

LEGCO PANEL ON WELFARE SERVICES

Fourth Progress Report on the Trust Fund for Severe Acute Respiratory Syndrome (SARS)

Purpose

At the meeting on 8 January 2007, Members considered paper CB(2)723/06-07(05) on “Continued Financial Assistance for Patients of SARS” and supported the Administration’s proposal to provide continued ex-gratia financial assistance to recovered and “suspected” SARS patients¹ upon their reaching the accumulative assistance ceiling of \$500,000. Members also requested the Administration to provide an interim report on the latest situation of the SARS patients to the Panel before the end of the current term of the Legislative Council.

Background

2. The Finance Committee approved in 2003 a one-off commitment of \$150 million to establish a Trust Fund for SARS to provide financial assistance, on compassionate ground, to families of deceased SARS patients, recovered and “suspected” SARS patients. The Trust Fund provides:

- (a) special one-off ex-gratia relief payments for eligible family members of the deceased SARS patients; and
- (b) special ex-gratia financial assistance for eligible recovered or “suspected” SARS patients treated with steroids suffering from longer term effects attributable to SARS (including the effects of medication received for SARS, if any), resulting in some degree of bodily dysfunction, subject to medical proof and financial needs.

¹ “Suspected” SARS patients refer to those who were clinically diagnosed as having SARS on admission, treated with medication for SARS, but turned out subsequently not to have SARS.

3. To be eligible for the ex-gratia financial assistance, recovered or “suspected” SARS patients must have some degree of SARS-related dysfunctions, which mainly include avascular necrosis (bone degeneration); pulmonary problems; limitations in daily living and activities; physical dysfunction and psychological dysfunction. The assistance is made up of two components:

- (a) monthly financial assistance, having regard to (i) the income loss/reduction of the patient arising from SARS; and (ii) any justifiable increase of expenditure arising from SARS². The assistance to cover the income loss/reduction in (i) is subject to a cap of 200% of the prevailing Median Monthly Domestic Household Income, while that in (ii) is provided on a reimbursable basis; and
- (b) medical expenditure assistance, which covers (i) expenditure for dietary supplement and transport expenses capped at \$1,000 and \$750 per month respectively; and (ii) other justifiable medical expenses reimbursable with reference to the rates of the Hospital Authority (HA)³.

Latest position of the applications

4. As at the end of May 2008, a total of 1,120 applications had been received. Of these, 890 were approved. One-off ex-gratia relief payments were provided to 253 applicants who were eligible family members of deceased SARS patients, and ex-gratia financial assistance to 637 recovered or “suspected” SARS patients with dysfunctions. Over time, 445 of these recovered or “suspected” SARS patients (i.e. 69.86%) have ceased to receive further assistance from the Trust Fund, most of them having recovered from the SARS-related dysfunctions.

² The justifiable increase in expenditure includes any reasonable non-medical expenses incurred by the patients arising from SARS, such as expenditure for domestic helpers for patients who cannot carry out household chores after SARS.

³ HA has since February 2005 launched a fee waiver scheme to provide SARS patients with life-long free medical services for potential SARS related problems. SARS patients are no longer required to seek reimbursement from the Trust Fund for medical fees relating to the HA. They may continue to seek reimbursement for medical expenses in respect of consultations with private doctors.

5. Of the remaining 192 patients who still receive assistance from the Trust Fund, 115 (i.e. 59.9%) are receiving medical expenditure assistance only. The other 77 (i.e. 40.1%) are receiving both medical expenditure assistance and monthly financial assistance, as they are proven to have sustained income loss or increase in non-medical expenditure arising from contraction of SARS.

6. All ex-gratia financial assistance is subject to medical proof and financial need assessment. Assistance will continue if their medical needs remain. The HA conducts medical assessments on these applicants at a frequency determined by the medical professionals⁴. The purpose of these assessments are to check whether the recovered or “suspected” patients have persistent pulmonary, bone, musculo-skeletal or psychological dysfunctions. The table below indicates the types of dysfunctions that the existing beneficiaries of the Trust Fund are still suffering from -

Types of dysfunctions	No. of existing Trust Fund beneficiaries
(a) Pulmonary	10
(b) Bone	62
(c) Musculo-skeletal	18
(d) Psychological	97
(e) Suffering from more than one of the above	5
Total	192

Continued financial assistance for the patients who have reached the accumulative ceiling

7. Upon the establishment of the Trust Fund in 2003, we had set an accumulative ceiling of financial assistance for each recovered or “suspected” SARS patients at \$500,000. With Members’ support, the ceiling was removed last year, so that beneficiaries who, upon reaching the accumulative ceiling, but had yet to recover from their dysfunctions could continue to receive financial assistance from the Trust Fund. As at the end of May 2008, a total of 41 Trust Fund recipients have benefited from the new arrangement.

⁴ According to HA, the medical conditions of some recovered or “suspected” patients have stabilised, and there may not be frequent and significant changes, we therefore proposed to this Panel at the meeting on 8 January 2007 that, instead of requiring the beneficiaries to have a medical assessment once every six months, we should defer to the medical professionals in the HA to decide on the appropriate frequency of medical assessments based on the health conditions of individual patients. Members agreed to such arrangement.

Way forward

8. We have undertaken to review, by the end of 2009, the situation of the Trust Fund beneficiaries and consider longer-term arrangements for those who, according to HA, will suffer from permanent dysfunctions. We will report to this Panel the outcome of the review in due course.

9. Members are invited to note the paper.

Labour and Welfare Bureau
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