立法會
Legislative Council

LC Paper No. CB(2)2151/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Tuesday, 8 March 2005 at 4:30 pm
in the Chamber of the Legislative Council Building

Members present	:	Hon Andrew CHENG Kar-foo (Chairman) Dr Hon KWOK Ka-ki (Deputy Chairman) Hon Albert HO Chun-yan Hon CHAN Yuen-han, JP Hon Bernard CHAN, JP Hon LI Fung-ying, BBS, JP Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH Dr Hon Joseph LEE Kok-long Hon Albert Jinghan CHENG
Members absent	:	Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum
Members attending	:	Hon LEE Cheuk-yan Dr Hon Fernando CHEUNG Chiu-hung
Public Officers attending	:	Mrs Ingrid YEUNG Principal Assistant Secretary for Health, Welfare and Food (Health) 2

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Dr Allen W L CHEUNG
Director (Professional Services & Operations)
Hospital Authority

Dr Beatrice CHENG
Senior Executive Manager (Professional Services)
Hospital Authority

Dr LUI Siu-fai
Chairman, HA Drug Formulary Committee

Deputations by invitation : Retina Hong Kong

Mr TSANG Kin-ping
President

Mr LAU Yick-jan
Council Member

Alliance for Patients' Mutual Help Organizations

Mr HO Kwai-wah
Chairperson

Mr CHEUNG Tak-hai
Executive Committee Member

Concern Alliance on the Interests of the Elderly

Mr OR Jee-king
Member

Ms YAU Kam-fung
Member

Ms SIU Sau-chu
Social Worker

Hong Kong Neuro-Muscular Disease Association

Miss YU Chun-wa
Social Worker

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Ms Brenda CHAN
Patient's Caregiver

Ms CHUNG Pao-yee
Patient

Ms CHAN Fung-man
Patient

Hong Kong Adult Blood Cancer Group

Mr HO Yin-ming
Chairman

The Brightening Team

Ms Yvonne NG
Chairman

The Hong Kong Association of the Pharmaceutical Industry

Dr Anthony CHAN
President

Ms Sabrina CHAN
Executive Director

Society for Community Organization

Mr PANG Hung-cheong
Patients' Rights Advocate

Hong Kong Lupus Association

Ms KWOK Pui-kam
Executive Member (Treasure)

Chinese Grey Power

Ms LEUNG Sau-yung
Member

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Mr NG Kin-wing
Organizer

The Hong Kong Council of Social Service

Mr CHUA Hoi-wai
Business Director, Policy Research and Advocacy

Kwai Chung Estate Residents Rights Concern Group

Mr NG Wing-chak
Chairman

Health Club

Ms CHAN Suk-yin

Mr YEUNG Yick-chung

Ms LEUNG Gay-hung
Social Worker

Joyful Club

Ms YU Ying-ha
Member

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Mr Paul WOO
Senior Council Secretary (2) 3

Miss Maggie CHIU
Legislative Assistant (2) 4

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I. Further discussion on the introduction of a standard drug formulary in Hospital Authority

(LC Paper Nos. CB(2)746/04-05(01), CB(2)786/04-05(01), CB(2)800/04-05(01), CB(2)994/04-05(01) to (08), CB(2)1008/04-05(01) to (04) and CB(2)1018/04-05(01) to (03))

The Chairman welcomed representatives from the Administration, the Hospital Authority (HA) and deputations to the meeting. He invited the deputations to give an oral presentation of their views on the introduction of a standard drug formulary (the Formulary) in HA after the Director (Professional Services and Operations) (D(PS&O) had given a brief introduction on the Formulary.

Views of deputations

Retina Hong Kong
(LC Paper No. CB(2)994/04-05(02))

2. Mr TSANG Kin-ping highlighted the main points of the submission from Retina Hong Kong as follows -

(a) there was insufficient consultation and a lack of transparency in deciding the drug items in the Formulary;

(b) the criteria for determining "Special Drugs", i.e. drugs which were to be used under specific clinical conditions with specific specialist authorization, should be clearly explained to the public to ensure consistency in applying such criteria by doctors;

(c) drugs proven to be of significant benefits but extremely expensive should not be excluded from the Formulary because poor patients simply could not afford those drugs;

(d) efforts should be made to enhance patients' knowledge of the use of drugs, evidence-based clinical efficacy of drugs and any side effects of the drugs;

(e) the safety net mechanism should be reviewed regularly and its criteria for assessing applications should be explained in detail to the public;

(f) a review mechanism with wide representations from relevant sectors outside the HA should be put in place; and

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(g) in the longer term, reform of the existing healthcare financing system was essential for the provision of sustainable quality medical services to the public.

Alliance for Patients' Mutual Help Organisations
(LC Paper No. CB(2)994/04-05(03))

3. Mr CHEUNG Tak-hai briefed members on the submission from Alliance for Patients' Mutual Help Organisations as follows -

(a) standardizing drug formularies currently adopted in different public hospitals and clinics was acceptable in principle but it should not be used as a means to charge higher fees. It was necessary to allay concern that doctors, in prescribing drugs, would base their decisions on cost considerations rather than the genuine needs of the patients;

(b) the meaning of "special clinical conditions" for using special drugs should be explained;

(c) drugs proven to be of significant benefits but extremely expensive should not be excluded from the Formulary. Drugs with marginal benefits but at significantly higher costs should also be included as special drugs in the Formulary, to be prescribed by doctors under special clinical conditions. Moreover, there should be clearer criteria for classifying life style drugs, some of which might be required by patients for health reasons;

(d) detailed reasons should be given if certain types of drugs were to be removed from the Formulary;

(e) the operation of the safety net, the levels of assistance provided under it and the assessment criteria should be clearly made known to the public; and

(f) there should be a transparent review body with representatives from a wide spectrum of the community to monitor and regulate the implementation of the Formulary.

Concern Alliance on the Interests of the Elderly
(LC Paper Nos. CB(2)800/04-05(01) and CB(2)994/04-05(04))

4. Ms YAU Kam-fung briefed members on the views of Concern Alliance on the Interests of the Elderly as follows -

(a) all patients should be entitled to the same and best treatment available and should not be treated differently according to financial affordability; and

(b) more than 70% of the people aged over 60 were suffering from chronic diseases and many of them would have grave difficulties in meeting the high expenses of drugs and medical treatment. Any healthcare policy and reform should attach great importance to meeting the needs of the elderly and not adding financial burden on them.

Hong Kong Neuro-Muscular Disease Association
(LC Paper No. CB(2)994/04-05(05))

5. Ms Brenda CHAN presented the views of Hong Kong Neuro-Muscular Disease Association as set out in its submission -

(a) Interferon-Bata was proven to be of significant benefits to patients suffering from acute neuro-muscular diseases and should not be excluded from the Formulary, as most of the patients could not afford the high cost of the drug without financial subsidy; and

(b) an effective assistance mechanism should be introduced under which patients with income above the median household income level could also be entitled to financial subsidy, or other forms of assistance such as tax concession, if their expenses on drugs exceeded a prescribed upper limit.

Hong Kong Adult Blood Cancer Group and The Brightening Team
(LC Paper Nos. CB(2)994/04-05(06) and CB(2)1008/04-05(01))

6. Mr HO Yin-ming and Ms Yvonne NG presented the views set out in the joint submission from Hong Kong Adult Blood Cancer Group, the Brightening Team and nine other organisations as follows -

(a) the HA should not base its decision on whether certain drug should be included as HA standard drugs on economic and cost considerations. The HA should justify why 73 types of drugs commonly used by patients had not been included in the Formulary;

(b) in the event of disputes as to why certain drugs were not included in or removed from the Formulary, the differences should be considered and resolved by medical and relevant professional bodies

based on clinical and therapeutic evidence;

(c) where the particular clinical conditions showed that certain non-HA standard drugs were of benefits to the patients, the drugs should continue to be prescribed for the patients;

(d) Glivec and Interferon-Bata, which were expensive but of significant benefits to the patients, should be included in the Formulary as HA standard drugs;

(e) an effective and sustainable safety net mechanism should be provided to patients in genuine hardship. The Samaritan Fund alone could hardly provide adequate protection; and

(f) additional criteria such as the disposal income of patients and upper ceilings of medical expenses for treatment of different illnesses should apply in considering grant of financial assistance for patients.

The Hong Kong Association of the Pharmaceutical Industry
(LC Paper No. CB(2)994/04-05(07))

7. Dr Anthony CHAN briefed members on the views of the Hong Kong Association of the Pharmaceutical Industry as follows -

(a) the introduction of a standard Formulary was worthy of support in principle. However, there must be a high degree of transparency in drawing up the Formulary and consistency in applying the Formulary;

(b) it should be ensured that patients suffering from the same illness should have an equal opportunity to access the same drugs for their treatment;

(c) the HA should constantly review and update the Formulary under an effective review mechanism so that new drugs of greater benefits and less side effects to the patients could be included. HA should also strengthen information provided to the public to assist patients in making well informed choices if they were prepared to purchase drugs at their own costs;

(d) the HA should explain the principles of drug prescription to the public. The meaning of specified clinical conditions should also be clarified;

(e) the operation of the safety net mechanism should be clearly explained; and

(f) full public consultation should be conducted before implementation of the Formulary, taking also into account the views of patients' groups, private medical practitioners, pharmacists and pharmaceutical manufacturers etc.

Society for Community Organisation
(LC Paper No. CB(2)994/04-05(08))

8. Mr PANG Hung-cheong introduced the main points of the submission from the Society for Community Organisation as follows -

(a) the policy of requiring even the poor patients to pay for non-standard drugs which were of significant benefits was against the principle and objective of an equitable public healthcare policy and could not be accepted. Drugs with high clinical efficacy, regardless of their costs, should be included in the Formulary;

(b) the existing safety net system did not live up to its name because it was not adequate to protect the needy patients. The assessment criteria for assistance should be reviewed taking into account more equitable and objective yardsticks such as the family background of the patients, disposal income and capital, expenses spent on drugs and treatment etc;

(c) the Formulary should be updated regularly and where necessary. A review should be undertaken by a committee with wide representation including patients' representatives; and

(d) the Government should -

(i) provide more funding to the HA and improve the financial viability and stability of the Samaritan Fund; and

(ii) proceed with the review of long-term financing options for public medical services as a matter of priority.

Hong Kong Lupus Association
(LC Paper No. CB(2)1008/04-05(02))

9. Ms KWOK Pui-kam presented the submission of Hong Kong Lupus Association as follows -

(a) although Mycophenolate Mofetil for treatment of patients suffering from Systematic Lupus Erythematosus had been included in the Formulary, 17 other drugs also of benefit to the patients had been excluded. The HA should explain the reasons for their exclusion; and

(b) patients had difficulties in knowing whether or not the drugs they were taking were covered in the Formulary as some of the names of the drugs did not totally match.

Chinese Grey Power
(LC Paper No. CB(2)1008/04-05(03))

10. Ms LEUNG Sau-yung presented the views of Chinese Grey Power as follows -

(a) with rapid ageing of the population, more resources should be allocated for provision of public medical services for the elderly. Under the proposed Formulary, 73 types of expensive drugs would need to be self-financed by the patients. This would inevitably add to the hardship of the elderly patients. The fee charging policy for drugs should be dispensed with immediately; and

(b) the period for public consultation on the proposed Formulary should be extended to end of 2005.

The Hong Kong Council of Social Service
(LC Paper No. CB(2)1008/04-05(04))

11. Mr CHUA Hoi-wai took members through the submission of the Hong Kong Council of Social Service (HKCSS), highlighting the main points as follows -

(a) HKCSS supported the introduction of the Formulary for the purposes of standardising drug prescription and the different formularies at present adopted by different public hospitals and clinics. However, there should be a high level of transparency and involvement of patients and professional organisations in deciding the types of drugs to be included in the Formulary. The Formulary should also be regularly reviewed;

(b) in the view of HKCSS, the Administration had introduced a policy change in that expensive drugs would not be covered within the

standard fees and charges of public hospitals and clinics and would have to be self-financed by the patients. This would add financial burden on users of public medical services, especially the chronically ill patients;

(c) instead of introducing piece-meal changes to the existing policy, a comprehensive review of public medical services and healthcare financing options should be undertaken without delay;

(d) until a broad community consensus was reached on long-term financing options for the provision of public medical services, the HA should not exclude drugs proven to be of significant benefits from the Formulary even if the drugs were expensive; and

(e) financial assistance approved under the safety net should be adjusted according to the drug expenses incurred by the patients.

Kwai Chung Estate Residents Rights Concern Group

12. Mr NG Wing-chak said that the Administration should spend public money on areas which could best meet the needs of the people. In his view, the Administration had not set the priorities right, resulting in vast wastage of public resources. He called on the Administration to increase provision of resources to improve medical services for the public, especially the poor, the elderly and the chronically ill, instead of increasing the burden on them through a fee charging policy.

Health Club
(LC Paper No. CB(2)1018/04-05(01))

13. Ms CHAN Suk-yin and Mr YEUNG Yick-chung said that the introduction of a standard drug formulary to impose a "user pays" requirement on patients, including the poor and the chronically ill, could not be accepted. It would only widen the disparity between the rich and the poor, and worsen polarisation in the community. It would also create the undesirable labelling effect that patients were the burden of the community. This would cause additional psychological damage to the patients.

Joyful Club
(LC Paper No. CB(2)1018/04-05(02))

14. Ms YU Ying-ha said that the poor and elderly people living on minimal savings and social security assistance simply could not afford the high drug expenses. Elderly people should be exempt from the self-financing arrangement

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as proposed under the new Formulary to prevent them from being forced to take inferior or less effective drugs.

Issues raised by members

15. Mr Albert CHENG said that given the financial constraints facing the HA, the introduction of the Formulary had been perceived by many as a cost saving measure to reduce public healthcare expenditure. It had also aroused grave concern that doctors in public hospitals and clinics, in prescribing medication for their patients, would be guided by cost saving, rather than clinical efficacy, considerations. As a result, patients would be undesirably classified into those who could afford more expensive and better medicine and those who could not. Mr CHENG said that the HA should not be bound by the expenditure cuts applicable to Government bureaux and departments. Instead, the HA should bid for more resources to enhance provision of medical services to the public.

16. Mr LEE Cheuk-yan said that the implementation of the Formulary reflected a change in public health policy, which all along had been that public hospitals should provide the same treatment to patients with the same illnesses regardless of their financial affordability, and that patients should not be deprived of the best treatment because of a lack of means. He stressed that the existing policy should be upheld.

17. Mr LEE Cheuk-yan further pointed out that with the introduction of the Formulary, non-HA standard drugs of significant benefits but expensive in cost would have to be self-financed by the patients, as they would no longer be covered under the standard fees and charges of public hospitals and clinics. He expressed concern that in spite of the provision of a safety net through the Samaritan Fund, patients with financial problems could not be adequately protected because many of them would still fail by a narrow margin to meet the eligibility criteria for the subsidy. Moreover, the public had only limited knowledge of how the Samaritan Fund was operating at present. Mr LEE considered that the criteria for assessing eligibility for assistance under the safety net should be reviewed, and the transparency of the vetting procedure should be improved.

18. Mr Albert HO said that provision of equitable medical services should not depend on the affordability of the patients. He opined the subsidy principle under the existing public health policy should be maintained, and that the Government should not use the Formulary as a "backdoor" measure to reduce expenditure on public healthcare services.

19. Mr Albert HO further opined that the proposed classification of drugs to be included in the Formulary would inevitably give rise to arguments as to which types of drugs should be included as HA standard drugs and which should not.

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There were also bound to be divergent views on reclassification of the drugs to be included in or removed from the Formulary. In his view, instead of introducing the Formulary at the present stage, the Administration should proceed with the review of healthcare financing as a matter of priority and undertake full public consultation on the matter.

20. Mr LEE Cheuk-yan and Ms LI Fung-ying opined that to increase public confidence in the Formulary, the Administration should explain clearly to the community the criteria for determining the drug items included in the Formulary and any subsequent additions and deletions of the drug items.

21. Mr LI Kwok-ying said that there were many cases in which patients suffering from serious diseases such as cancer could not afford the cost of an effective but expensive drug. He stressed that equitable medical care must be provided to patients regardless of their affordability, particularly for patients suffering from acute illnesses. He opined that the present proposal, which provided that drugs outside the Formulary might have to be self-financed by the patients, was to rationalise a practice which was unreasonable.

22. Miss CHAN Yuen-han expressed similar views. She said that the safety net system as it stood could not provide adequate protection particularly for the aged and the chronically ill patients who had to take very expensive drugs on a long-term basis. She urged the Administration not to implement the Formulary in haste unless a consensus in the community was reached after full consultation.

23. Dr Fernando CHEUNG said that the policy of standardisation of drugs and their utilisation in all HA hospitals and clinics was not objectionable in principle. However, if the real objective of introducing the Formulary was to achieve resource savings leading to reduction in equitable medical care provided to the public, then the proposal should not be supported. He said that the Administration should not introduce the Formulary if there were strong opposing sentiments in the community. The appropriate way forward was for the Administration to concentrate its efforts on a review of healthcare financing and work out a long-term strategy for wide public discussion within the community.

24. Dr KWOK Ka-ki declared that he was a member of HA. He said that he accepted the rationale for standardising the different drug formularies currently adopted by public hospitals and clinics and the variations in drug charges. However, he doubted whether this was the opportune time for the introduction of the proposed Formulary in view of the widespread objections raised by concerned bodies including the patients' groups. Dr KWOK pointed out that the proposed introduction of the Formulary had given rise to the undesirable perception that whether public resources should be used to assist patients depended on the cost of the medical care, instead of the genuine need of the patients. He was concerned

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that it would likely lead to disputes between patients and doctors over drug prescriptions.

25. Dr KWOK Ka-ki further said that given the fact that the Administration was in the course of taking forward a study on long-term healthcare strategies and financing options, it would be worthwhile for the Administration to consider deferring the matter of a standard drug formulary to be dealt with in the context of its review of healthcare financing.

26. In response to members' views, Principal Assistant Secretary for Health, Welfare and Food (Health)2 (PASHWF) said that the Administration had no intention to change the existing healthcare policy or to use the Formulary as a means to save costs. Under existing practice, individual hospitals and clusters could maintain their respective drug formularies, and there were variations in practice across HA hospitals in terms of clinical use of new drugs and the drugs which patients needed to purchase at their own expense. Consequently, patients with similar clinical conditions could receive different drug therapies at different hospitals or could be required to pay for the cost of a drug in one hospital but not be required to do so at another. The purpose of introducing a standard formulary was to standardise the prescription and utilisation of drugs in HA hospitals and clinics and the different drug formularies currently adopted by individual public hospitals to ensure that patients in similar clinical conditions would have access to the same drugs. By way of the Formulary, the fees charged for the drugs on patients seeking treatment at HA hospitals and clinics could also be standardised.

27. PASHWF further explained that at present, some expensive drugs were already self-financed by patients. One important aspect of the Government's healthcare policy was that patients who could afford to pay should contribute to the drug expenses, whereas those in genuine hardship were given assistance under the targeted subsidy principle. She said that there was no change to the existing fee charging policy.

28. D(PS&O) said that the Administration and the HA would carefully consider the concerns and views expressed by members and the deputations with an open mind. He assured that the Administration and the HA would involve the participation of concerned parties, including non-government organisations and patients' groups, in reviewing and improving the proposal. He made some responses to the views expressed as follows -

(a) it had always been the Government's policy that no one would be denied adequate medical care because of a lack of means. The Formulary was a measure to protect equity and fairness in access to drugs of proven clinical efficacy and cost effectiveness. There was no question of patients receiving different treatments according to

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their affordability of the drug expenses as the present draft Formulary included more than 1 200 types of drugs which covered the standard drugs treatment required by patients, in particular the elderly and the chronically ill. Of those included in the Formulary, more than 60 types of drugs were for treatment of cancer-related diseases;

(b) there were 32 types of drugs which were formerly classified as HA standard drugs but had not been included in the Formulary. These drugs had been replaced by other more effective drugs covered in the Formulary;

(c) there were clear guidelines for doctors on drug prescription but doctors could exercise discretion and flexibility in prescribing medication in individual cases, taking into account the particular clinical conditions of the patients. On the other hand, with increasing knowledge of patients relating to alternative therapeutic options, the choice of patients who preferred to choose options outside the Formulary should be respected. For drugs such as those which were extremely expensive for HA to provide as part of its subsidised service, or drugs which had only limited therapeutic evidence or marginal benefits to the patients, the HA considered that it might not be appropriate to include them in the Formulary and to cover them within the standard fees and charges;

(d) the Formulary would be reviewed as and when necessary. In revising the Formulary, the HA would be guided by principles in evidence-based medical practices, rational use of public resources and facilitation of patients' choice. Public education and publicity on drug prescription and the policy intent of introducing the Formulary would be strengthened. This would increase public understanding and confidence in drug prescription in public hospitals and clinics and minimise possible conflict between patients and doctors; and

(e) on the administration of a safety net to provide financial assistance to patients who had difficulties in meeting the cost of drugs, the Administration considered that the existing system under which Medical Social Workers assessed applications for medical fee waiver on a case by case basis had been functioning satisfactorily. Nevertheless, the Administration was mindful of the need to have equitable and objective criteria for the fair assessment of the applications, and enhance transparency of the system. In this connection, the Administration welcomed views and suggestions

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from concerned parties, and would continue to work closely with organisations in the social work sector to improve the system.

Motion

29. Mr Albert HO said that he objected to the position of the Administration and the HA that even for drugs proven to be of significant benefits but extremely expensive for the HA to provide as part of its subsidised service, the drugs would have to be self-financed by the patients. In his view, such drugs should be provided within the standard fees and charges at public hospitals and clinics and not subject to means testing of the patients. He proposed a motion as follows -

"鑑於醫管局在標準藥物名冊的諮詢文件中建議，"經證實有顯著療效，但超出醫管局一般資助服務範圍內所能提供的極度昂貴藥物"，病人需自負費用，衞生事務委員會對此表示反對。委員會要求，已有臨床資料證實療效的非標準藥物，即使價錢昂貴，經專科醫生評估後，斷定為屬病人必須使用的藥物，應只收取標準藥物的費用，不應再設入息審查。"

(Translation)

"The Panel on Health Services opposes the proposal made by the HA in the consultation paper on the Standard Drug Formulary that for 'drugs proven to be of significant benefits but extremely expensive for HA to provide as part of its subsidised service', patients have to purchase such drugs at their own expenses. The Panel demands that non-standard drugs clinically proven to be of benefits and confirmed by specialists upon assessment to be essential for patients, albeit expensive, should be charged within the standard fees, and not subject to means testing."

30. Mr LI Kwok-ying said that to afford better protection for the patients, the cost of drugs proven to be of significant benefits but extremely expensive should be fully met by the HA and free from any means testing of the patients. Moreover, an appropriate fee reduction mechanism should be put in place for the benefit of patients receiving non-HA standard drugs which were outside any safety net protection. Mr LI Kwok-ying proposed to amend Mr Albert HO's motion as follows -

"鑑於醫管局在標準藥物名冊的諮詢文件中建議，"經證實有顯著療效，但超出醫管局一般資助服務範圍內所能提供的極度昂貴藥物"，病人需自負費用，衞生事務委員會對此表示反對。委員會要求，已有臨床資料證實療效的非標準藥物，即使價錢昂貴，經專科醫生評估後，斷定為屬病人必須使用

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的藥物，應全部由醫管局資助，不應再設入息審查，並為沒有設立任何安全網制度的非標準藥物，制訂合適的藥費減免機制，以令病人不會因經濟困難而失去治療的機會。”

(Translation)

“The Panel on Health Services opposes the proposal made by the HA in the consultation paper on the Standard Drug Formulary that for ‘drugs proven to be of significant benefits but extremely expensive for HA to provide as part of its subsidised service’, patients have to purchase such drugs at their own expenses. The Panel demands that non-standard drugs clinically proven to be of benefits and confirmed by specialists upon assessment to be essential for patients, albeit expensive, should be fully subsidised by the HA, and not subject to means testing; furthermore, an appropriate fee waiver mechanism should be put in place for non-standard drugs which are not covered in any safety net system to ensure that patients will not be deprived of medical treatment for lack of means.”

31. After deliberation, the Chairman put Mr Albert HO’s motion as amended by Mr LI Kwok-ying to vote. All members present voted for. The Chairman declared that Mr Albert HO’s motion as amended by Mr LI Kwok-ying was carried.

Admin/ HA

32. The Chairman called on the Administration and the HA to take consideration of the motion passed by the Panel.

33. There being no other business, the meeting ended at 7:00 pm.

Council Business Division 2
Legislative Council Secretariat
30 June 2005