

**For Discussion
on 18 February 2008**

Legislative Council Panel on Health Services

Review of the Obstetric Service Package Charge for Non-eligible Persons

PURPOSE

This paper provides Members with an update on the implementation of the new obstetric service arrangements since 1 February 2007 by the Hospital Authority (HA) for Non-eligible Persons (NEPs)¹.

BACKGROUND

2. To tackle the problem of rapid increase in the demand for obstetric services in Hong Kong by non-local women (including Mainland NEP) in recent years, the HA has implemented since 1 February 2007 new arrangements for obstetric service for NEPs. The new arrangements include the setting up of a booking system in public hospitals for the use of such service, and the revision of the service package charge from the original \$20,000 to \$39,000 for booked cases and to \$48,000 for those cases that seek hospital admission without prior booking. In addition, new measures which included the setting up of booking system in private hospitals and the implementation of complementary immigration measures by the Immigration Department (ImmD) were also introduced since 1 February 2007.

3. The objectives of the new arrangements are to:
- (a) ensure that local pregnant women are given proper obstetric services and priority to use such services;

¹ “NEPs”, for the purpose of subsidised public medical services, means persons who are not holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap 177) or children under 11 years of age who are not Hong Kong residents.

- (b) limit the number of non-local pregnant women coming to Hong Kong to give births to a level that can be supported by our healthcare system; and
- (c) deter dangerous behaviour of non-local pregnant women in seeking emergency hospital admissions through Accident and Emergency Departments (A&EDs) shortly before labour.

4. The Administration last reported to the Panel on the effectiveness of the new arrangements at its meeting held on 16 April 2007. An update is given in the ensuing paragraphs.

EFFECTIVENESS OF THE NEW OBSTETRIC SERVICE ARRANGEMENTS

Ensuring local pregnant women would be provided with proper obstetric services and priority to use such services in public hospitals

5. Under the new arrangements, all non-local pregnant women who wish to give birth in Hong Kong are required to make prior bookings with a private or public hospital in Hong Kong for the necessary inpatient obstetric services. The HA would reserve sufficient places for local pregnant women to ensure that they have priority over NEP in the booking of obstetric services. If extra places are available, the HA would accept bookings from non-local pregnant women and issue confirmation certificates upon their payment of the booking fees. However, once the service capacity is reached, the HA would stop making bookings for non-local pregnant women. Similarly, all private hospitals offering obstetric services issue a booking confirmation certificate to pregnant women who have secured a booking and paid a deposit for the necessary inpatient services.

6. The booking systems for obstetric services in both public and private hospitals have been working smoothly since they were launched in February 2007. In the period from February to December 2007, the total number of booking certificates issued to non-local pregnant women by public and private hospitals was 11 084 and 24 551 respectively.

7. As non-local pregnant women are only allowed to book obstetric services at public hospitals when service capacity is available, the booking

system has effectively ensured that local pregnant women will be given priority in receiving services in public hospital. For the period from February to December 2007, the number of deliveries by local women in public hospitals was recorded at 28 062, representing an increase by 8.6% when compared with the same period in 2006. On the other hand, the number of deliveries by non-local women has dropped by 29.4% to 7 771 with reference to the same period.

8. Apart from ensuring the provision of priority services to local women, the booking system also helps to provide up-to-date information about the booking status of obstetric services in all public hospitals. This enables the HA to closely monitor the utilization of public obstetric services and to have a more accurate assessment on the demand of obstetric services in the prospective months. HA could then adjust its service capacity in advance to prepare for change in service demand and ensure that adequate resources are in place to meet the needs of local pregnant women.

Limiting the number of births by non-local pregnant women to a level that can be supported by Hong Kong's healthcare system

9. The increase in service package charge coupled with the implementation of the booking system and immigration measures has limited the number of births by non-local women in Hong Kong to a level that can be supported by our healthcare system. According to ImmD and Census and Statistics Department, the total number of births (i.e. the combined total of births by local and non-local women) in Hong Kong reached 70 394² in 2007, which is a 7.3% increase over that in 2006. As for Mainland women, who are the majority of the non-local women who give birth in Hong Kong, the rate of increase of their births has dropped from 33.7% between 2005 and 2006 to 5.5% between 2006 and 2007.

Reduction in emergency hospital admissions

10. The purpose of setting a higher service package charge of \$48,000 for cases without booking is to deter the non-local pregnant women to seek emergency hospital admissions through A&EDs shortly before labour. Since the implementation of the new arrangements, the number of non-booked obstetric cases by non-local pregnant women in public hospitals

² The birth figure for 2007 is a provisional figure.

has dropped significantly. From February to December 2007, out of 7 771 non-local pregnant women who had given birth in public hospitals, 1 171 of them (15.1%) sought emergency hospital admission through the A&EDs. The number of deliveries by non-local women in public hospital admitted through A&EDs is 87% lower in average than the same period in 2006.

11. As the majority of non-local pregnant women with booking have undergone antenatal examination before delivery, the risk of difficult labour, unrecognized congenital anomalies for the babies and infection for healthcare workers could be reduced, which not only provides better safeguards to the women and their babies but also eases the workload and pressure of frontline staff.

12. The key statistics about the number of births in Hong Kong are provided at the Annex for Members' reference.

The bill settlement rate of the new Obstetric Service Package Charge

13. The overall settlement rate (in dollar terms) for obstetric services by non-local pregnant women has improved from 86.7% in the period from February to December 2006 to 94.3% in the same period in 2007. As under the booking system non-local pregnant women have to pay the full amount of the new Obstetric Service Package Charge at the time of booking, the settlement rate for booked case was 99.8%. For non-booked cases, the settlement rate was 61.8%.

14. To step up debt recovery efforts and to improve the settlement rate by NEPs, starting from 4 December 2007, the HA would not provide non-emergency treatment to an NEP before his/her settlement of all outstanding fees. However, the HA would continue to provide the NEPs with emergency services or treatment of conditions related to major public health threats. The HA has also introduced new payment methods as well as administrative surcharge for late payment in order to encourage early settlement of fees.

REFUND ARRANGEMENT FOR OBSTETRIC SERVICE PACKAGE CHARGE

15. The payment for the new Obstetric Service Package Charge is non-refundable. The objective of the no-refund policy is to provide

disincentive for non-local pregnant women to use public obstetric services in Hong Kong and to minimize the abuse of the obstetric booking system and waste of resources through multiple bookings at public and private hospitals.

16. In the light of the experience gained after implementation of the new arrangements, the HA has reviewed the no-refund policy and decided to provide refund under the following two categories of special circumstances –

- (a) in the case of occurrence of miscarriage, termination of pregnancy or still birth; and
- (b) in the case that the status of the pregnant women has changed from NEP to Eligible Person (EP) during the period between payment of fees for booking and delivery.

17. For NEPs who have paid \$39,000 for the new Obstetric Service Package Charge in public hospitals, partial refund of \$20,000 will be made for justified cases fulfilling the criteria in the first category, after deducting those charges for the HA hospital services they have received for the concerned pregnancy. Under the second category, pregnant women with a change of status from NEP to EP during the period between payment of the package fee and delivery will be fully refunded for the Obstetric Service Package Charge, after deducting those charges for the HA hospital services they have received for the concerned pregnancy.

18. The refund arrangements took effect from 29 October 2007 after publication in the gazette. As at 31 December 2007, HA has received a total of 108 refund applications and approved 95 of them. Five applications are being processed and the remaining eight are rejected as they do not belong to the two categories as mentioned in paragraph 16 above.

OTHER RELATED MEASURES IMPLEMENTED BY HA

19. To supplement the new obstetric service arrangements and to cope with the seasonal fluctuations in the demand for obstetric services, the HA has also launched a number of supporting measures as follows –

- (a) additional obstetric beds were opened to increase the overall capacity for obstetric services to cope with the surge of demand in peak season;

- (b) additional full time/part time nurses and supporting staff were employed/deployed to further strengthen the manpower for obstetric services;
- (c) additional midwife training course was conducted in March 2007 for supplying extra midwives, which would be available by September 2008. A training course was also conducted in September 2007 to train more nurses for the neonatal intensive care unit; and
- (d) A number of measures were taken to boost morale and improve retention of staff engaged in obstetric services. These measures include granting of extra salary increment to practicing midwives, promotion of deserved officers to the position of Advanced Practice Nurse, granting of overtime allowance and payment in lieu of leave, etc.

20. The HA would continue to monitor the use of obstetric services by non-local women in public hospitals and would conduct an overall review of the whole package of obstetric service arrangements around the middle of the year.

ADVICE SOUGHT

21. Members are invited to note the content of the paper.

Food and Health Bureau
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Table 1: Number of births in Public Hospitals

Year	By Eligible Persons (EP)	By Non-eligible Persons (NEP)			Total
		Booked cases	Non-booked cases	NEP subtotal	
2006 (From February to December)	25 834	2 007	8 997	11 004	36 838
2007* (From February to December)	28 062	6 600	1 171	7 771	35 833
% Change	+ 8.6%	+ 228.8%	-87%	-29.4%	- 2.7%

* Provisional figures
Source: Hospital Authority

Table 2: Total Number of births in Hong Kong

Year	Number of Births in Hong Kong	Number of babies born to Mainland women in Hong Kong
2005	57 098	19 538
2006	65 626	26 132
2007	70 394*	27 574

* Provisional figures
Source: Census & Statistics Department, Immigration Department