

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)1789/06-07  
(These minutes have been  
seen by the Administration)

**Panel on Health Services**

**Minutes of meeting held on Monday, 12 March 2007, at 8:30 am  
in Conference Room A of the Legislative Council Building**

- Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)  
Dr Hon KWOK Ka-ki (Deputy Chairman)  
Hon Fred LI Wah-ming, JP  
Hon CHAN Yuen-han, JP  
Hon Bernard CHAN, GBS, JP  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo  
Hon LI Fung-ying, BBS, JP  
Hon Audrey EU Yuet-mee, SC, JP  
Hon Vincent FANG Kang, JP  
Hon LI Kwok-ying, MH, JP  
Dr Hon Fernando CHEUNG Chiu-hung
- Members absent** : Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
- Public Officers attending** : Items IV and V  
Mr Patrick NIP, JP  
Deputy Secretary for Health, Welfare and Food (Health)  
Miss Pamela LAM  
Principal Assistant Secretary for Health, Welfare and  
Food (Health)  
Dr P Y LAM  
Director of Health

Item IV only

Dr WONG Ka-hing  
Consultant (Special Preventive Programme)  
Department of Health

Item V only

Dr Gloria TAM  
Assistant Director of Health (Health Administration and  
Planning)

Dr Monica WONG  
Principal Medical and Health Officer  
Department of Health

**Deputations  
by invitation** : Item IV

Action for Reach Out

Miss YIM Kit-sum  
Executive Director

Miss Victoria CHEUK Chiu-man  
Programme Officer

Community Health Organisation for Intervention, Care  
and Empowerment Limited

Miss Shara HO Pik-yuk  
Chief Executive Officer

AIDS Concern

Miss Loretta WONG  
Chief Executive

Miss Winnie HO  
Programme Director

Hong Kong AIDS Foundation

Ms LIN Oi-chu  
Chief Executive

Mr William KAM Hing-fat  
Deputy Chief Executive

The Hong Kong Coalition of AIDS Service  
Organizations

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Mr William KAM Hing-fat  
Vice Chairman

Society for AIDS Care

Ms Esther CHOI  
Project Manager

The Boys' and Girls' Clubs Association of Hong Kong

Miss CHUI Mei-shan  
Project Officer

Ms YAU Yuk-lan  
Supervisor

The Society of Rehabilitation and Crime Prevention,  
Hong Kong

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Mr FUNG Cheung-tim  
Planning & Development Manager

Ms YUEN How-siin  
Project Manager, Mercury III - Intensive Support &  
Preventive Programme for AIDS & Blood Borne  
Disease

Hong Kong Federation of Women's Centres

Ms FONG Man-ying  
Director

Ms LI Kai-kuen  
Member

**Clerk in attendance** : Miss Mary SO  
Chief Council Secretary (2)5

**Staff in attendance** : Ms Amy YU  
Senior Council Secretary (2)3  
  
Ms Sandy HAU  
Legislative Assistant (2)5

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**I. Confirmation of minutes**

(LC Paper Nos. CB(2)1039/06-07 and CB(2)1240/06-07)

The minutes of the special meeting held on 23 January 2007 and of the regular meeting held on 12 February 2007 were confirmed.

**II. Information paper(s) issued since the last meeting**

2. There was no information paper issued since the last meeting.

**III. Items for discussion at the next meeting**

(LC Paper Nos. CB(2)1238/06-07(01) and (02), CB(2)1262/06-07(01) and CB(2)1280/06-07(01) and (02))

3. Mr Andrew CHENG and Dr KWOK Ka-ki proposed to discuss the issue of fee sharing arrangements for private patient services at public hospitals, details of which were set out in their respective letter to the Panel (LC Paper Nos. CB(2)1280/06-07(01) and (02)). Members expressed support. The Administration was requested to provide the following information in its discussion paper on the issue -

- (a) fee sharing arrangements between the Hospital Authority (HA) and the two Universities with medical faculties for private patient services provided by the teaching staff from the two Universities concerned;
- (b) fee sharing arrangements between HA and the public hospitals for private patient services provided by non-teaching staff (i.e. HA staff performing private patient services); and
- (c) income generated from private patient services in each public hospital providing such services for the past five years.

4. Members also expressed support for Dr Fernando CHEUNG's suggestion of discussing the issue of obstetric service charge for Mainland

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women whose spouses were Hong Kong residents, details of which were set out in his letter to the Panel (LC Paper No. CB(2)1262/06-07(01)).

5. Noting from the outstanding list of items for discussion (LC Paper No. CB(2)1238/06-07(01)) that the Administration was in a position to discuss the issues of "Rationalisation of public hospital services" and "Poison control" in April 2007, and having regard to the issues agreed by members for discussion as set out in foregoing paragraphs, the Chairman suggested the following arrangements -

Items for discussion at the next regular meeting to be held on 2 April 2007

- (a) Private patient services at public hospitals and fee-sharing arrangements; and
- (b) Rationalisation of public hospital services.

Items for discussion at a special meeting to be held in April 2007

- (a) Obstetric service charge for Mainland women whose spouses were Hong Kong residents; and
- (b) Poison control

Members agreed.

*(Post-meeting note: The special meeting was scheduled for 16 April 2007 at 10:45 am.)*

6. The Chairman reminded the Administration to expeditiously provide responses to the outstanding items in the "List of follow-up actions" (LC Paper No. CB(2)1238/06-07(02)) and, if not possible, to indicate a time frame for providing such. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) agreed.

Admin

**IV. Prevention and control of HIV/AIDS**

(LC Paper Nos. CB(2)1238/06-07(03) and CB(2) 1296/06-07)

7. Consultant (Special Preventive Programme), Department of Health (Consultant (SPP), DH) conducted a power-point presentation on the latest HIV/AIDS situation in Hong Kong and the Government's work in preventing and controlling HIV/AIDS, details of which were set out in the Administration's paper.

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Views of deputations

*Action for Reach Out*

8. Miss YIM Kit-sum presented the views of Action for Reach Out (ARO) as detailed in its submission (LC Paper No. CB(2) 1238/06-07(05)). In particular, ARO urged the Administration -

- (a) to devise a concrete action plan for implementing the "Recommended HIV/AIDS Strategies for Hong Kong 2007-2011" formulated by the Advisory Council on AIDS (ACA) and enhance its role in co-ordinating and monitoring the implementation process;
- (b) to expeditiously conduct a review of the practice of law enforcement officers making arrest on sex workers who were found to be carrying condoms or lubricants, which not only violated human rights and was also not conducive to safe sex;
- (c) to review the policy of requiring non-eligible persons (NEPs) to pay a fee of \$700 for using the Social Hygiene Clinics of the Department of Health (DH) which provided medical check-up, treatment and counselling on sexually transmitted infections (STI); and
- (d) to include AIDS patients, people who were HIV positive and frontline AIDS workers in the membership of ACA.

*Community Health Organisation for Intervention, Care and Empowerment Limited*

9. Miss Shara HO introduced the submission of Community Health Organisation for Intervention, Care and Empowerment Limited (CHOICE) (LC Paper No. CB(2) 1276/06-07(01)). Specifically, CHOICE proposed the following -

- (a) more resources should be provided to non-governmental organisations (NGOs) involving in the prevention and control of HIV/AIDS, having regard to the 19% increase in the number of new HIV infections from 2005 to 2006;
- (b) criteria adopted by the Council for the AIDS Trust Fund (ATF) for approving funding applications should be made clearer;
- (c) policy of requiring NEPs to pay a fee of \$700 for the services of DH's Social Hygiene Clinics should be reviewed; and

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- (d) collaboration with the Mainland organisations concerned should be stepped up to better combat HIV/AIDS.

*AIDS Concern*

10. Miss Loretta WONG introduced AIDS Concern's submission (LC Paper No. CB(2) 1238/06-07(06)). Notably, AIDS Concern recommended that -

- (a) the Administration should take up a leadership role in co-ordinating stakeholders in the fight against HIV/AIDS;
- (b) ACA should take up a leadership role in co-ordinating stakeholders to achieve the eight specific targets laid down in the "Recommended HIV/AIDS Strategies for Hong Kong 2007- 2011", examine as soon as possible the sustainability of ATF, expand the scope of ATF to support projects on cross-border travellers, and engage more people living with HIV/AIDS in the fight against the disease, including enlisting them in the ACA structure;
- (c) the Panel on Health Services should examine the allocation of fund by ATF to ensure effective funding of community-based responses;
- (d) the Council of ATF should regard AIDS NGOs as partners in the fight against HIV/AIDS, including consulting them on any changes in ATF funding priorities and/or allocation;
- (e) condoms should not be used as evidence for prosecution of vice establishments and sex workers;
- (f) STI testing and treatment services of DH's Social Hygiene Clinics should be provided free of charge to NEPs;
- (g) sex education should be made compulsory in the curriculum of primary and secondary schools; and
- (h) the Administration should step up its efforts in fighting AIDS-related stigma.

*Hong Kong AIDS Foundation*

11. Ms LIN Oi-chu presented the views of Hong Kong AIDS Foundation (HKAF) as detailed in its submission (LC Paper No. CB(2) 1238/06-07(07)). Specifically, HKAF proposed that -

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- (a) apart from supporting prevention and care programmes for high-risk groups, the Council on ATF should accord funding priorities to projects targeting at youth, people with disabilities and on fighting the epidemic from across the border and nearby regions;
- (b) ATF should provide funding support to AIDS NGOs for capacity building of their workers, having regard to the ever-changing HIV/AIDS situation in Hong Kong; and
- (c) concrete action plans should be formulated to implement the strategies on preventing and controlling HIV/AIDS for the five years ahead.

*The Hong Kong Coalition of AIDS Service Organizations*

12. Mr William KAM presented the views of the Hong Kong Coalition of AIDS Service Organizations (HKCASO) as detailed in its submission (LC Paper No. CB(2) 1238/06-07(06)). Notably, HKCASO was of the view that -

- (a) people living with HIV/AIDS and frontline AIDS workers should be included on the main committee of ACA; and
- (b) the Council on ATF should publicise information on its funding allocations, such as the annual amounts given to the different project areas, so as to enable AIDS NGOs and the public at large to know whether the funding allocations were following closely the trend of the epidemic.

*Society for AIDS Care*

13. Ms Esther CHOI presented the views of Society for AIDS Care (SAC) as set out in its submission (LC Paper No. CB(2) 1238/06-07(09)). Specifically, SAC made the following points -

- (a) treatment should be provided to Mainland pregnant women giving birth in Hong Kong if they were tested positive with HIV, in order to reduce possible infection of the newborn;
- (b) measures to reduce perinatal transmission of HIV infection should be put in place so that a couple either or both of whom was/were HIV positive did not have to engage in high risk pregnancies;
- (c) more aggressive AIDS acceptance campaign should be jointly conducted by the Government and AIDS NGOs to eradicate discrimination against people living with HIV/AIDS; and



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- (d) despite rapid increase in the number of HIV infection cases in Hong Kong, allocation to AIDS NGOs providing medical and support services to AIDS patients and their families remained at the year 2000 level. Not only was the level of funding inadequate for AIDS NGOs to provide the necessary services to AIDS patients and their families, the provision of such on a triennium basis had made it difficult for these NGOs to plan their works and also made AIDS patients felt their needs were not given due attention by the Government.

*The Boys' and Girls' Clubs Association of Hong Kong*

14. Miss CHUI Mei-shan highlighted the following views of the Boys' and Girls' Clubs Association of Hong Kong, details of which were set out in its submission (LC Paper No. CB(2) 1276/06-07(02)) -

- (a) ATF should support more projects targeting at youth;
- (b) sex education should be made compulsory in the curriculum of primary and secondary schools; and
- (c) ACA should include frontline ADS workers or people living with HIV/AIDS to sit on its main committee so as to effectively implement HIV/AIDS preventive work.

*The Society of Rehabilitation and Crime Prevention, Hong Kong*

15. Ms YUEN How-siin highlighted the following views of the Society of Rehabilitation and Crime Prevention, Hong Kong as detailed in its submission (LC Paper No. CB(2) 1276/06-07(03)) -

- (a) STI testing and treatment services of DH's Social Hygiene Clinics should be provided free of charge to NEPs;
- (b) efforts on raising the awareness of visitors to Hong Kong on HIV prevention and control at all immigration control points should be strengthened; and
- (c) the Council for ATF should provide more financial support to AIDS education programmes for inmates of correctional institutions and consider accepting applications all year round to speed up the funding process.

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*Hong Kong Federation of Women's Centres*

16. Ms FONG Man-ying presented the views of Hong Kong Federation of Women's Centres (HKFWC) as detailed in its submission (LC Paper No. CB(2) 1280/06-07(03)). Specifically, HKFWC expressed concern about the increasing number of low-risk women contracting HIV from their spouses. The Administration was urged to incorporate gender equality in the development of HIV prevention programmes and provide adequate resources to AIDS-related projects targetted at women.

Discussion

*Membership of ACA*

17. Dr KWOK Ka-ki, Mr Fred LI and Dr Fernando CHEUNG shared the views of deputations that people living with HIV/AIDS and frontline AIDS workers should be appointed to sit on ACA.

18. DSHWF(H) responded that although people living with HIV/AIDS and frontline AIDS workers were not appointed to ACA, this did not mean that their views had not been taken into account by ACA in the formulation of strategies against HIV/AIDS. For instance, a broad-based approach of involving different stakeholders was adopted by ACA in the formulation of its five-year HIV/AIDS strategies from 2007-2011, including the community assessment and evaluation exercise embarked on by the Community Forum on AIDS (CFA). CFA was established by ACA in 2005 to provide a platform whereby the views and expertise of organisations and individuals involved in education and services relating to HIV/AIDS could be directly shared and collected to support policy formulation at the ACA level. Membership of CFA included organisations delivering HIV/AIDS services, and representatives of vulnerable groups. The views of deputations would be taken into account when the Administration considered appointments to the next term of ACA commencing 1 August 2008.

*Provision of free/HIV testing and treatment services to sex workers who were not Hong Kong residents*

19. Dr KWOK Ka-ki and Dr YEUNG Sum urged DH to provide free HIV testing and treatment services to sex workers who were not Hong Kong residents, so as to better prevent and control the spread of HIV/AIDS in Hong Kong. They pointed out that the charging of \$700 per consultation for non-Hong Kong residents at DH's Social Hygiene Clinics had deterred many non-local sex workers, who were mainly from the Mainland, to find out whether they were infected with HIV.

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20. DSHWF(H) responded that in order to ensure a rational use of public resources which were finite, it was an established principle under the population policy that heavily-subsidised services should not be diverted to non-Hong Kong residents at the expense of local residents. Hence, only Hong Kong residents were entitled to enjoy public medical services at heavily-subsidised rates. While non-Hong Kong residents were allowed to access public medical services, they were required to pay higher fees. DSHWF(H) further said that although non-Hong Kong residents were charged a fee of \$700 per visit at DH's Social Hygiene Clinic, free HIV testing was available through DH's AIDS hotline for all people regardless of whether they were Hong Kong residents or otherwise.

21. Director of Health (D of Health) supplemented that DH was closely monitoring the risk on public health posed by the charging of HIV testing fee for non-Hong Kong residents. Where practicable, consideration could be given to providing free STI/HIV testing to non-Hong Kong residents. As the annual cost for treating an HIV/AIDS patient could run up to some \$100,000 (consultation fee not included), the Administration had no intention to provide free or heavily-subsidised HIV/AIDS treatment to non-Hong Kong residents. D of Health pointed out that if free or heavily-subsidised HIV/AIDS treatment was provided to non-Hong Kong residents, pressure similar to that exerted by Mainland pregnant women giving birth in Hong Kong on Hong Kong's health care system would recur in view of Hong Kong's good reputation in treating HIV/AIDS.

*Implementation of the HIV/AIDS strategies recommended by ACA*

22. Dr Fernando CHEUNG expressed concern about whether the strategies recommended by ACA in preventing and controlling HIV/AIDS would be followed through and implemented, as there appeared to be a lack of coordination assumed by the Administration in this regard.

23. D of Health responded that the Government attached great importance to preventing and controlling HIV/AIDS, as evidenced by the fact that ACA was not a body formed under DH but at the central level to advise AIDS policies in Hong Kong. D of Health further said that the Government adopted a multi-pronged approach in the prevention and control of HIV/AIDS, including surveillance and monitoring, education and publicity, as well as treatment and care of AIDS patients and people who were HIV positive. DH was the lead Government agency for implementing such measures, the formulation of which was based on the blueprint developed by ACA. DH would continue to work in close partnership with community stakeholders, including AIDS NGOs, as well as other Government departments concerned in achieving the eight targets laid down in the strategies developed by ACA for the five years ahead. A mid-term and a period-end review of achievement of the targets would be made by ACA as had been done in the past.

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*Funding mechanism of ATF*

24. Dr KWOK Ka-ki and Dr Fernando CHEUNG urged the Administration to ensure that ATF was channelled to support worthy community-based programmes and projects such as providing additional medical and/or support services for people living with HIV/AIDS and organising training for frontline AIDS workers to enhance their expertise. Mr Fred LI and Ms LI Fung-ying echoed similar views. Mr LI further said that ATF should fund more projects/programmes targeting at educating youth and students on the prevention of HIV/AIDS, while Ms LI was of the view that money should be earmarked by the Council for ATF to support such projects/programmes.

25. DSHWF(H) responded that ATF was established in 1993 with a sum of \$350 million to provide assistance to people infected with HIV and generally to strengthen medical and support services and public education on AIDS. Applications for programme fund should target at the priority areas recommended by ACA. Support would be given if the applications could meet the approval criteria. Renewal of programme/project would be granted if the applicants could justify the continued need for the programme/project and demonstrate that the funded programme/project had good performance and track records. In response to the changed HIV situation in Hong Kong, ATF had been and would set aside additional funds to support community-based programmes/projects. The launching of a Special Project Fund of \$9 million in December 2006 by the Council on ATF to provide financial support for community-based HIV prevention programmes specifically for men who had sex with men (MSM) was a case in point. Notwithstanding the aforesaid, action would be taken to see how best the existing funding mechanism of ATF could be improved to make the application process more transparent and better meet the changed HIV situation in Hong Kong.

26. D of Health supplemented that supporting community-based programmes and grants on HIV/AIDS publicity and public education targeting at youth had all along been one of the priority funding areas of ATF. Some \$30 million had been dispensed to fund these programmes/projects from 1999 to 2006, the amount of which only came second to the funding of programmes and projects for patient care and support over the same period at some \$33 million. Apart from funding community organisations to run programmes and projects targeting at young people, DH had launched a website in collaboration with Radio Television Hong Kong on educating young people the importance of practising safe sex. Outreach teams were also sent to schools to promote safe sex regularly. D of Health also said that in order to provide better support to the Council for ATF, DH had been providing secretariat support to the Council two years ago.

Action

*Suspected place of infection*

27. Responding to Dr KWOK Ka-ki's enquiry about the likely places of infection of HIV cases in Hong Kong, Consultant (SPP), DH said that data collected from the voluntary reporting system by doctors revealed that most of the HIV infections among MSM were suspected to be acquired locally, whereas many of the HIV infections acquired through heterosexual contact in men were suspected to be contracted outside Hong Kong mainly in the Mainland and the neighbouring Asian countries.

*Arrest of sex workers in possession of condoms or lubricants*

28. Mr Fred LI shared the concerns of deputations that possession of condoms or lubricants was often used by the Police as supporting evidence for arresting and prosecuting sex workers. Not only would such act violate basic human rights, public health was put at risk. Mr LI urged the Police to refrain from doing so.

29. DSHWF(H) responded that the Secretary for Security had made clear in his response to a written question raised at the Council meeting on 24 January 2007 that the Police would not make an arrest solely on the ground that items such as condoms or lubricants were seized from persons found in an anti-vice operation. The Police would only make an arrest when the requirements under the law were met, such as when it was reasonably suspected that a person had committed an offence.

*Interfacing with Mainland China and nearby regions for an effective and collaborated response*

30. Ms LI Fung-ying noted from paragraph 9 of the Administration's paper that one of the priority areas for action identified by ACA for the coming five years was interfacing with Mainland China and nearby regions for an effective and collaborated response. Ms LI asked whether there was any new initiative to increase interface particularly with Mainland China, and if so, what it was. Mr LI KWOK-ying raised similar question.

31. D of Health responded that it was hoped that the enhanced electronic platform for exchange of surveillance data and information on HIV situation among 13 cities in the Pearl River Delta Region to be put in place by 2008 would further enhance HIV surveillance in the Region. Apart from this, exchange and joint efforts at Government and community levels between Hong Kong and Mainland China on HIV and related fields had increased in the past few years. Various forms of collaboration, including experience sharing and visits and attachments, would be stepped up. To support mainland professionals to further their professional development or research in Hong Kong on HIV/ AIDS control, the Red Ribbon Centre, with the sponsorship of

Action

Lions Clubs International Hong Kong and Macau District 303 had established the Lions-Red Ribbon Fellowship Scheme in 1999. The Red Ribbon Centre was an AIDS education, resource and research centre established by DH under the sponsorship of the ATF in 1996.

Admin

32. In closing, the Chairman requested the Administration to provide a written response to the following requests raised by members and deputations -

- (a) providing free HIV testing service to non-local sex workers; and
- (b) including AIDS patients, people who were HIV positive and frontline AIDS workers on ACA.

Admin

The Chairman also requested the Administration to provide the following -

- (a) breakdown of the programmes/projects supported by ATF by type and amount involved in each of the past five years; and
- (b) amount of funding for ATF for use in the coming five years, as well as the types of programmes/projects which ATF intended to fund and the percentage concerned.

**V. Regulation of "Health Maintenance Organisations"**

(LC Paper Nos. CB(2)1238/06-07(04), CB(2)1299/06-07 and CB(2)1280/06-07(04))

33. Assistant Director of Health (Health Administration and Planning) conducted a power-point presentation on the progress of the Administration's study on the regulation of "Health Maintenance Organisations" (HMOs), in particular on how to take forward the medical director concept, details of which were set out in the Administration's paper.

34. Members noted a letter from the Hong Kong Medical Association (LC Paper No. CB(2)1280/06-07(04)) requesting to give oral representations on the regulation of HMOs tabled at the meeting.

35. Dr KWOK Ka-ki said that he was not opposed to the medical director concept per se, but considered that its implementation alone would be far from adequate in addressing the concerns about patients' welfare and healthcare personnel's professional autonomy being compromised by HMOs' cost containment drive and commercial interests. Even with the implementation of the medical director concept, the owner of a HMO would remain largely outside the regulatory framework. Dr KWOK was of the view that the Administration should subject HMOs to a statutory licensing and registration

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system so as to hold owners of HMO accountable for engaging in illegal or unethical acts on their clients.

Clerk

36. Dr KWOK suggested holding another meeting to listen to the views of deputations on the effectiveness of requiring HMOs to hire a medical director in safeguarding patients' interests. Members agreed.

37. DSHWF(H) responded that the Administration's proposal was made following discussions and consultations with the stakeholders concerned. A Working Group was set up by DH in May 2006 to study the issue and collect views from the stakeholders. Given the complexity of the local healthcare landscape and diverse views on how HMOs should be regulated, adequate time should be allowed to build up consensus and work out a regulatory proposal carefully. The Administration was of the view that the medical director concept was a practical first step which could be implemented before long to safeguard the interests of HMO users. DSHWF(H) further said that should members support the medical director concept, the Administration would immediately proceed to make further studies into the details of implementation including the duties of medical directors, consult the Medical Council regarding augmentation to its existing Professional Code and Conduct, prepare a complementary guideline, and make preparation for public education and publicity on the listing of group practices that had appointed medical directors.

Admin

38. The Chairman requested the Administration to provide comments received by the Government's Working Group on the medical director concept after the meeting. DSHWF(H) agreed.

Admin

39. In summing up, the Chairman said that members did not oppose to the medical director concept, but believed that it was neither the only solution nor the panacea to all the problems concerning the operation of HMOs. The Administration was requested to include in its discussion paper for the next meeting on the matter, to be held preferably in May 2007, its comprehensive strategies on regulating HMOs.

40. As the subject would be further discussed at another meeting, Dr KWOK Ka-ki agreed to defer moving the following motion then -

"本會促請政府盡快落實對醫療集團的強制登記及發牌制度，以加強監管。"

(Translation)

"That this Panel urges the Government to expedite the implementation of a mandatory registration and licensing regime for HMOs to strengthen the regulation of HMOs."

Action

**VI. Any other business**

41. There being no other business, the meeting ended at 10:46 am.

Council Business Division 2  
Legislative Council Secretariat  
10 May 2007