立法會
Legislative Council

LC Paper No. CB(2)623/12-13
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 17 December 2012, at 4:30 pm
in Conference Room 2 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Member absent	:	Hon Albert HO Chun-yan
Public Officers Attending	:	Items IV and V Professor Sophia CHAN, JP Under Secretary for Food and Health

Item IV

Ms Angela LEE
Acting Deputy Secretary for Food and Health (Health)1

Dr Deacons YEUNG
Chief Manager (Financial Planning)
Hospital Authority

Item V

Ms Estrella CHEUNG
Principal Assistant Secretary for Food and Health (Health)1

Dr Thomas TSANG, JP
Controller, Centre for Health Protection

Dr K H LEE
Chief Manager (Cluster Performance)
Hospital Authority

Dr Dominic TSANG
Chief Infection Control Officer
Hospital Authority

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

Action

I. Confirmation of minutes

[LC Paper No. CB(2)354/12-13]

The minutes of the special meeting held on 26 October 2012 were confirmed.

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

2. Members noted that no information paper had been issued since the last meeting.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)331/12-13(01) and (02)]

3. Members agreed to receive a policy briefing by the Secretary for Food and Health on the Chief Executive's 2013 Policy Address in respect of the portfolio of health services at the next regular meeting scheduled for 21 January 2013 at 4:30 pm. Members also agreed to discuss the item "Provision of obstetric services in the Tseung Kwan O Hospital" proposed by the Administration at the next regular meeting.

IV. Review of fees and charges for private patients and non-eligible persons in the Hospital Authority

[LC Paper Nos. CB(2)331/12-13(03) and (04)]

4. Under Secretary for Food and Health ("USFH") briefed members on the review of the fees and charges for non-eligible persons ("NEPs") and private patients in the Hospital Authority ("HA"), as well as the refinement of the formulation of the definition of Eligible Persons ("EPs"), details of which were set out in the Administration's paper (LC Paper No. CB(2)331/12-13(03)).

Revision of fees and charges for NEPs and private patients

5. Mr CHAN Kin-por noted that the principle of setting charges for NEPs was on a cost recovery basis and the fees for private patients would be set on the higher of cost or market price for the respective services. Noting with concern that HA's last major revision on the fees and charges for these patients was conducted about a decade ago, he asked whether consideration could be given to conducting the review on a more frequent and regular basis, say every two to three years, to recover cost increases in a timely fashion.

Action

6. Chief Manager (Financial Planning), HA ("CM(FP), HA") advised that each year, HA would review the unit costs of its services and set out the relevant figures in the Controlling Officer's Report. The fees and charges for NEPs and private patients had not been revised since 2003 (except for obstetric services for NEPs and consultation fees for private patients) was due to the decisions of the Administration to freeze most government fees and charges on four occasions in the last decade as an exceptional measure to alleviate the financial burden on the public in times of economic difficulty.

7. Dr Fernando CHEUNG expressed concern that vulnerable NEPs suffering from infectious diseases of public health significance might be reluctant to be hospitalized after seeking consultation in view of the high cost incurred, and hence posed risk to public health. USFH responded that there was no cause for such concern, as HA would notify the Centre for Health Protection ("CHP") cases involving infectious diseases of public health significance and determine whether the patients concerned would need to be quarantined so as to prevent the spread of the diseases in the community.

8. Mr CHAN Kin-por noted that as at 31 March 2011, the bills receivable by HA were impaired by some $42 million (i.e. an increase of 23% when compared to some $34 million in 2010), of which about $23 million (i.e. an increase of 91% as compared to some $12 million in 2010) was mainly related to NEPs and the recoverability of which were considered by HA to be low after taking all possible debt recovery actions. Expressing concern that the increase in the fees and charges for NEP might further aggregate the problem of default payments from NEPs, he asked about the measures put in place by HA to deter default. Mr CHAN Han-pan raised a similar question.

9. CM(FP), HA advised that in 2011-2012, the amount of payments in default from NEPs was about $31 million. At present, a series of measures had been put in place to minimize default. These included requiring NEPs in public wards to pay a deposit of $33,000 upon admission. During their hospitalization, interim bills would be issued to the patients concerned on a weekly basis and final bills would be issued upon their discharge. Before and after patients' discharge, the hospital would also remind the patients or their family members to settle the fees timely. In addition, HA could suspend the provision of non-emergency medical services to NEPs with outstanding fees and impose administrative charges of 50% and 100% on outstanding fees overdue for 60 and 90 days respectively from issuance of the bills, subject to a cap of $11,000 for each bill. HA might also take legal

Action

actions to recover default payments from NEPs where appropriate. However, for cases whereby efforts had been made to contact the patients or their family members according to the addresses provided but to no avail, the recoverability of default payments from those patients was low. Dr CHIANG Lai-wan opined that HA should work with the Immigration Department ("ImmD") to consider imposing penalties on NEPs with outstanding fees who re-entered Hong Kong. In addition, overseas students studying in Hong Kong should be required to take out medical and hospitalization insurance policy to cover the possible related cost incurred during their stay in Hong Kong. USFH took note of Dr CHIANG's suggestions.

10. Mr CHAN Han-pan enquired about the default on payment of medical fees by private patients. CM(FP), HA advised that the aforesaid measures were also applicable to private patients, except that the deposit to be paid by these patients upon admission would be in the range of $40,000 to $100,000. At the request of Mr CHAN Han-pan, CM(FP), HA undertook to provide after the meeting information on the number of default cases of NEPs and private patients in the past few years and the corresponding amounts written off.

Admin/HA

11. Expressing support that the private charges should be brought up to the higher of cost or market price for the respective services, Mrs Regina IP sought information about the basis for setting the revised fees and charges for private patients. Mr POON Siu-ping sought explanation for the upsurge of the maximum charge for interventional radiology procedure from $15,000 to $51,900.

12. USFH advised that the charge for first class bed would be 150% of the charge for second class bed. This apart, the fees for most private services were in general set according to their cost. Where the costs of the existing services were not readily available, the private charges were determined by inflationary adjustment. CM(FP), HA further explained that with the advancement in medical technology over the last decade, HA had introduced new and advanced procedures (including an interventional radiology procedure with a proposed charge of $51,000). When reviewing the fees and charges for private patients, HA had also made reference to the market price of the services if readily available so as to avoid attracting patients who were willing and able to afford private healthcare services to opt for private services at HA.

Action

Refining the formation of the definition of EP

13. Referring to the Administration's proposal to refine the formulation of the definition of EP as (a) Hong Kong residents according to the Basic Law; and (b) other persons approved by the Chief Executive of HA so as to align with the policy intention of providing subsidized public healthcare services to Hong Kong residents, the Chairman sought information about persons that would fall into category (b). Citing political dignitaries visiting Hong Kong as an example, CM(FP), HA agreed to provide further details in writing after the meeting.

Admin/HA

NEPs whose spouses are Hong Kong residents

14. Dr KWOK Ka-ki noted that non-local spouses of Hong Kong permanent residents who were not Mainland residents could reside in Hong Kong and register for a non-permanent Hong Kong Identity Card ("HKIC"), and hence be categorized as EPs when accessing the highly subsidized public healthcare services. However, Mainland spouses of Hong Kong residents who came to Hong Kong on the strength of an Exit-Entry Permit (commonly known as "Two Way Permit" ("TWP")) would be unfairly regarded as NEPs when they sought access to public healthcare services and be charged on a cost-recovery basis. Given the prevalence of marriages between residents of Hong Kong and the Mainland, he asked whether consideration could be given to according the Mainland spouses equal status with Hong Kong residents.

15. USFH responded that the classification of NEPs was based on the status of the patients directly receiving the services and no consideration would be given to family relationship. Acting Deputy Secretary for Food and Health (Health)1 ("ADSFH(H)1") supplemented that Hong Kong residents' Mainland spouses who entered Hong Kong for settlement on the strength of an One Way Permit ("OWP") would be regarded as EPs when seeking public healthcare services, albeit that they had not acquired the permanent resident status. CM(FP), HA pointed out that the priority for the highly subsidized public healthcare services was for local residents. HA had been providing healthcare services to NEPs only when capacity permitted and NEPs would be charged on a cost-recovery basis. There was already in existence a medical fee waiver mechanism to assist those patients who were in financial need. Apart from financial factors, a number of non-financial and social factors would be taken into account as appropriate when the medical social workers assessed the applications on a case-by-case basis.

Action

16. Dr KWOK Ka-ki asked whether printed information on the medical fee waiver mechanism would be made available to all NEPs seeking public healthcare services. ADSFH(H)1 advised that any patients who could not afford medical fees because of financial difficulties could approach the Medical Social Service Unit of public hospitals and clinics to apply for medical fee waivers. In 2010-2011 and 2011-2012, the respective medical fees waived concerning cases involving NEPs amounted to $41 million and more than $30 million. In response to Dr KWOK's further enquiry about a breakdown of the aforesaid figures by the resident status of the spouses of these NEPs, CM(FP), HA advised that HA did not have such statistics, as NEPs were not obliged to disclose the resident status of their spouses when using HA's services. At the request of Dr KWOK Ka-ki, CM(FP), HA undertook to provide after the meeting information on the number of NEPs who had been granted a waiver and the amount of fees waived in the past five years.

Admin/HA

17. Mrs Regina IP maintained the view that the Administration should adjust its policy to allow Mainland spouses of Hong Kong residents to access public healthcare services at subsidized rates. She remarked that upon their admission, HA could check with ImmD to verify the identity of these Mainland spouses and the authenticity of the marriage certificates so provided. Dr Helena WONG also considered that Mainland spouses of Hong Kong residents should not be treated on equal footing with those non-local persons without marital ties in Hong Kong, as these persons and their children could eventually settle in Hong Kong permanently for family reunion under the OWP Scheme. She called on HA to create an extra tier in its fee-charging category for NEPs whose spouses were Hong Kong residents. Mr CHAN Han-pan urged the Administration to expeditiously address the problem relating to the use of public healthcare services by NEPs. USFH responded that while she understood members' concern, it had been the Government's well-established policy that the heavily subsidized (i.e. about 98% of the full costs) public healthcare services should only be made available to Hong Kong residents but not their non-local spouses to ensure rational use of the finite public resources.

18. The Chairman noted that before the revision of the definition of EPs in 2003, EPs were defined as a holder of HKIC and the spouse and children under the age of 11 of a holder of HKIC. He sought information about the rationale for the revision.

19. USFH advised that the Task Force on Population Policy set up in September 2002 had reviewed, among others, the eligibility for use of subsidized public services. The Task Force noted that at that time, while

Action

some of the subsidized services such as public rental housing and social security benefits required applicants to meet a certain length of residence in Hong Kong, others did not. A case in point was the heavily subsidized public healthcare services which were available not only to the general population, but also to the transient population. The Task Force considered that there was a strong case for removing this anomaly and formulating a rational basis for the allocation of the limited social resources in the face of a continuously rising demand. In the light of the recommendation of the Task Force, HA had adopted since 1 April 2003 the definition of EPs to the effect that the highly subsidized public healthcare services were available only to holders of HKIC; children under 11 years of age who were Hong Kong residents; and other persons as approved by the Chief Executive of HA. All other persons (including Hong Kong residents' spouses and children who were TWP holders) were classified as NEPs and had to pay the specified charges (i.e. NEP charges) for access to the public healthcare services.

Obstetric charges for NEPs

20. Given that children born by Mainland women and fathered by Hong Kong permanent residents were members of Hong Kong families and Hong Kong permanent residents by birth, Mr CHEUNG Kwok-che was of the view that Mainland spouses of Hong Kong residents seeking public obstetric services fees should not be charged the NEP rates.

21. CM(FP), HA responded that fees for obstetric services for NEP were not included in the review this time. In the latest revision on fees for deliveries by NEPs at accident and emergency departments ("AEDs") in May 2012, the fee for non-booked delivery through AEDs by NEP was raised from $48,000 to $90,000 to deter non-local pregnant women from seeking emergency admission via AEDs for delivery to bypass the booking system. For NEPs who had made prior booking, the package charge was $39,000. In response to Mr CHEUNG Kwok-che's further enquiry about the arrangement for Mainland spouses of Hong Kong residents seeking to give birth in public hospitals in Hong Kong in 2013, CM(FP), HA advised that based on the 2013 delivery projection, all beds for obstetric services in public hospitals would be reserved for local pregnant women and urgent cases referred by private hospitals. Hence, no bookings from non-local pregnant women would be accepted in 2013. The Chairman sought clarification as to whether Mainland spouses of Hong Kong residents who wished to seek obstetric services in public hospitals could make bookings and entitle the obstetric package of $39,000 if spare obstetric places were available in public hospitals. ADSFH(H)1 replied in the affirmative, adding that $39,000 was the prevailing gazetted rate for delivery by NEP

Action

for booked case, and HA had announced that no booking for obstetric services for NEP would be accepted in 2013.

22. Dr Fernando CHEUNG considered it unfair that only Mainland women whose spouses were civil servants, but not other Mainland spouses of Hong Kong residents, could use obstetric services in public hospitals as local women.

23. USFH clarified that civil servants' Mainland spouses were eligible for the subsidized public healthcare services as part of the civil service medical benefits. The Administration, as an employer, had a contractual obligation to provide civil service eligible persons (who included, among others, civil servants and their eligible dependents) with medical benefits. The Chairman remarked that the Administration could still fulfil its obligation as an employer in providing medical benefits for civil service eligible persons by providing such benefits outside the public healthcare system, so that more delivery places could be made available in public hospitals. CM(FP), HA explained that civil servants' spouses were not subject to the public hospitals' quota restriction for delivery services. The annual subvention provided by the Administration to HA had enabled it to provide medical services to both the general public and civil service eligible persons.

Motion proposed by member

24. Dr KWOK Ka-ki moved the following motion which was seconded by Mr CHEUNG Kwok-che -

> "本會促請政府將港人內地配偶給予本港居民同等地位，取消一切歧視性收費政策。"
>
> (Translation)
>
> "That this Panel urges the Government to accord Mainland spouses of Hong Kong residents equal status with Hong Kong residents and abolish all discriminatory charging policies."

25. Mr CHAN Han-pan sought information about the estimated number of Mainland spouses of Hong Kong residents who would seek public healthcare services, in particular obstetric services. CM(FP), HA advised that HA did not have such projection, as NEPs were currently not obliged to disclose the resident status of their spouses when using HA's services. The Chairman advised that according to the information provided by the Administration to the Panel in the 2011-2012 session, the number of live

Action

births born in Hong Kong to Mainland women whose spouses were Hong Kong permanent residents was in the range of 6 000 to 9 000 in the past few years.

26. The Chairman ruled that the motion was related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members raised no objection. The Chairman said that the motion would be dealt with at this meeting.

27. The Chairman put Dr KWOK's motion to vote. The results were: five members voted in favour of the motion; no member voted against it; and one member abstained. The Chairman declared that the motion was carried.

V. Strategy and measures in prevention and control of seasonal influenza

[LC Paper Nos. CB(2)331/12-13(05) and (06)]

28. USFH briefed members on the Administration's plan, including additional preventive measures and enhanced healthcare support, to prepare for the approaching winter influenza season of 2012-2013, details of which were set out in the Administration's paper (LC Paper No. CB(2)331/12-13(05)). Controller, CHP highlighted the ongoing measures implemented by CHP to prepare the community for the influenza peak season, as well as the take-up rate of the target groups under the Childhood Influenza Vaccination Subsidy Scheme ("CIVSS"), the Elderly Vaccination Subsidy Scheme and the Government Vaccination Programme ("GVP"), details of which were set out in paragraph 6 and Annex 1 to the Administration's paper respectively. Chief Manager (Cluster Performance), HA ("CM(CP), HA") then briefed members on HA's response measures for the coming influenza season as set out in Annex 2 to the Administration's paper.

Target groups for influenza vaccination

29. Dr KWOK Ka-ki said that according to the Centres for Disease Control and Prevention ("CDC") in the United States, all persons aged six months and older who did not have contraindications to vaccination should be vaccinated annually so as to prevent influenza virus infection and its complications. In this connection, he asked whether consideration could be given to including also primary school students, i.e. children between the age of six to 12 years, into the target groups for influenza vaccination. Dr Helena WONG sought information about the effectiveness of influenza vaccination, in particular for the elderly.

Action

30. Controller, CHP advised that each year, the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") of CHP would recommend the target groups to receive seasonal influenza vaccination based on a range of scientific considerations taking into account local disease burden and international experience. Studies showed that influenza vaccines offered approximately 80% to 90% and 50% to 60% protection against illness from seasonal influenza in healthy adults and the elderly respectively when the vaccine and circulating viruses were well-matched, and could reduce the elderly's risk of complications, hospital admission and death from influenza. SCVPD had also confirmed that seasonal influenza vaccination was suitable for personal protection against clinical influenza for all persons except those with known contraindications. In the 2012-2013 seasonal influenza vaccination, children aged between six months to five years were recommended as one of the target groups to receive the vaccination for reducing influenza-related complications or death. For children aged six years or above, evidence showed that they were less prone to influenza-associated hospitalizations than children aged five years or below. That said, it could not be ruled out that SCVPD would recommend including children aged six years or above into the target groups in the future if there was new scientific evidence to support the need to do so.

31. Dr KWOK Ka-ki asked whether the Administration had studied the medical and social costs associated with influenza-like illness among children between the age of six to 12 years when assessing whether these children should be included in the target groups for seasonal influenza vaccination. Replying in the negative, Controller, CHP said that the Administration would welcome opportunities to explore collaboration with tertiary institutions. At the request of Mr POON Siu-ping, USFH undertook to provide after the meeting information on the financial implications of including children between the age of six to 12 years into the target groups for seasonal influenza vaccination.

Admin

32. Dr KWOK Ka-ki noted that according to CDC, during the 2009 influenza A(H1N1) pandemic, adults aged below 65 years, particularly those aged between 50 to 64 years, were at a higher risk for influenza-related complications when compared with typical influenza seasons. In the light of this, he was of the view that from the public health perspective, GVP should also cover persons between the age of 50 to 64 years who were not Comprehensive Social Security Assistance ("CSSA") recipients.

33. USFH stressed that given finite public resources, it was considered more appropriate that GVP would only cover high-risk persons faced with financial difficulty. Controller, CHP supplemented that SCVPD

Action

recommended that persons aged 50 to 64 years should receive influenza vaccination for the 2012-2013 influenza season, as local influenza epidemiology in the 2010-2011 season (when influenza A(H1N1)2009 strain predominated in Hong Kong) showed that people aged 50 to 64 years, irrespective of chronic medical problems, had a higher risk of influenza-related intensive care unit admission or death; and it was likely that influenza A(H1N1)2009 strain would continue to circulate in the 2012-2013 season. Hence, this year's GVP would cover, among others, persons aged 50 or above receiving CSSA.

Outreach vaccination services

34. Dr Helena WONG expressed concern that it might be difficult for the elderly living in residential care homes, in particular those with mobility impairment, to receive vaccination from clinics or hospitals under the Department of Health or HA. Dr Elizabeth QUAT raised a similar concern. Controller, CHP said that under the Residential Care Home Vaccination Programme, CHP organized outreaching immunization teams to enable eligible residents and staff of residential care homes for the elderly and the disabled to receive free vaccination in their institutions. It was expected that the vaccination rate for the elderly living in institutions would be about 80%.

35. Dr Elizabeth QUAT considered that vaccination services should also be provided to kindergarten students at campuses without their having to visit private medical practitioners for vaccination. USFH advised that all existing vaccination programmes and schemes were voluntary. In addition, consent from parents had to be obtained before administering any vaccines to children. Controller, CHP supplemented that for the coming influenza season of 2012-2013, the subsidy for childhood influenza vaccination had been increased from $80 to $130 per dose of vaccine to encourage more parents to bring their children for influenza vaccination. It should also be noted that about 300 private medical practitioners enrolled in CIVSS would not charge additional fee for the influenza vaccination. Pointing out that many working parents would be willing to let their children attending kindergartens to receive vaccination at campuses, Dr Elizabeth QUAT maintained the view that the Administration should consider providing outreach vaccination services for kindergarten students.

Action

Duration of immunity

36. Noting that the last influenza season lasted from January to July 2012, Dr Elizabeth QUAT sought information about the effectiveness of the seasonal influenza vaccination and the best time to receive the vaccination.

37. Controller, CHP advised that the seasonal influenza vaccination would be effective for preventing influenza throughout the 2012-2013 influenza season. However, as the prevailing strain of influenza viruses changed from time to time, reformulation of the composition of influenza vaccines was required every year, and therefore influenza vaccination was required annually in order to provide effective protection. Given that it would take a few weeks after vaccination for antibodies to develop in the body, it would be best to receive the vaccination four weeks before the expected arrival of the influenza peak season.

Buffer capacity in public hospitals

38. The Chairman noted from Annex 2 to the Administration's paper that HA planned to open around 500 excess temporary medical, paediatric and convalescent beds in the coming influenza surge to augment hospital capacity. In addition, healthcare manpower would be augmented by special honorarium scheme and leave encashment. He sought information about the working hours of various healthcare professionals and the financial resources required for the implementation of these measures, and the distribution of which among the hospital clusters.

39. CM(CP), HA explained that the distribution and the opening of the temporary beds among the public hospitals would depend on the actual demand in the coming influenza surge. The Chairman requested HA to provide after the meeting information on the projections on the additional working hours of various healthcare professionals and the financial resources required to tackle the increased service demand of the 2012-2013 influenza season.

Admin/HA

Drills for an influenza pandemic

40. Dr KWOK Ka-ki enquired whether CHP would conduct any drills to test the preparedness of the pandemic influenza contingency plans. Replying in the positive, Controller, CHP advised that a drill involving concerned government bureaux/departments was scheduled for January 2013. Suggestions from members on the scenarios for future drills would be welcomed.

Action

VI. Date of next meeting

41. The Chairman reminded members that a special meeting of the Panel had been scheduled for 18 December 2012 to receive views from deputations on "Issues relating to the development and operation of private hospitals".

42. As Dr Thomas TSANG would leave the post of Controller of CHP with effect from 29 December 2012 and this meeting would be the last meeting attended by Dr TSANG in the capacity of Controller of CHP, the Chairman, on behalf of the Panel, expressed gratitude for Dr TSANG's contribution to the public health system.

43. There being no other business, the meeting ended at 6:30 pm.

Council Business Division 2
Legislative Council Secretariat
8 February 2013