立法會
Legislative Council

LC Paper No. CB(2)2258/11-12(01)

Ref : CB2/H/S/4/11

Special House Committee meeting on 5 June 2012

Background brief on
use of local obstetric services by Mainland women

Purpose

This paper provides background information on the use of local obstetric services by Mainland women, and highlights the major concerns raised by the Panel on Health Services, Panel on Security and the Subcommittee to Study Issues Relating to Mainland-HKSAR Families ("the Subcommittee") on the subject.

Background

2. The demand for local obstetric services from Mainland women has continued to increase in recent years. The number of live births born to Mainland women in Hong Kong has increased from 33 565 in 2008 to 43 982 in 2011. Among the 43 982 births who were given by Mainland women, 35 736 (or 81%) were fathered by non-residents.

3. To address the increasing use of obstetric services in public hospitals in Hong Kong by Mainland women, the Hospital Authority ("HA") introduced an obstetric package charge for Non-eligible Persons ("NEPs")[1] on 1 September 2005. Since 1 February 2007, the obstetric package charge for NEPs with a booking is $39,000. For cases of delivery without prior booking, the charge is $48,000.

4. All private hospitals operating obstetric services have introduced similar booking systems, with a booking confirmation certificate issued to Mainland

[1] At present, public healthcare services in Hong Kong are available to Hong Kong residents at highly subsidized rates. NEPs refer to persons who are not holders of Hong Kong Identity Cards and children under 11 years of age who are not Hong Kong residents. NEPs are required to pay the specified NEP charges when seeking access to the public healthcare services.

pregnant women who have secured a booking and paid a deposit for the inpatient services.

5. To ease the pressure on the overall obstetric and neonatal services, and to ensure that local pregnant women are given priority for services, HA suspended the booking of obstetric services from non-local pregnant women from 8 April to 31 December 2011. The public and private medical sectors have also agreed to set a quota for non-local pregnant women giving birth in Hong Kong. The numbers set for deliveries by non-local pregnant women in public and private hospitals in 2012 are 3 400 and 31 000 respectively.

Deliberations of the committees

6. Major concerns expressed by members on the use of local obstetric services by Mainland women are summarized in the ensuing paragraphs.

Level of obstetric package charges

7. Members were concerned about the basis for setting the obstetric package charges for booked cases and cases without prior booking at $39,000 and $48,000 respectively.

8. According to the Administration, the fees of HA's private services, which were based on the costs of providing services to private patients, were adopted as the basis for setting the obstetric package charges for NEPs. In determining the obstetric package charges, references had been made to charges of private hospitals, including those of the private doctors, so that NEPs would not be attracted to public hospitals because of lower fees. As regards the reason for setting a higher charge for non-booked cases, the Administration advised that if NEP mothers had not received any antenatal care before the deliveries, all tests would have to be done on an urgent basis and results would need to be made available immediately for treating the patients. More staff and resources would be involved in such cases. Having regard to the higher costs involved and the charges of private hospitals, a higher level of rate was set for non-booked cases.

9. Members noted that following the decision by HA to cease accepting booking from non-local women, the number of deliveries by non-local women at public hospitals via the Accident and Emergency Departments ("AEDs") had increased from 86 in April 2011 to 204 in December 2011. As the obstetric package charges for NEPs in public hospitals might still be lower that those in private hospitals, members were concerned that in order to lower the cost of giving birth in Hong Kong, NEPs might obtain the confirmation certificate with a private hospital booking but seek admission via public hospital AEDs for delivery.

10. HA advised that it was currently reviewing the fees for deliveries by NEPs at AEDs, with a view to raising the fees of emergency delivery to a sufficient level to deter Mainland pregnant women from seeking emergency admission to AEDs for delivery. The review would take into account the costs of services as well as the price being charged for comparable services by private hospitals.

Obstetric capacity and neonatal intensive care services of public hospitals

11. Members expressed grave concern on HA's capacity to respond to the increasing demand for the public obstetric and neonatal intensive care services in view of the shortage of manpower for both services. They noted that one out of 100 newborns would require intensive care. Given that neonatal intensive care was generally not available in the private sector, those newborns in private hospitals requiring intensive care would be transferred to public hospitals for treatment. The bed occupancy rate of neonatal intensive care unit of public hospitals increased from an average of 94% in 2010 to about 108% in February 2011. Some members suggested that children who were born in Hong Kong but whose parents were non-local residents should be charged at the cost recovery level for the use of public neonatal intensive care services.

12. The Administration advised that additional obstetric beds had been opened to increase the overall capacity for the obstetric services to cope with the surge of demand in peak seasons. Private hospitals had ceased accepting booking for delivery by Mainland high-risk pregnant women since June 2011. According to the Hong Kong Private Hospitals Association, the percentage of newborns in private hospitals being transferred to neonatal intensive care units of public hospitals for treatment was around 0.6% in 2011.

Priority to use public obstetric services

13. Some members were of the view that the implementation of the obstetric service arrangements ran contrary to the population policy of encouraging births. The arrangements were also detrimental to family unity and social integration, as many Mainland pregnant women whose spouses were Hong Kong residents were forced to return to the Mainland to give birth due to a lack of means. At its meeting on 28 July 2009, the Subcommittee passed a motion urging the Government to assess the impact on the capacity of public medical services and the population policy if Mainland spouses of Hong Kong residents were given equal treatment with local women in using public obstetric services.

14. In the Administration's view, the prevalence of marriages between residents of Hong Kong and Mainlanders did not constitute any reason to go

against the well-established policy that heavily subsidized healthcare services should only be made available to local residents but not their Mainland spouses. Couples who had engaged in cross-boundary marriages should make appropriate plans to meet their medical needs. If NEPs whose spouses were Hong Kong residents were to be charged the Eligible Person rate for the use of obstetric services, it was expected that there would be a substantial increase in the number of these NEPs seeking delivery in public hospitals, causing enormous pressure on the service capacity of HA.

15. At the request of the Subcommittee, the Administration sought the views of the Family Council and the Steering Committee on Population Policy on the obstetric service arrangements for Mainland women whose spouses were Hong Kong residents from the family and the population policy angles. Taking into account the need to balance consideration of a multitude of factors, the Family Council concluded that the existing arrangements were effective and no review was considered necessary at the present stage. Having regard to the policy objectives of the obstetric service arrangements and the read-across implications on other heavily subsidized healthcare services, the Steering Committee considered that the existing obstetric service charge arrangements for NEPs should be maintained.

16. While agreeing that sufficient places in public hospitals should be reserved for delivery by local women, members maintained their view that consideration should be given to assigning a higher priority to Mainland women whose spouses were Hong Kong residents in the allocation of spare service capacity. Members considered that Mainland spouses of Hong Kong residents seeking obstetric services were different from those seeking other types of public healthcare services, as the babies born to the former were Hong Kong permanent residents by birth. In the light of this, a separate policy should be formulated to enable the former to enjoy public obstetric services as local pregnant women. Given that the number of live births born to Mainland women and fathered by Hong Kong residents maintained at the level of 6 000 in the past three years while the quota for non-local pregnant women giving births in Hong Kong was 35 000 in 2011, the service demand from Mainland spouses of Hong Kong residents could be absorbed by the healthcare system. The Panel on Health Services passed two motions at its meeting on 12 March 2012, requesting the Government to amend its policy immediately to allow Mainland women whose spouses were Hong Kong residents to wait for delivery places in Hong Kong, cancel the quota for Mainland women whose spouses were not Hong Kong residents, and ensure the provision of sufficient obstetric services in the public healthcare system to local pregnant women and Mainland pregnant women whose spouses were Hong Kong residents.

Complementary immigration control measures

17. Members noted that to tie in with the obstetric service arrangements for NEPs, the Immigration Department ("ImmD") had stepped up arrival checking of all visitors who were at an advanced stage of pregnancy (i.e. having been pregnant for 28 weeks or above). Those visitors whose purpose of visit was believed to be to give birth in Hong Kong would be required to produce proof of booking arrangements with a local hospital. Any visitors who could not meet the immigration requirements concerned might be denied entry. Since the implementation of the complementary immigration control measures in 2007 and up to 26 February 2012, ImmD had conducted interviews on 204 143 Mainland pregnant women, of which 10 794 were refused permission to land and repatriated to the Mainland.

18. Noting that the total number of deliveries by non-local women via AEDs at public hospitals increased from 708 in 2010 to 1 453 in 2011, members doubted the effectiveness of the immigration control measures to deter the gate-crashing behaviour by Mainland pregnant women and measures to combat the profit-making activities of intermediaries to illegally arrange for entry of Mainland pregnant women to Hong Kong.

19. The Administration advised that since December 2011, relevant government departments had stepped up boundary control measures and enforcement actions against intermediaries who assisted Mainland women to give birth in Hong Kong. The Department of Health ("DH") had deployed an addition of 18 health surveillance assistants since end of February 2012 to support the immigration officers in screening passengers and cross-boundary vehicles which posed the highest risk of assisting Mainland pregnant women to enter Hong Kong. The Hong Kong law enforcement agencies had also enhanced cooperation with the Mainland authority in intelligence exchange to combat the operation of agents and syndicates. Intermediaries who aided, abetted, counselled or procured the commission by Mainland pregnant women of any offence would be guilty of the like offence and subject to criminal liability. In addition to the enhanced boundary control measures, the Office of the Licensing Authority of the Home Affairs Department had stepped up inspection and enforcement efforts against unlicensed guesthouses. The number of emergency deliveries by non-local women via AEDs had dropped from 224 cases in October 2011 to 111 cases in February 2012.

20. Members noted that only one doctor, 13 part-time doctors, 21 midwives and 18 health surveillance assistants were deployed by DH to assist ImmD in the surveillance of Mainland pregnant women who were at an advanced stage of pregnancy at the 11 control points. Members queried the adequacy of the manpower deployment. The Administration advised that more healthcare

personnel would be deployed to the busier control points. A recruitment exercise for additional healthcare personnel to assist the immigration officers in the screening of Mainland pregnant women at control points was underway.

Latest developments

21. Thirty Hong Kong deputies to the National People's Congress ("NPC") signed a petition to the NPC Standing Committee on 11 March 2012 asking the Hong Kong Government as well as the Central Government to consider all feasible ways to solve the problem of Mainland women giving birth in Hong Kong. The petition included a proposal to seek an interpretation of Article 24 of the Basic Law.

22. In response to media enquiries, the Secretary for Justice said that the interpretation of the Basic Law was a controversial issue and the Government should consider carefully and cautiously proposals regarding interpreting or amending the Basic Law. The Secretary for Food and Health stressed that the Hong Kong Government would not consider an interpretation of the Basic Law at this stage, as administrative measures had proved effective in reducing the number of Mainland pregnant women giving birth in Hong Kong.

23. The Chief Executive-elect announced on 16 April 2012 his intention to abolish the delivery quota for private hospitals in 2013 for Mainland pregnant women whose spouses were not Hong Kong residents ("the 2013 delivery quota"). He also said that babies born to Mainland parents would very likely not gain the permanent-resident status in Hong Kong. In response to media enquiries, the Secretary for Food and Health replied that the incumbent Administration would not continue the discussion with the private hospitals on the 2013 delivery quota. In his view, it would be more appropriate to leave it to the next Administration to determine the 2013 delivery quota. Meanwhile, public hospitals could only admit local pregnant women for deliveries in 2013. DH would also stop issuing the delivery booking certificates to Mainland pregnant women whose spouses were not Hong Kong residents.

24. On 24 April 2012, the Association of Private Hospitals announced that the 10 local private hospitals providing obstetric services would stop accepting delivery bookings from Mainland women whose spouses were not Hong Kong residents in 2013. All these women seeking emergency deliveries at private hospitals would be transferred to public hospitals.

25. On obstetric services in public hospitals, HA announced on 26 April 2012 that HA would not accept booking from NEPs in 2013 so as to reserve all obstetric and neonatal intensive care capacity for meeting the demand

of EPs. The fees of emergency delivery was increased from $48,000 to $90,000 with effect from 12 May 2012 with a view to deterring the undesirable and high-risk behaviour of seeking last-minute hospital admission before delivery through AEDs.

Relevant papers

26. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
4 June 2012

Appendix

Relevant papers on use of local obstetric services by Mainland women

Committee	Date of meeting	Paper
Panel on Health Services	8 January 2007 (Item V)	Agenda Minutes CB(2)833/06-07(01) CB(2)1601/06-07(01)
Panel on Health Services	16 April 2007 (Item I)	Agenda Minutes
Panel on Health Services	30 April 2007 (Item I)	Agenda Minutes CB(2)533/07-08(01) CB(2)205/09-10(01)
Panel on Security	8 May 2007 (Item IV)	Agenda Minutes
Panel on Health Services	18 February 2008 (Item IV)	Agenda Minutes CB(2)2315/07-08(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	29 June 2009 (Item I)	Agenda Minutes CB(2)2258/08-09(02) CB(2)2258/08-09(03)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 July 2009 (Item I)	Agenda Minutes CB(2)2521/08-09(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	19 January 2010 (Item I)	Agenda Minutes CB(2)2070/09-10(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 July 2010 (Item I)	Agenda Minutes

Committee	Date of meeting	Paper
Panel on Health Services	11 April 2011 (Item V)	Agenda Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 April 2011 (Item I)	Agenda Minutes
Panel on Health Services	13 June 2011 (Item V)	Agenda Minutes
Panel on Health Services	12 December 2011 (Item VI)	Agenda Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 December 2011 (Item I)	Agenda
Panel on Health Services	28 February 2012 (Item I)	Agenda
Panel on Security	9 March 2012 (Item I)	Agenda
Panel on Health Services	12 March 2012 (Item IV)	Agenda Minutes
Panel on Health Services	7 May 2012 (Item II)	Agenda
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	22 May 2012 (Item I)	Agenda

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