立法會
Legislative Council

LC Paper No. CB(2)91/06-07
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 10 July 2006 at 8:30 am
in the Chamber of the Legislative Council Building

Members present	:	Dr Hon KWOK Ka-ki (Chairman) Dr Hon Joseph LEE Kok-long, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, JP Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon CHAN Yuen-han, JP Hon Bernard CHAN, GBS, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Hon LI Fung-ying, BBS, JP Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH, JP
Members attending	:	Hon CHAN Kam-lam, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Dr Hon Fernando CHEUNG Chiu-hung
Public Officers attending	:	Items III and IV Miss Susie HO, JP Deputy Secretary for Health, Welfare and Food (Health) 1

Action

Item III

Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

Dr P Y LAM, JP
Director of Health

Dr Gloria TAM, JP
Assistant Director of Health
(Health Administration & Planning)

Dr Monica WONG
Principal Medical & Health Officer
Department of Health

Item IV

Ms Ernestina WONG
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

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

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

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

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

Action

I. Confirmation of minutes
(LC Paper No. CB(2)2653/05-06)

The minutes of meeting held on 12 June 2006 were confirmed.

2. The Chairman said that at the last meeting held on 12 June 2006, the Administration was requested to inform members by the next meeting of the timing of presentation of possible healthcare financing options for public discussion, as well as to provide the results of the willingness-to-pay survey and a study on the financial impact of fees revision options on the Hospital Authority (HA) users conducted by the HA. The Chairman asked about the progress made in this regard.

3. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) responded that as the Administration was still working on verifying and analysing the relevant data which were more complicated than expected, it was unlikely that the consultation document on healthcare financing options could be unveiled within the current legislative session. The Administration however hoped that this could be realised in September/October 2006. As regards the publication of the results of the willingness-to-pay survey and a study on the financial impact of fees revision options on HA users conducted by the HA, DSHWF(H) said that they would be dovetailed with the publication of the consultation document on healthcare financing options.

II. Information paper(s) issued since the last meeting
(LC Paper Nos. CB(2)2665/05-06(01) and CB(2)2706/05-06(01))

4. Members noted a letter dated 27 June 2006 from Mr Andrew CHENG requesting to discuss the issue of expansion of private services by the HA (LC Paper No. CB(2)2665/05-06(01), and a letter dated 7 July 2006 from Dr YEUNG Sum requesting to disucss the issue of separating the dispensing and prescribing of drugs (LC Paper No. CB(2)2706/05-06(01)). The Chairman suggested and members agreed to include these two issues in the list of outstanding items for discussion.

III. Regulation of "Health Maintenance Organisations"
(LC Paper No. CB(2)2654/05-06(02))

5. Assistant Director of Health (Health Administration & Planning) (ADH(HA&P)) briefed members on the Administration's views on the way forward in respect of the regulation of "Health Maintenance Organisations" (HMOs) with the aid of a power point, details of which were set out in the

Action

Administration's paper.

6. Mr Andrew CHENG said that the suggestion of introducing medical directors to be held accountable for the medical decisions in HMOs fell far short of safeguarding public health. In his view, HMOs should be regulated.

7. DSHWF(H) responded that the Administration had not ruled out regulating HMOs. DSHWF(H) pointed out that currently, with the exception of private hospitals and nursing homes, most private medical facilities (including medical clinics) were not subject to statutory regulation. The standard of medical services was however assured through regulation of medical practices by the Medical Council of Hong Kong. In the longer term, there might be a need to consider whether such healthcare facilities should be subject to some form of statutory registration.

8. Director of Health (D of H) supplemented that requiring the HMOs to appoint a medical director was the fastest way to better safeguard patients' interests, as the medical directors, being medical practitioners themselves, would also be subject to regulation by the Medical Council. Such requirement should however not be taken to mean that no other regulatory options would be considered. In view of the myriad division of labour embodied in the delivery of healthcare services by the HMOs as depicted in a diagram in paragraph 8 of the Administration's paper, more time was needed for the Administration to identify which party should be subject to statutory registration and in what form.

9. Ms LI Fung-ying expressed disappointment that no mention was made in the Administration's paper on way to eradiciate HMOs dispensing unregistered drugs to their patients and hiring unqualified persons to perform the duties of doctors in the evening.

10. D of H responded that there was legislation to prohibit the acts mentioned by Ms LI in paragraph 9 above. D of H further said that the major concern about the operation of HMOs was to ensure patients' interests and that employee doctors' professional judgment would not be compromised at the expense of generating more profits. The Administration considered the medical director concept an effective first step to safeguard the interests of HMO users.

11. Ms LI Fung-ying asked about the timing for requiring the appointment of a medical director in a HMO. As the owner or one of the owners of a HMO could be a doctor, Ms LI asked how patients' interests could be safeguarded if this owner took up the role of a medical director.

12. D of H responded that should members support the medical director concept for the HMOs, work would immediately commence to study the detailed role of

Action

such medical directors, the need for registration, the appropriate regulator, and the delineation of responsibilities between medical directors, frontline doctors and owners of the medical practices. The outcome of the studies would be presented to the Panel for consideration in the next legislative session. D of H further said that the fact that an owner or one of the owners of a HMO assumed the role of medical director should not erode the additional safeguard intended for the patients, as the medical director would be held accountable for all the medical decisions made in the HMO. D of H also pointed out that irrespective of whether the owner of a HMO assumed the role of medical director, he/she would still be liable to civil claims for negligence/malpractice in the provision of medical services.

13. Dr YEUNG Sum said that enacting legislation to regulate HMOs was the only effective way to safeguard the welfare of patients, and asked whether this was the Administration's objective.

14. D of H responded that the Administration was sincere in improving the present regulatory regime over quality of medical services provided by HMOs. To that end, a working group was set up by the Department of Health to study the issue and collect views from stakeholders. In the past two months, the working group met with over 40 groups concerned. Despite the diverse views expressed on how HMOs should be regulated as set out in paragraphs 14-16 of the Administration's paper, the stakeholders were generally receptive to the medical director concept. D of H reiterated that the Administration had not ruled out the option of enacting legislation to regulate HMOs. However, given the complicated relationship among different parties involved in the delivery of healthcare services provided by HMOs, more time was needed to find out which party in the chain should be held accountable and which aspect of the whole operation should be regulated before determining how they should be regulated.

15. Mr LI Kwok-ying was of the view that to better ensure that medical directors would act in the best interests of patients, consideration should be given to making their appointment independent from HMOs. Mr LI pointed out that if that was not the case, HMO owners could always use money to lure their medical directors to act improperly. Mr LI further asked about the need to enhance doctors on medical ethics and medical legislation in Hong Kong, and questioned whether this was due to the inadequate teaching in this regard by the medical schools.

Admin

16. DSHWF(H) agreed to consider the suggestion of appointing medical directors independently from HMOs.

17. D of H said that he was not overly worried that medical directors would risk or sacrifice their professional qualifications for money. D of H reiterated that the

appointment of medical directors by HMOs was to ensure that the professional autonomy of doctors would not be compromised by commercial decisions. D of H further said that the proposal to enhance doctors on medical ethics and medical legislation in Hong Kong did not mean that medical schools had not done enough in this regard. As the operation of HMOs was very different from other forms of provision of primary services, such as solo practice, and having regard to the rapid development of HMOs in Hong Kong, it was considered useful to remind doctors, particularly those who had graduated many years ago, of the details of Medical Council's Professional Code and Conduct. Similarly, the opportunity should be taken to keep doctors abreast of the latest medical legislation in Hong Kong.

18. Mrs Selina CHOW considered the appointment of medical directors to take responsibility for all the medical decisions in HMOs and the development of a code of practice for HMOs were the right direction in protecting public health interests short of legislation. As enacting legislation to regulate HMOs might be the ultimate goal in safeguarding public health, Mrs CHOW asked what reference could be drawn from overseas jurisdictions in regulating HMOs in Hong Kong.

19. DSHWF(H) advised that among the developed countries, the United States (US) had an elaborate regulatory system specific to HMOs. In contrast, the United Kingdom (UK), Canada and Australia had only general regulatory regimes that regulated medical units, such as hospitals, clinics and nursing homes. DSHWF(H) pointed out that there was no model which Hong Kong could emulate on for regulating HMOs in the territory as the landscape of the HMOs in Hong Kong was different from other places. For instance, the healthcare system of the US was largely insurance-based and employer-financed, whereas the UK, Canada and Australia had largely tax-based public healthcare systems which provided relatively inexpensive medical services to their citizens. Singapore also had a significant public healthcare delivery system subsidised by government revenue.

20. Dr Joseph LEE expressed doubt about the effectiveness of the proposed measures of requiring HMOs to appoint medical directors and implementing a code of practice for HMOs in safeguarding patients' interests, as these measures only focused on regulating the professional conducts of doctors, which at present was adequately regulated by the Medical Council, whereas the crux of the problem lay in the lack of regulation over the commercial activities of the HMOs. Dr LEE pointed out that the experience of the community pharmacies was a testament that merely requiring these pharmacies to employ registered pharmacists were not effective in preventing the incidents of these pharmacies selling unregistered drugs and employing unregistered pharmacists outside office hours from occurring.

21. D of H responded that the role of the medical directors was to act as a gatekeeper to ensure that the delivery of medical services by the HMOs would not be compromised by commercial decisions. D of H reiterated that the

Action

Administration had not ruled out subjecting HMOs to statutory regulation, but more time was required to hammer out the way forward. D of H further said that although owners of HMOs would not be held accountable for improper acts on their clients by the Medical Council if they were not doctors, people who were aggrieved by the acts of the HMOs could always seek recourse from the courts for vicarious liability against the owners.

22. Ms Audrey EU questioned how the proposed measures of requiring HMOs to appoint medical directors and implementing a code of practice for HMOs could override commercial decisions to make more money. DSHWF(H) responded that the concern raised by Ms EU could be addressed through the delineation of responsibilities between medical directors, frontline doctors and owners of the HMOs, albeit striking such a delineation would not be easy.

23. The Chairman said that to require HMOs to appoint medical directors and observe a code of practice were all well and good, but these measures could not replace the need to subject HMOs to statutory registration so as to hold owners of HMOs accountable for engaging in illegal or unethical acts on their clients. The Chairman referred members to a letter from the Hong Kong Medical Association dated 8 July 2006 tabled at the meeting requesting the Administration to implement a registration regime for HMOs.

24. DSHWF(H) responded that apart from holding the medical directors accountable for all medical decisions in HMOs, consideration would also be given to whether there was a need for these directors to be registered, and if so, which body should be the regulator, so as to ensure that professional judgments would be compromised by commercial decisions in HMOs. D of H reiterated that in the longer term, it was the Administration's intention to consider whether private medical facilities, with the exception of private hospitals and nursing homes, should be subject to statutory regulation; and if so, in what form.

25. The Chairman asked what action would be taken by the Administration to ensure that all HMOs would appoint a medical director in their medical practices.

26. D of H responded that large group practices and scheme administrations in general did not have strong views about the medical director concept. To ensure that all HMOs complied with the appointment of medical director, insurance companies would be advised on not working with those HMOs which did not have a medical director. Where necessary, consideration could be given to enacting legislation making such appointment mandatory.

27. Mr Andrew CHENG was adamant that the Administration must enact legislation to subject HMOs to statutory registration, and requested it to revert to the Panel on how it intended to take the matter forward before the end of the year.

Action

In the meantime, appropriate administrative measures should be taken to safeguard patients' interests. Dr YEUNG Sum and Miss CHAN Yuen-han echoed similar views. Miss CHAN further said that at present HMOs were allowed to advertise their services, whereas those in solo medical practice could not do so. She considered that this should be addressed to ensure a level playing field for solo practitioners and HMOs.

28. DSHWF(H) reiterated that should members consider the medical director concept for HMOs worth pursuing, the Administration would immediately embark work on examining the detailed role of such medical directors, the need for registration, the appropriate regulator, and the delineation of responsibilities between medical directors, frontline doctors and owners of the medical practices. DSHWF(H) further said that the Administration had no strong views on doctors advertising their services, which at present was prohibited by the Medical Council. The issue of medical practices advertising their services, be they were HMOs or private clinics, would be reviewed in the longer term when considering the regulation of these healthcare facilities.

29. D of H also reiterated that in view of the complicated relationship among parties involved in managed care, some time was needed to identify which party and which aspects of the operation should be regulated and in what form. In considering the regulation of HMOs, there was also a need to consider how private medical clinics should be regulated. The appointment of a medical director and the development of a code of practice were the first steps to ensure the quality of medical services provided by HMOs. Should members support the idea of appointing the Medical Council as the regulator of the medical directors, the Administration would be happy to take the mattering with the Medical Council.

Admin 30. In closing, the Chairman requested the Administration to report to members before the end of 2006 on the progress made in taking forward the medical director concept for HMOs.

IV. Review of Hospital Authority drug formulary

(LC Paper Nos. CB(2)2654/05-06(01), CB(2)2665/05-06(02) and CB(2)2706/05-06(02) to (04))

31. Director (Professional Services & Operations), HA briefed members on the results of the review on the HA Drug Formulary (the Formulary) with the aid of a power point, details of which were set out in the Administration's paper (LC Paper No.CB(2)2654/05-06(01)) and the powerpoint materials tabled at the meeting.

32. The Chairman drew members' attention to the three submissions from the Practising Pharmacists Association of Hong Kong (PPA) (LC Paper Nos.

Action

CB(2)2706/05-06(02) to (04)), a further submission from PAA (LC Paper No. CB(2)2717/05-06(04)) tabled at the meeting, and one submission from the Patients' Alliance for Healthcare Reform (LC Paper No. CB(2)2665/05-06(02)).

33. Miss CHAN Yuen-han said that she remained of the view that the implementation of the Formulary had increased financial burden on people with meagre means and/or were chronically-ill. Miss CHAN further expressed concern about HA's proposal to expand the categories of self-financed items (SFI) drugs currently supplied by HA to cover all prescriptions within the Formulary issued for purchase by patients at their own expenses, i.e. SFI drugs currently prescribed by HA to patients for purchasing at community pharmacies, as such a move would undermine the business of community pharmacies. There was also the concern that additional revenue made by HA from selling SFI drugs to patients would be used on giving out bonuses to HA senior executives.

34. Director (Professional Services & Operations), HA responded that the objective of the Formulary was to ensure equitable access to cost effective drugs of proven efficacy and safety, through standardisation of drug policy and drug utilization in all HA hospitals and clinics. HA attached great importance to the affordability of drugs prescribed to its patients. To that end, only a nominal fee of $10 was levied on each drug item contained in the standard list of the Formulary as per description period. Director (Professional Services & Operations), HA further said that the drug items contained in the Formulary could largely serve the drug needs of patients, as evidenced by the fact that SFI items only constituted 1.8% of the total HA prescriptions to patients.

35. As regards HA's proposal to enhance the existing mode of drug supply on drugs requiring purchase by patients at their own expenses, Director (Professional Services & Operations), HA said that the reason for proposing such was because most of the respondents of the recent review on the Formulary, in particular patients and patient groups, were in favour of HA supplying SFI drugs. Many patients indicated that they had difficulties in verifying the authenticity of drugs and in identifying their source. Some chronic patients also cited access problems in the community, recounting experience where they had to visit multiple community pharmacies to procure all the different drugs required. Director (Professional Services & Operations), HA further said that HA was mindful of the impact of HA supplying drugs to patients on the private market. In order to minimise interference with the private market, the HA would only supply drugs prescribed by the HA doctors to patients. In addition, prices for SFI drugs supplied by the HA would be set at rates which were comparable to the levels in the market. However, this pricing strategy would only apply to the expanded SFI drugs. Prices for SFI drugs within the three existing categories would continue to be determined largely on the basis of cost recovery. In line with the HA's status as a public organisation with the principal objective of providing the public of

Action

Hong Kong with quality medical services, additional revenue to be generated by the supply of SFI drugs would be fully ploughed back to meet the expenditure, especially the expenditure on drugs, of the HA's public medical services.

36. Noting that SFI items were contained in 1.8% of the total HA prescriptions to patients, Dr Fernando CHEUNG sought information on the number of patients involved, the types of drugs involved, the average monthly cost borne by each patient for purchasing SFI drugs and which SFI drugs were covered by the Samaritan Fund as a safety net. Dr CHEUNG further asked the following questions -

(a) whether consideration could be given to including Chinese medicine consultation fees and food supplements in the list of items covered by the Samaritan Fund; and

(b) what was the average time taken to introduce new drugs into the Formulary and what was the targetted time for doing so in future.

Dr CHEUNG also requested the HA to provide a paper setting out the impact of SFI drugs on HA patients before and after the implementation of the Formulary after the meeting. Dr CHEUNG hoped that HA staff would apprise patients, who needed to purchase SFI drugs, of the existence of the Samaritan Fund so that patients with meagre means would know where to seek financial assistance to pay for their SFI drugs.

Admin

37. Director (Professional Services & Operations), HA agreed to provide the information requested by Dr CHEUNG in relation to SFI drugs after the meeting. As regards the suggestion of including Chinese medicine consultation fees and food supplements in the list of items allowable for deduction as essential expenditure in Samaritan Fund application, Director (Professional Services & Operations), HA said that under the existing system, medical expenditure paid for the public medical services were categorised as deductible expenditure in calculating the financial means of the patient. As regards including food supplements in the list of items for assistance under the Samaritan Fund, Director (Professional Services & Operations), HA said that the HA had no plan to do so. On the time taken to introduce new drugs into the Formulary, Director (Professional Services & Operations), HA said that the HA hoped that with the evaluation criteria for such being made more explicit to the pharmaceutical industry, the time taken to do so could be shortened from the present some six months to three months.

38. Dr Joseph LEE asked why the HA had ignored the call from the pharmaceutical industry to allow community pharmacies to set up pharmacies in HA hospitals to sell SFI drugs to HA patients.

Action

39. Director (Professional Services & Operations), HA clarified that the HA had not yet come to a decision on its supplying all SFI drugs to HA patients. With regard to this option, HA needed to consider several issues. First, the annual sale volume of SFI drugs might be too small to spread among private pharmacies for them to be viable. Second, leaving the supply of SFI drugs to HA patients to the private sector might lead to monopoly by large companies. Third, the quality and safety of SFI drugs sold at HA hospitals had to be assured. Director (Professional Services & Operations), HA further said that no matter which mode of supply of SFI drugs to HA patients the HA would take in the end, the overriding principle was that it must be in the best interests of patients.

40. Dr Joseph LEE remarked that the concerns cited by Director (Professional Services & Operations), HA were unfounded. For instance, a business that could generate $3.8 million revenue a year was not a small amount to many community pharmacies. The concern about large companies monopolising a business was nothing new in an open market, as could be seen by 7-Eleven and Circle K occupying all convenience stores at HA hospitals. Responding to Dr LEE's enquiry on when the HA would come to a decision on the mode of supply of SFI drugs to HA patients, Director (Professional Services & Operations), HA said that he could not give a date at this stage as the issues involved were quite complicated. The HA would hold a meeting with the trade next week to further discuss the viability of involving the private sector in the supply of SFI drugs to HA patients.

41. Noting that two of the evaluation criteria adopted by the HA to introduce new drugs into the Formulary were drug cost versus alternatives and cost impact to the HA, Mr Andrew CHENG expressed concern that the HA would compromise patients' interests to save money, having regard to the decreasing Government funding to the HA in recent years. In the light of this, Mr CHENG suggested that the decision of introducing new drugs into the Formulary be made by a committee comprising people from outside the HA such as, the pharmaceutical industry, the medical sector, patients groups and academia, to safeguard patients' interests.

42. DSHWF(H) responded that there was no cause for concern that the HA would compromise patients' interests to save money, despite the facts that resources were finite and costs of medicine and medical equipment were rising rapidly. DSHWF(H) further said that it was not true that funding to the HA was dropping. As announced by the Financial Secretary in this year's Budget, apart from converting an amount of $650 million one off funding, which lapsed at the end of March 2006, into recurrent funding of the HA, additional recurrent provision of $300 million was provided to the HA in the coming year's budget with additional recurrent $300 million in each of the following two years. Such arrangement would help to alleviate the stringent financial condition of the HA and would provide more certainty to the Authority in respect of its resources, enabling

Action

it to make longer term financial arrangements.

43. Director (Professional Services & Operations), HA supplemented that in the development of the Formulary, the HA was guided by the principle that public resources should be utilised with maximal effect of healthcare, and had equitable access by all patients. Other core values included evidence-based medical practice, rational use of public resources, targetted subsidy and opportunity cost considerations, and facilitation of patient's choice. Director (Professional Services & Operations), HA further said that there was no need to set up a committee comprising people from outside the HA to introduce drugs into the Formulary, as the HA had already set up an Expert Panel comprising professionals, such as pharmacists and academics in pharmacology from outside the HA.

44. Mrs Selina CHOW urged the HA not to decide on HA supplying the SFI drugs to its patients without first listening to the proposals put forward by the trade. Mrs CHOW pointed out that the trade had already invested a large sum of money as a result of the promulgation by the HA years ago to promote private/public collaboration in the provision of healthcare services.

45. Director (Professional Services & Operations), HA reiterated that the HA would arrange a meeting with the trade next week to discuss the viability of involving the trade in the supply of SFI drugs to HA patients. Director (Professional Services & Operations), HA further said that promoting greater private/public collaboration in the provision of healthcare services was a long-term goal of the HA. The HA would endeavour to see how best such collaboration could be taken forward.

46. Mr LI Kwok-ying asked whether consideration would be given to discontinuing the Formulary, having regard to the fact that patients with meagre means were forced to purchase certain drugs prescribed by HA doctors. Mr LI expressed concern whether the Samaritan Fund had sufficient fund to act as a safety net in the long term, having regard to the fact that it gave out on average $3.8 million to the needy patients each month.

47. Director (Professional Services & Operations), HA responded that according to the results of the recent review on the operation of the Formulary, feedback from the public was that they were generally in support of the new arrangements. Issues that warranted further examination mainly centred on the mode of supply of SFI drugs, assistance under the Samaritan Fund as a safety net and the introduction of new drugs into the Formulary. Director (Professional Services & Operations), HA further said that with funding from the Government, such as the injection of $200 million into the Fund last year, the funding-raising campaigns to be organised by the HA and contributions from charitable organisations, it was believed that the Fund could meet the financial needs of the

Action

needy despite the addition of drugs to be covered by the Fund. Director (Professional Services & Operations), HA added that a review would be conducted yearly by the HA to see which SFI drugs could be included in the list of items under the Samaritan Fund or the Formulary based on the evidence of the efficacy and cost effectiveness of these drugs.

48. The Chairman said that it was unfortunate that the HA implemented the Formulary when the way forward on healthcare financing in Hong Kong had yet to be hammered out and agreed on by the public. This had inevitably caused the general public to suspect this was a ploy by the HA to cut cost. The proposal for HA to supply SFI drugs to patients would reinforce the suspicion of the public that the HA was trying to make money from the patients to improve its deficit. The Chairman further said that it was also unfortunate that the concern expressed by the chronically-ill on the financial burden caused by the implementation of the Formulary was not addressed by the HA in its review of the Formulary. Ms LI Fung-ying echoed similar views.

49. DSHWF(H) responded that the revenue from the sale of drugs by the HA only constituted a very small percentage of the total revenue of the HA. Director (Professional Services & Operations), HA supplemented that the HA would continue to apprise the public of the objective and guiding principles of the Formulary to diffuse their unease or queries about the Formulary.

50. The Chairman disagreed that the reason why the public felt uneasy toward the Formulary was because they did not fully understand the objective and guiding principles of the Formulary. The Chairman suggested holding a special meeting in September 2006 to further discuss with the Administration on the supply of SFI drugs to HA patients. Members agreed. Members further agreed to invite representatives from the pharmaceutical trade, the medical sector, patient groups, etc. to give views on the matter.

(*Post-meeting note :* The special meeting to further discuss the supply of SFI drugs in public hospitals had been scheduled for 25 September 2006 at 8:30 am.)

V. Enforcement of Undesirable Medical Advertisements Ordinance (Cap. 231)

(LC Paper No. CB(2)2654/05-06(03))

51. Due to time constraint, members agreed to defer the discussion of this item to the special meeting to be held in September 2006.

52. There being no other business, the meeting ended at 10:50 am.

Action

Council Business Division 2
Legislative Council Secretariat
25 September 2006