, 10 September and 8 October 2021. They further agreed to discuss the following subjects at the next regular Panel meeting scheduled for 20 August 2021:

(a) Measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong; and

(b) Voluntary scheme on advanced and specialised nursing practice.

**III. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong**

[LC Paper Nos. CB(4)1196/20-21(03) and (04), CB(4)1166/20-21(01) to (06), and CB(4)1209/20-21(01) to (06)]

3. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the latest situation and measures being taken by the Administration to prevent and control the spread of COVID-19 in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(4)1196/20-21(03)).

*(The Deputy Chairman took over chairmanship of the meeting during the Chairman's absence from 10:50 am to 10:51 am.)*

Border control measures

*Shortening the compulsory quarantine period and conducting antibody test for vaccinated inbound travellers*

4. The Chairman, Mr CHAN Han-pan and Mr Michael TIEN expressed concern over the new measure that persons arriving at Hong Kong who were fully vaccinated against COVID-19 and with a positive result of serology testing for antibodies would be allowed a shortened compulsory quarantine period of seven days upon arrival, as this might increase the risk of importing cases, and hence affect the resumption of cross-border travel with the Mainland. Mr CHAN asked whether the Administration had assessed the health risks brought by the above measure. The Chairman enquired whether the Administration would guarantee that those vaccinated persons with antibodies detected in their blood would not get infected.

5. SFH advised that the measure to relax the quarantine period for vaccinated inbound travellers was recommended by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases ("Joint Scientific Committee") based on scientific evidence that the COVID-19 vaccines could provide protection against COVID-19. She explained that upon implementing the new measure, there were still several checkpoints from boarding to arrival at Hong Kong to prevent importation of cases. For example, inbound travellers should undergo a COVID-19 test and present a negative testing result before boarding. After arrival at Hong Kong, they should stay at a designated hotel under closed-loop management and had to undergo several tests thereafter. She added that the Administration had informed the Mainland authorities of its latest infection control measures under the co-operation mechanism on joint prevention and control of the epidemic. So far, the Administration had not received any adverse comments from the Mainland authorities.

6. Controller, Centre for Health Protection ("CHP") of the Department of Health ("DH") ("Controller, CHP") added that although there was not a guarantee that those vaccinated persons with antibodies detected in their blood would not get infected, vaccination might reduce the risk of developing the illness and its consequences, ease symptoms of getting the disease, and decrease the viral load after getting the disease, hence reduced the risk of transmission. He further

advised that apart from the requirement of having a negative result of a COVID-19 test, those inbound travellers subject to shortened quarantine period should also present vaccination records issued by relevant authorities or recognized institutions of the places where the vaccines were administered. The requirement of having a positive antibody test result was to further minimize the risk of importing cases. He also explained that the level of antibody was only one of the indicators of immunity in fighting COVID-19 infection, the level of memory T cells immunity in fighting the disease could not be tested by antibody tests.

7. Mr Michael TIEN queried why a requirement of undergoing an antibody test was imposed on vaccinated persons arriving at Hong Kong for shortening the duration of the compulsory quarantine period from 14 days to seven days but not for shortening the duration from 21 days to 14 days.

8. Controller, CHP advised that when discussing the measure to shorten the compulsory quarantine period from 21 days to 14 days for fully vaccinated persons arriving at Hong Kong, the Joint Scientific Committee joined by the Chief Executive's expert advisory panel ("EAP") had considered factors that the general incubation period of COVID-19 was within 14 days and COVID-19 vaccines were effective. He highlighted that the measure to shorten the quarantine period did not apply to extremely high-risk Group A1 specified places and very high-risk Group A2 specified places.

9. In response to Dr CHIANG Lai-wan's enquiry on the quarantine period for Hong Kong people returning from low-risk places, SFH advised that the quarantine period of vaccinated inbound travellers from low-risk Group D specified places was seven days. For Hong Kong residents returning from the Mainland and Macao under the Return2hk Scheme, they would be subject to the relevant arrangements under the Scheme.

10. Mr YIU Si-wing asked whether the charges for undergoing antibody test could be standardized and whether there were indicators of passing the antibody test.

11. SFH advised that there was no standard charge for undergoing antibody test. At present, there were 20 recognized private medical laboratories for conducting recognized antibody test. Controller, CHP added that the Joint Scientific Committee joined by EAP had discussed whether indicators could be established for antibody test results. They noted that there was no indicator established by the World Health Organization ("WHO") or worldwide of passage

of the antibody test. He further said that the test which the Administration currently recognized was IgG or total antibody test against SARS-CoV-2 spike protein, or surrogate neutralizing antibody test. The indicators of passing the antibody test were established by individual manufacturers of different antibody testing platforms.

12. Ms Starry LEE asked about the progress of implementing the measure of conducting serology antibody tests for vaccinated inbound travellers at the airport, and queried why the Administration had taken a long time to put the new measure into implementation.

13. SFH advised that the measure to shorten the compulsory quarantine period for fully vaccinated persons with a positive result of serology testing for antibodies would be implemented in two phases. The first phase was launched on 30 June 2021 for inbound travellers from Groups B and C specified places. The Administration was finalizing the detailed arrangements for the second phase, which would provide self-paid serology antibody testing service for inbound travellers at the airport. The Administration strived to implement the second phase within July 2021.

14. Controller, CHP explained that implementing the above-mentioned measure was complicated. There were many factors to consider and prepare, which included identification of suitable location and sufficient space at the Hong Kong International Airport Midfield Concourse for conducting the antibody tests, designing the flow of conducting test to prevent transmission of virus if many inbound travellers arrived at the Hong Kong airport concurrently, arrangements of transporting travellers who had undergone venous blood sampling and with a negative nucleic acid test result under the "test-and-hold" arrangement to designated quarantine hotels, arrangements of informing them the result of the serology antibody test which would be available at least one day after the test was taken, and arrangements of contacting the relevant persons to shorten their compulsory quarantine period to seven days, and provision of the electronic records on such test.

*Measures to prevent imported cases*

15. The Chairman expressed her dissatisfaction with the Administration's failure to take prompt actions to prevent importation of cases amid the prevalence of new variants of COVID-19 which carried high transmissibility, such as Lambda variant in Peru, and Delta variant in Afghanistan. As an example of the Administration's absence of prompt actions, she said that the Administration had not designated those countries as extremely high-risk Group A1 specified places.

16. Controller, CHP explained that the Administration had been monitoring the epidemic situation of places outside Hong Kong under the International Health Regulations Focal Points. Currently, WHO designated Lambda as a "variant of interest", which was a variant with genetic changes that were suspected to affect virus characteristics with some indication that it might pose a future risk, but evidence of phenotypic or epidemiological impact was currently unclear, requiring enhanced monitoring and repeat assessment pending new evidence. He advised that the Public Health Laboratory Services Branch of CHP was able to screen and identify Lambda through genetic sequencing. In addition, the Administration was taking the most stringent measures towards Lambda, the measures were on par with those to prevent other mutant strains such as Delta or Alpha. He added that one of the important factors for consideration of whether to put some countries under Group A1 specified places was the frequency of flights between Hong Kong and those countries.

17. Mr YIU Si-wing asked about the criteria for the Administration to lift the flight suspension arrangements, as such information would enable the aviation and hotel sectors to get prepared for the resumption of boundary activities. He further pointed out that arising from suspension of flights from the United Kingdom ("UK") in July 2021, the occupancy rate of designated quarantine hotels had dropped. He asked whether the Administration would provide a subsidy for those affected hotels with occupancy rate falling short of 50%.

18. SFH explained that the Administration had to be decisive in implementing immigration control measures to protect Hong Kong citizens having regard to overseas epidemic situation, in particular when the transmission of mutant strain of the virus was fast. She advised that the Administration would consider a basket of factors to suspend flights under the place-specific flight suspension mechanism. Those factors included the vaccination rate and testing arrangements of the countries concerned, and frequency of flights to and from Hong Kong. In respect of designated quarantine hotels, SFH advised that a designated team of the Administration would discuss the detailed arrangements with the hotels contained.

19. Pointing out that a certain number of children of Hong Kong's residents were studying in UK, Dr Pierre CHAN expressed concern that they (and some with their parents) were suffering from the flight suspension mechanism and could not return to Hong Kong, even though some of them had been vaccinated. He pointed out that despite the Administration's statement that there would be relaxation of restrictions after vaccination, its policy on flight suspension appeared to be contradicting itself.

20. SFH explained that under the current policy, the measure to shorten the quarantine period only applied to vaccinated persons from Group B, Group C and Group D specified places, but not extremely high-risk Group A1 specified places such as UK and very high-risk Group A2 specified places. She added that the Administration would conduct risk assessments regularly for comprehensive reviews of relevant factors, such as the epidemic situation of the relevant places and vaccination rate, before determining whether it was appropriate to remove the place-specific flight suspension arrangement.

*Vaccination requirement on frontline staff members who had chances of contact with inbound travellers*

21. Arising from the recent confirmed cases involving persons working in the Hong Kong International Airport and a designated quarantine hotel, Dr CHIANG Lai-wan expressed grave concern that there were loopholes in the measures to prevent importation of cases. She and Ms Alice MAK considered that the Administration should require all frontline staff members who had chances of contact with inbound travellers and hence higher infection risks to get vaccinated.

22. SFH replied that the Administration would not mandate people receiving vaccination but encourage them to do so. It noted that the Airport Authority had imposed a requirement (which would take effect from 1 August 2021) that all employees who entered the restricted area of the Hong Kong International Airport must show either a certificate of vaccination or a certificate of negative results of a COVID-19 test taken within 14 days. She also noted that different organizations were taking measures to encourage vaccination by frontline staff according to health risk.

*Resumption of cross-border/boundary travel and establishment of Air Travel Bubble*

23. The Chairman and Mr CHAN Han-pan were concerned about the progress of discussing resumption of cross-border travels with the Mainland and Macao authorities. SFH advised that the Administration had been holding discussions with the governments of Guangdong and Macao, under the co-operation mechanism, on joint prevention and control of the epidemic as well as resumption of normal cross-boundary activities amongst residents of the three places in a gradual and orderly manner when the epidemic situation in the three places was under control and without increasing public health risks. The Administration would announce the details of the discussions in due course.



24. Mr CHAN Han-pan asked whether the Administration would review the implementation of the Hong Kong-Singapore Air Travel Bubble ("ATB") as Singapore did not include people who took the Sinovac vaccine in its national count of vaccination.

25. SFH advised that the Administration would formally liaise with the Singaporean government to understand the situation. She added that the Commerce and Economic Development Bureau ("CEDB") was closely liaising with Singapore on ATB.

26. Mr Michael TIEN urged the Administration to scrap plans for the Hong Kong-Singapore ATB given Singapore's recent strategy shift to "live" with COVID-19 rather than pursuing a target of "zero infection" of COVID-19. Mr TIEN, Ms Alice MAK and Dr Priscilla LEUNG stressed that the Administration should not offer quarantine-free travel to people from places that did not have the same "zero infection" target as Hong Kong. Ms MAK added that whilst a travel bubble would be beneficial to the tourism industry, the cost would be too high if it jeopardized Hong Kong's pandemic situation.

27. SFH advised that CEDB would liaise with its counterparts in Singapore to understand its latest anti-epidemic strategy. To her understanding, the above new strategy of Singapore would only be implemented when its local vaccination rate had reached a certain level and there was not a timetable for implementing the new strategy. She reiterated that Hong Kong still aimed to get rid of all COVID-19 infections in the city. The Food and Health Bureau ("FHB") would offer its advice to CEDB on public health relating to ATB.

#### Coronavirus disease 2019 test

28. Mr SHIU Ka-fai asked about the latest charging arrangement of providing regular tests for unvaccinated staff of catering and scheduled premises. He was concerned that if the Government continued to provide such tests for them free of charge, they might not have motivation to receive vaccination. In his view, the Administration should only provide free tests for those staff members who were not medically fit for receiving vaccines. Mr Tommy CHEUNG, however, considered that providing free testing might not necessarily decrease the motivation of receiving vaccination.

29. SFH advised that for the time being, the Administration would continue to provide free testing service for persons under compulsory testing and certain targeted groups. This was to cater for the requests by some members of the

public that they needed some time to undergo health check before receiving vaccination. The Administration encouraged all people to receive vaccination in lieu of undergoing tests. In the long term, such test would be fee charging as announced by the Chief Executive previously.

### Social distancing measures

30. Pointing out that the local epidemic situation had become stable, Mr Tommy CHEUNG hoped that the Administration would relax the restrictions on catering premises operating in Type B Mode of Operation from four to six persons per table and extend their dine-in hours to end at 12:00 midnight, and proportionally relax the relevant restrictions on catering premises operating in Types C and D Modes of Operation. For certain scheduled premises which were operating under vaccine bubble, he suggested that the Administration should allow such premises to reopen if at least two-thirds of their customers had been vaccinated, instead of requiring all customers to receive vaccination.

31. SFH said that as announced by the Chief Executive in April 2021 on the new direction in fighting the pandemic, the Administration would adjust social distancing measures with "vaccine bubble" as the basis. If the overall vaccination rate had reached 70%, it would give Hong Kong better leverage to consider further relaxing the social distancing measures.

### Vaccination Programme

#### *Vaccination rate*

32. Mr SHIU Ka-fai appreciated the efforts made by the Administration to explain to the public on vaccination to restore their confidence in vaccination and was delighted to note that the vaccination rate was increasing. Considering that whether the city could be restored to normality hinged on the vaccination rate, Mr POON Siu-ping asked whether the Administration had confidence that the vaccination rate in Hong Kong could be raised to 70% to achieve herd immunity by August 2021. He was also concerned about the Administration's measures to further boost the vaccination rate of healthcare personnel, civil servants, teaching staff and staff of sub-vented organizations.

33. SFH advised that judging from the current trend on vaccination, the Administration had confidence that about half of the population would have received vaccination by September 2021, on the premise that the prevailing

vaccination rate persisted. With a target of 70% vaccination rate, the Administration would continue its work to increase the public's confidence in receiving vaccination. Regarding vaccination (including, among others, those who had received the first dose of vaccine at present) of the healthcare staff referred to in the above enquiry, she advised that the overall vaccination rate in DH was 55% with the relevant rate for its doctors to be 87%; the overall vaccination rate in the Hospital Authority ("HA") was 47% with the relevant rate for its doctors to be 77%; the vaccination rate of staff of residential care homes for the elderly/persons with disabilities was 49%.

34. Mrs Regina IP considered the current vaccination rate still relatively low. She urged the Administration to make reference to overseas practice and offer financial incentives, such as cash or scholarship for lucky draw.

35. SFH responded that the Administration had conducted a study on how to boost the vaccination rate. Whilst the commercial sector was offering financial incentives to the public, the Administration noted from the findings that there were three major incentives for vaccination, which were shortening the quarantine period for travelling and close contacts of confirmed cases, as well as restoring the city to normality.

36. Dr Pierre CHAN referred to a question raised by him at the Council meeting of 7 July 2021 on the COVID-19 Vaccination Programme, and expressed his dissatisfaction with the Administration's failure to provide the number of vaccinated persons following the categories set out in his question, even though some government bureaux had openly disclosed some of the figures before.

37. SFH responded that the Administration's reply was a coordinated reply of FHB and the Civil Service Bureau. With inputs from relevant bureau/departments, the reply had included information on the vaccination rates of different professions of DH and HA, residents and staff of residential care homes for the elderly/persons with disabilities and foreign domestic helpers. She agreed to obtain the requested information from other government bureaux on other categories of people as set out in the question and provide the information if available to the Panel after the meeting.

Admin

*Vaccination by teaching staff and staff of the Hospital Authority*

38. The Chairman, Mrs Regina IP, Dr Priscilla LEUNG, Mr Tommy CHEUNG and Mr Holden CHOW urged the Administration to adopt a tougher approach to encouraging teaching staff to receive vaccines to protect

students, such as only allowing resumption of face-to-face class after the teaching staff concerned had received vaccination, requiring teaching staff to undergo two tests per week if they had not been vaccinated, or disclosing the vaccination rate of each school. The Chairman and Dr LEUNG also urged the Administration to enhance the coordination among different government bureaux in achieving the goal of vaccination. Mrs IP and Dr LEUNG suggested that FHB should provide guidelines to the Education Bureau ("EDB") on requiring teaching staff to receive vaccination.

39. In response, SFH said that after lowering the minimum age for receiving the BioNTech vaccine from 16 to 12, EDB had been discussing vaccination arrangements with schools. There was a proposal supported by experts that if around 70% of the teachers and school staff, and around 70% of the students in individual school had been fully vaccinated, EDB might allow the students of such schools to resume normal school life, including whole-day face-to-face classes. To her understanding, EDB would collect from schools information about the vaccination rate within July 2021.

40. SFH added that different government bureaux had their own stakeholders and had been making efforts to encourage their stakeholders to receive vaccination. FHB was very willing to closely liaise with other government bureaux and give them advice on public health. She advised that from the perspective of public health, all people should receive vaccination if they were medically fit to do so. In this connection, the Administration had procured sufficient vaccines for all Hong Kong people to receive vaccination.

41. Mr Holden CHOW asked about the vaccination rate of HA's frontline staff and the Administration's measures to boost their vaccination rate. He considered that if the vaccination rate was still low even with incentives, unvaccinated staff members of HA should pay the price for not receiving vaccines. The Chairman, Dr Priscilla LEUNG and Dr CHIANG Lai-wan also considered that all HA staff should receive vaccination.

42. Director (Quality and Safety), HA advised that about half of HA's staff had received vaccination, among them doctors counted for about 80% and nurses about 45%. The vaccination rate was on the rise every day. He added that currently, frontline healthcare staff were required to receive vaccination or undergo regular COVID-19 test to protect patients.

*Providing pre-vaccination free health check services*

43. Regarding the initiative of arranging one-off health check services free of charge for drivers of taxi and public light bus to help them understand their health conditions and decide whether they were suitable for vaccination, the Chairman, Mr POON Siu-ping and Mr Tommy CHEUNG asked whether the Administration would consider extending the initiative to other sectors.

44. SFH advised that staff members of all sectors could receive pre-vaccination consultation service from HA's General Out-patient Clinics. HA's doctors would judge whether the patients required medical treatment or body check before vaccination. She added that the Joint Scientific Committee had earlier advised that those people who had received Seasonal Influenza Vaccination without adverse effect could receive COVID-19 vaccination and so not all people required pre-vaccination consultation service. The Administration would strengthen the publicity of such information to the general public.

*Procurement, supply and administration of vaccines*

45. Referring to the media reports that BioNTech vaccine, which had to be stored at below minus 70 degrees Celsius, could now be stored at 2-8 degrees, Mr POON Siu-ping asked whether private clinics could administer BioNTech vaccines and if so, the relevant arrangements.

46. SFH advised that the Administration had obtained some relevant information from the developer of BioNTech vaccine and was asking it to provide more information. The compiled information would be submitted to the Advisory Panel on COVID-19 Vaccines for consideration and recommendations.

47. Given the findings that the antibody level after injection of BioNTech vaccine was much higher than that of the other type of vaccine available in Hong Kong, Mr Michael TIEN asked whether the Administration would continue providing the BioNTech vaccine after closure of Community Vaccination Centres ("CVC") in September 2021. Mr CHAN Kin-por suggested that the Administration should conduct thorough study and procure the most effective vaccines in the future.

48. SFH clarified that although CVCs would be gradually closed from September 2021, it did not mean that the BioNTech vaccine would no longer be

available for injection. She advised that the Administration had procured a maximum of 7.5 million doses of BioNTech vaccine and had been monitoring its usage. In the meantime, the Administration was working on the detailed arrangements of providing such vaccine after August 2021, including studying whether it could be administered by private clinics. She added that if the vaccine was administered by private clinics, the vaccination cost would still be borne by the Government.

49. SFH further advised that with more people in the world receiving vaccination, there would be more scientific evidence on the efficacy of different types of vaccines. The Joint Scientific Committee and the Advisory Panel on COVID-19 Vaccines would study those evidence and the recommendations of WHO. She added that the Administration had commissioned a local study to review the provision of vaccines in Hong Kong ("Study on Vaccines") and procurement strategies was one of the areas covered in the study.

50. The Chairman cited the practice of some overseas countries and asked whether the Administration had prepared for reaching advance purchase agreements with oral COVID-19 vaccine developers. She also asked about the Administration's plan of providing the third dose of COVID-19 vaccine for Hong Kong people, given the findings that protection by vaccines might begin to wane six months after vaccination. Dr Priscilla LEUNG asked whether such additional dose would be provided to those vaccinated persons who had not reached the standard antibody level.

51. Controller, CHP advised that a mechanism for submitting applications for emergency use of vaccines was in place. DH received such applications from drug manufacturers from time to time. In assessing those applications, DH might meet with the applicants and make reference to scientific evidence. He advised that DH had turned down some applications recently due to insufficient data provided by applicants. DH would continue to act as a prudent gatekeeper on provision of vaccines to protect public's health, and would follow up any new development of vaccines.

52. SFH added that the Joint Scientific Committee was collecting data and discussing the details and arrangements of providing the third dose or a booster dose of COVID-19 vaccine for Hong Kong people. She added that the Study on Vaccines would also examine the above matter, including the need and interval for injections.

*The Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines*

53. Mr POON Siu-ping asked about the number of applications for the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines ("AEFI Fund") which were under processing and the criteria for giving approval for applications. SFH advised that as at 5 July 2021, the AEFI Fund had approved three cases, totaling \$450,000.

*(At 12:37 pm, the Chairman extended the meeting for 15 minutes to 1 pm. At 12:53 pm, members agreed to the Chairman's suggestion to further extend the meeting for 15 minutes to 1:15 pm.)*

**IV. Update on the Voluntary Health Insurance Scheme**  
[LC Paper Nos. CB(4)1196/20-21(05) and (06)]

54. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") and Head (Voluntary Health Insurance Scheme), FHB ("H(VHIS), FHB") updated members on the implementation of the Voluntary Health Insurance Scheme ("VHIS"), details of which were set out in the Administration's paper (LC Paper No. CB(4)1196/20-21(05)).

Market performance of the scheme

55. Noting that the number of VHIS policies purchased was 791 000 as at 31 March 2021, which accounted for 77% of market growth for the entire individual indemnity hospital insurance product market in 2020, Mr CHAN Kin-por recognized the popularity of VHIS among the public.

56. Dr Pierre CHAN pointed out that the number of VHIS policies purchased so far was fewer than the estimation made by an independent consultant before the launch of the scheme, which anticipated that 1 million people would purchase Certified Plans in the first two years of scheme implementation. Whilst the Administration attributed the shortfall to the impacts of the social events and COVID-19 situation since 2019, he considered the explanation logically strange, saying that people usually tended to purchase insurance amidst adverse situations. USFH responded that face-to-face sales process had been severely affected by the pandemic, directly hitting the overall medical insurance market. He foresaw the performance of the VHIS segment in the market of individual indemnity hospital insurance products improving when the market situation stabilized.

57. In relation to the shortfall of around 200 000 policies vis-à-vis the estimation mentioned in paragraph 56 above, Mr POON Siu-ping questioned its impact on VHIS's effectiveness in alleviating the pressure on public healthcare sector. USFH replied that while it was hard to estimate the relevant impact, the shortfall only constituted a relatively small portion of the entire public healthcare demand.

#### Re-examination of High Risk Pool proposal

58. Mr CHAN Kin-por enquired as to when the Administration would re-examine the feasibility of High Risk Pool ("HRP") which could allow chronic patients with financial ability to pursue private healthcare services, thereby alleviating public healthcare pressure. The Chairman raised the same concern. Expressing disappointment at the absence of HRP as part of the current scheme, which he considered essential to the success of VHIS, Dr Pierre CHAN asked the Administration to provide a timetable for the re-examination of the feasibility of HRP.

59. USFH responded that there were divergent views over HRP and re-examination would be conducted when appropriate in the future. No timetable for the re-examination was available for the time being. He added that patients with chronic or severe diseases could receive suitable treatments in the public healthcare sector.

60. Dr Pierre CHAN noted that out of the \$50 billion earmarked for healthcare reform, part of the fund had been used and around \$20 billion to \$30 billion was left unspent. He questioned whether the Administration would use the remaining balance for HRP. Dr Priscilla LEUNG also asked about the use of the remaining funds. Principal Assistant Secretary for Food and Health (Health) 4 advised that the Administration would utilize the remaining resources to enhance the balance between public and private healthcare sector at a macro level. The Administration also noted that there was lack of consensus in the community on whether or not to subsidize high-risk individuals to buy insurance and the concern regarding the financial sustainability of HRP proposal.

#### Features of the scheme

##### *Tax Deduction*

61. Pointing out that only around 80% of the insured persons had their VHIS qualifying premiums below the tax deduction ceiling of \$8,000, both



Mr CHAN Kin-por and the Chairman asked whether the Administration would consider raising the ceiling so that the remaining 20% insured persons could also have their qualifying premiums fully deductible. Given that VHIS had only been implemented for around two years, USFH advised that the Administration would review the scheme, including the tax deduction ceiling, when more statistical data had been obtained and the market restored stability from the social uncertainties.

*Enhanced transparency and guaranteed renewal*

62. Dr Priscilla LEUNG said that a considerable number of persons aged 60 to 70 might be declined from renewal of their non-VHIS medical insurance policies purchased earlier or the renewal would be subject to exclusion of many emerging health conditions of the insured persons from coverage of the insurance plan concerned. VHIS would therefore be their only available choice. She urged the Administration to step up efforts in improving VHIS to cater for the need of these people for medical insurance.

63. H(VHIS), FHB indicated that before the launch of VHIS, persons aged above 60 would normally be rejected from purchasing new insurance policies and guaranteed renewal of existing policies might not be offered to them. Nevertheless, VHIS Providers were required to consider new applications from persons aged between 15 days and 80 years and a detailed explanation was required upon request if the application was declined, thereby providing consumers with a much higher degree of transparency and protection. Among those currently insured under VHIS, 11% were aged 60 or above, reflecting that insurance companies had become more willing to accept applications from elderly with the implementation of VHIS. In addition, insured persons could enjoy guaranteed renewal up to the age of 100 without re-underwriting under VHIS. He assured members that the Administration would closely monitor and continue to improve the scheme.

64. The Chairman was of the view that many of the retired persons, who needed VHIS the most, might not be confident that their applications for VHIS Certified Plans would be accepted due to their pre-existing health conditions such as high blood pressure, high blood sugar and high cholesterol. USFH stressed that the quality of protection and enhanced transparency brought by VHIS were among the key attractive features of the scheme to boost market confidence. H(VHIS), FHB further pointed out that VHIS was implemented on a voluntary basis and VHIS Providers could underwrite individual policy according to the Insurance Ordinance (Cap. 41) in order to manage their risks. With the vigorous

market competition seen so far, it was believed that the underwriting practices adopted by VHIS Providers would not be too stringent. Nonetheless, the Administration strongly encouraged members of the public to purchase VHIS policies before developing any health conditions, with a view to avoiding exclusion of such health conditions from coverage of their VHIS policies or refusal of their application for VHIS policies.

*Proposed extension of coverage*

65. In response to Dr Priscilla LEUNG's enquiry on whether VHIS policies could cover chiropractic treatment and Chinese medicine services such as acupuncture and bone-setting, USFH and H(VHIS), FHB explained that the current design of VHIS was focused on in-patient medical service and day case procedures, with a view to diverting the heavy demand for these treatments in the public healthcare system to the private sector. The Administration might consider expanding the basic coverage of VHIS to include Chinese medicine in-patient services as well in the future.

66. H(VHIS), FHB added that in designing the benefits of the Standard Plans, which represented the minimum requirements for compliant products under the scheme, due regard had been given to the balance between an acceptable coverage and an affordable premium. This notwithstanding, the scheme encouraged VHIS Providers to offer Flexi Plans with benefit coverage exceeding the minimum requirements. Moreover, the qualifying premiums paid in relation to any Certified Plans would be eligible for tax deduction. Among the currently VHIS insured persons, over 90% purchased Flexi Plans with enhanced protection.

Complaints related to the scheme

67. Mr POON Siu-ping queried, among the 22 substantiated complaints, which VHIS Provider(s) were involved and asked for the details of the complaints. H(VHIS), FHB advised that a number of VHIS Providers were involved and the majority of complaints were related to claims, underwriting and policy migration from non-VHIS insurance products to VHIS Certified Plans. The Administration would handle the substantiated cases in a serious manner and request the VHIS Providers concerned to follow up rigorously. For unsubstantiated cases, the Administration would advise the VHIS Providers concerned to examine whether there would be areas for improvement as reflected by the complaints. He indicated that the number of complaints received (i.e. 73), when compared with the total number of policies purchased (i.e. 791 000), was acceptable.

Standardized Underwriting Questionnaire

68. Mr CHAN Kin-por pointed out that the Hong Kong Federation of Insurers, on its own initiatives, issued the "Best Practice on Standardizing Underwriting Questionnaire for Individual Indemnity Hospital Insurance Plans" in October 2020 and the Administration mandated all VHIS Providers to adhere to it from 2022. He suggested that the Administration should maintain such kind of close rapport with the trade. USFH undertook to liaise closely with the industry on improving the scheme.

**V. Any other business**

69. There being no other business, the meeting ended at 1:19 pm.

Council Business Division 4  
Legislative Council Secretariat  
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