

For Discussion
on 7 June 2016

Legislative Council House Committee
Subcommittee to Study Issues Relating to Mainland-HKSAR Families

Policies and Measures Adopted by the Administration
Regarding the Use of Subsidised Obstetric Services
by Mainland-HKSAR Families

Introduction

This paper briefs Members on the policies and measures adopted by the Administration regarding the use of subsidised obstetric services by Mainland-HKSAR families

Provision of Subsidised Obstetric Services

2. Hong Kong's healthcare system is provided primarily for Hong Kong residents. As our public healthcare services are heavily subsidised by the Government, it is necessary to ensure that our public healthcare services can meet public demand and at the same time can sustain in the long term within the limited financial resources. Therefore, we need to draw up eligibility criteria for receiving public healthcare services and accord priority to taking care of the needs of Hong Kong residents. At present, only holders of Hong Kong Identity Card or children under 11 years of age who are Hong Kong residents are eligible persons¹ entitled to use public healthcare services. Eligibility for public healthcare services are

¹ More specifically, only patients falling into the following categories are eligible for the rates of charges applicable to "Eligible Persons":

- (a) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
- (b) children who are Hong Kong residents and under 11 years of age; or
- (c) other persons approved by the Chief Executive of the Hospital Authority.

based on the status of the patients directly receiving the services (i.e. depending on whether the patients themselves are eligible persons or not) and not on the status of the patients' family members. As for non-Hong Kong residents (i.e. non-eligible persons), including Hong Kong residents' Mainland spouses, they may seek non-emergency public healthcare services when there is spare service capacity upon the payment of a fee chargeable to non-eligible persons.

3. In light of the principle above, it remains the Government's policy to ensure that local pregnant women are given proper and adequate obstetric services. We will only consider providing obstetric services to non-local women when there is spare service capacity. In the absence of such spare capacity, the Hospital Authority (HA) has adopted the "zero quota policy" since 2013 and reserved all beds for obstetric services in public hospitals for local women and has not accepted bookings from non-local women since then.

4. In 2015, the number of deliveries in HA was 39 038, which was comparable to that in 2014 (at 39 575). The estimated number of deliveries in HA in 2016 remains to be around 38 950. The bed occupancy rate of neonatal intensive care units in HA in 2015 has reached 106% and that in 2016 is expected to reach 105%, both of which are well above 80%, the appropriate level advocated by HA's Coordinating Committee in Paediatrics. **Annex A** sets out the number of deliveries and the bed occupancy rate of the neonatal intensive care units in HA since the implementation of the "zero quota policy" in 2013.

5. Due to manpower shortage, the obstetrics and gynaecology services in HA face significant pressure. In 2015-16, the 90th percentile waiting time of routine cases in the specialist outpatient clinics of gynaecology, for instances, reached one to two years (**Annex B** sets out the waiting time of routine cases for gynaecology services by cluster in the past three years).

6. Given the continuous high demand from local women for obstetric services and neonatal intensive care unit services in public hospitals, there remains no spare capacity in public hospitals to provide obstetric services to non-local women. In this circumstance, having regard to the considerations highlighted in paragraphs 2 – 5 above, HA has no plan to alter the existing arrangement.

Obstetric Services for Mainland Pregnant Women whose Husbands are Hong Kong Residents

7. Since the implementation of the “zero quota policy” on 1 January 2013, private hospitals have unanimously agreed to stop accepting delivery bookings from non-local pregnant women (including Mainland pregnant women) whose husbands are not Hong Kong residents.

8. Notwithstanding that, we understand that Mainland pregnant women whose husbands are Hong Kong residents hope to give birth in Hong Kong and there is a consensus in the community that the Government should provide assistance to this group of pregnant women as far as possible. In this connection, the Government has established a special arrangement with private hospitals to allow this specific group of women to make delivery bookings at private hospitals on the production of certain supporting documents². As shown in **Annex C**, the number of deliveries by Mainland pregnant women whose husbands are Hong Kong permanent residents have stayed at around 4 000 to 5 000 both before and after the implementation of the “zero quota policy” in 2013.

9. With the above arrangement in private hospitals, the needs of Mainland pregnant women whose husbands are Hong Kong residents to deliver in Hong Kong have been taken care of.

Conclusion

10. All in all, as there remains no spare capacity for HA to provide obstetric services to non-local women and there already exists a mechanism for Mainland women whose husbands are Hong Kong residents to deliver in

² These supporting documents include –

- (a) a Hong Kong certificate of marriage, or a certificate of marriage notarised by a notary public office in the Mainland;
- (b) the husband’s Hong Kong Permanent Identity Card, or the husband’s Hong Kong Identity Card and Permit for Proceeding to Hong Kong and Macao (known as “One-way Permit”);
- (c) oaths taken by the husband and the wife separately on their marital and parent-child relationships; and
- (d) a consent form signed by the couple authorising the authority to conduct checks with the relevant Hong Kong and Mainland departments and organisations on their marriage certificate, proof of their identity and other documents.

Hong Kong through private hospitals, the Government has no plan to change the “zero quota policy”.

**Food and Health Bureau
Hospital Authority**

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**The number of deliveries and
the bed occupancy rate of neonatal intensive care units in HA
since the implementation of the “zero quota policy” in 2013**

Year	Number of deliveries in HA			Bed occupancy rate of neonatal intensive care units in HA
	Eligible Persons	Non-eligible Persons	Total	
2013	36 079	431	36 510	100%
2014	39 141	434	39 575	108%
2015	38 687	351	39 038	106%
2016 (Projected figures)	38 600	350	38 950	105%

Waiting time of routine cases for gynaecology services by cluster in the past three years

Cluster	2013-14		2014-15		2015-16 (provisional figures)	
	Median waiting time (weeks)	90th percentile waiting time (weeks)	Median waiting time (weeks)	90th percentile waiting time (weeks)	Median waiting time (weeks)	90th percentile waiting time (weeks)
HKEC	12	22	13	36	33	105
HKWC	18	62	18	124	21	159
KCC	10	28	16	34	29	48
KEC	33	89	51	83	54	108
KWC	21	46	28	53	25	63
NTEC	48	128	41	99	48	99
NTWC	15	43	19	68	39	129

Abbreviations

- HKEC – Hong Kong East Cluster
- HKWC – Hong Kong West Cluster
- KCC – Kowloon Central Cluster
- KEC – Kowloon East Cluster
- KWC – Kowloon West Cluster
- NTEC – New Territories East Cluster
- NTWC – New Territories West Cluster

**Number of live births born in Hong Kong to Mainland women
Whose spouses are Hong Kong Permanent Residents**

Year	Number
2012	4 698
2013*	4 670
2014	5 179
2015#	4 775

Notes : * “Zero quota policy” implemented on 1 January 2013
Provisional figures.

Source: Census & Statistics Department