

For information

LegCo Panel on Manpower

**Improvements to
the Pneumoconiosis Ex Gratia Scheme**

Purpose

This paper informs Members of the measures taken by the Labour Department to improve the services rendered to pneumoconiotics under the Pneumoconiosis Ex Gratia Scheme (“Ex Gratia Scheme”).

The Pneumoconiosis Ex Gratia Scheme

2. Currently, there are two schemes which provide financial support to pneumoconiotics, namely a statutory compensation scheme established by the Pneumoconiosis (Compensation) Ordinance (“PCO”) for people diagnosed on or after 1 January 1981 to have contracted pneumoconiosis (the post-1981 pneumoconiotics), and an Ex Gratia Scheme for people diagnosed before 1 January 1981 to have contracted the disease (the pre-1981 pneumoconiotics). The statutory scheme is financed by a levy on the construction and quarrying industries. The Ex Gratia Scheme is funded by the Government out of general revenue.

3. The benefits available from the Ex Gratia Scheme are listed at the Appendix. They are broadly in line with the benefits offered by the statutory scheme.

4. At the Manpower Panel meeting held on 21 June 2007, Members discussed the additional funding requirement of the Ex Gratia Scheme in order to maintain its financial viability. The Administration was requested to:

- (a) provide medical fee waiver cards to the pre-1981 pneumoconiotics to facilitate them to seek medical treatment for pneumoconiosis at hospitals and clinics of the Hospital Authority (“HA”); and

- (b) discuss with the Pneumoconiosis Medical Board (“PMB”) to explore possible means to shorten the lead time for processing applications for death grant under the Ex Gratia Scheme.

Medical Fee Waiver Cards

5. To facilitate the post-1981 pneumoconiotics to seek medical treatment for pneumoconiosis at hospitals and clinics of HA, the Pneumoconiosis Compensation Fund Board (“PCFB”) has been providing them with medical fee waiver cards. The medical expenses, subject to a daily ceiling prescribed under PCO, are paid by PCFB to HA direct on receipt of the relevant medical bills. As PCFB is now administering the funds of the Ex Gratia Scheme under a Memorandum of Understanding signed with the Government, we have obtained the agreement of PCFB to extend the provision of the medical fee waiver cards to the pre-1981 pneumoconiotics with effect from October 2007. These cards are being distributed to the pre-1981 pneumoconiotics and can be put into immediate use for their convenience.

Processing of Death Grants

6. Once an application for death grant under the Ex Gratia Scheme is received, we would refer the case to PMB for assessment as to whether the death of the pneumoconiotic resulted from pneumoconiosis. In parallel, we would liaise with the family members of the pneumoconiotic for documentary proof of their relationship with the deceased to facilitate apportionment of the death grant. Death grant would be approved once the assessment of PMB confirms that the deceased died from pneumoconiosis.

7. We have discussed with PMB possible measures to expedite the processing of applications for death grant. PMB has undertaken to handle cases involving assessment of cause of death as quickly as possible. However, there are some factors that may constrain the extent to which the lead time for assessment can be shortened. An important one is that PMB has to collect all relevant medical records for reference. In case the pneumoconiotics die outside Hong Kong, the authorities outside Hong Kong may need more time to prepare and send in the required information and records. In assessing the cause of death, PMB may also need to seek clarification or further information from

different parties, including the attending clinicians, pathologists, radiologists, and coroners. Notwithstanding the above, PMB has undertaken to monitor closely the progress of verification and expedite the assessment process to the best of its ability.

Accessories of Respiratory Equipment

8. On medical advice, some pre-1981 pneumoconiotics are making use of oxygen appliances with the sponsorship of the Ex Gratia Scheme. To reduce health hazards in connection with respiratory therapy, medical advice suggests the use of sterile water to rinse the respiratory equipment as part of the cleaning and disinfection process. Since October 2007, we have enlisted the assistance of PCFB to arrange delivery of free sterile water to pre-1981 pneumoconiotics using oxygen appliances for cleaning the equipment. We have also requested PCFB to arrange the rehabilitation team to pay special home visits to educate the pneumoconiotics on the safe use and proper maintenance of the equipment.

9. We are also liaising with PCFB with a view to providing disinfectant tablets for the pneumoconiotics to clean their respiratory equipment. This will further reduce the risk of infections and safeguard the health of the pneumoconiotics.

Continued Dialogue with Patients' Group

10. We briefed the representatives of the Pneumoconiosis Mutual Aid Association on 12 October 2007 on the various improvement measures made to the Ex Gratia Scheme. We would continue to maintain regular dialogue with the Association and other interested organizations to listen to their views on the continuous improvement of the Ex Gratia Scheme within available resources.

Labour Department
October 2007

Appendix**Benefits provided under the
Pneumoconiosis Ex Gratia Scheme**

- (a) **Payment for incapacity** arising from pneumoconiosis, at a monthly rate of \$1,530, is payable on a quarterly basis until the death of the pneumoconiotic concerned.
- (b) **Payment for pain, suffering and loss of amenities** resulting from pneumoconiosis, at a monthly rate of \$3,180, is payable on a quarterly basis until the death of the pneumoconiotic concerned.
- (c) **Payment for care and attention**, at a monthly rate of \$4,160, is payable on a quarterly basis to pneumoconiotics whose incapacity is of such nature that they are unable to perform the essential actions of life without the care and attention of others.
- (d) **Reimbursement of medical expenses** for medical treatments in connection with pneumoconiosis, subject to a daily ceiling of \$200 for out-patient or in-patient treatment in any one day or \$280 for out-patient and in-patient treatment received on the same day.
- (e) **Supply of approved medical appliances** that are necessary for the incapacity arising from pneumoconiosis.
- (f) **A lump sum death grant** of \$100,000 to family members of pneumoconiotics who die as a result of pneumoconiosis.
- (g) **Reimbursement of funeral expenses**, subject to a ceiling of \$35,000, to any person who has incurred expenses for the funeral of a pneumoconiotic who dies as a result of the disease.