

立法會
Legislative Council

LC Paper No. CB(2)939/18-19
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Tuesday, 11 December 2018, at 9:00 am
in Conference Room 1 of the Legislative Council Complex**

- Members present** :
- Dr Hon Pierre CHAN (Chairman)
 - Prof Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon Charles Peter MOK, JP
 - Hon CHAN Chi-chuen
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Dr Hon CHIANG Lai-wan, SBS, JP
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai
 - Hon KWONG Chun-yu
 - Hon CHAN Hoi-yan
- Members absent** :
- Hon CHAN Kin-por, GBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon CHAN Han-pan, BBS, JP
 - Dr Hon Helena WONG Pik-wan
 - Hon SHIU Ka-chun
- Public Officers attending** :
- Dr CHUI Tak-yi, JP
 - Under Secretary for Food and Health

Miss Linda LEUNG
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr Ian CHEUNG
Chief Manager (Cluster Performance)
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

Attendance : Democratic Alliance for the Betterment and Progress of
by invitation Hong Kong

Mr YIP Man-pan
Deputy Spokesperson on Policy

Cancer Patient Alliance

Mr CHAN Wai-kit
Chairman

殘疾人士及長期病患者就業關注組

Mr CHIU Ho-lam
Chairman

The Civic Party

Mr LEE Ka-ho
District Developer of the New Territories West

Mr Ken CHOY

Wheelchair Community Union

Mr TSANG Kai
Member

Mr LEUNG Kwok-hung

B27 Association

Mr LEE Kwok-kwong
Chairman

Society for Community Organization

Mr PANG Tim
Community Organizer

Hong Kong Alliance for Rare Diseases

Mr TSANG Kin-ping
President

Mr LAI Ka-wai

Mr WOO Chau-wai

Labour Party

Mr KWOK Wing-kin
Chairperson

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Review findings of means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes
[LC Paper Nos. CB(2)214/18-19(01) and CB(2)391/18-19(01)]

Presentation of views by deputations

Members noted the following papers on the subject under discussion:

- (a) the paper provided by the Administration for the meeting on 19 November 2018 (LC Paper No. CB(2)214/18-19(01)); and

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- (b) the updated background brief entitled "Means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes" prepared by the Legislative Council Secretariat (LC Paper No. CB(2)391/18-19(01)).

2. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 13 organizations and individuals presented their views on the review findings of means test mechanism for Samaritan Fund ("the Fund") and Community Care Fund Medical Assistance Programmes ("the Medical Assistance Programmes"). A summary of their views is in the **Appendix**. Members also noted three written submissions from organizations and individuals not attending the meeting.

Discussion

The Administration's response to the views expressed by deputations

3. Responding to the views expressed by the deputations, Under Secretary for Food and Health ("USFH") advised that based on the findings of the review on the means test mechanism for the Fund and the Medical Assistance Programmes ("the two safety nets"), the Administration had formulated the enhancement measures to modify the calculation of annual disposable financial resources ("ADFR") for drug subsidy applications by discounting 50% of patients' household net assets, and refine the definition of "household" adopted in financial assessment ("the proposed enhancement measures"). It was expected that these enhancement measures would offer further asset protection to patients and alleviate the financial and emotional burdens of patients and their families arising from expenditure on medical treatments. The Administration would continue to study other recommendations put forth under the review.

Calculation of patient's household annual disposable financial resources

4. Dr Fernando CHEUNG, Dr KWOK Ka-ki, Mr POON Siu-ping, Dr CHIANG Lai-wan, Mr CHAN Chi-chuen and Mr KWONG Chun-yu considered that the means test mechanism for the two safety nets should be further relaxed. Referring to the enhancement measure of modifying the calculation of patients' household ADFR for drug subsidy applications, Dr Fernando CHEUNG held the view that the annual financial assessment under the two safety nets would deplete, rather than protect, patients' household assets. Given that the level of a patient's contribution to drug

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expenses was determined by his/her household's ADFR, the 50% net assets of a patient being protected should be maintained permanently, instead of subjecting the amount to annual calculation in this regard in order to ensure that no patients and their families would run into financial difficulties as a result of meeting high drug expenditure. He also shared some deputations' view that in the calculation of ADFR, the monthly allowable deductions should include expenditures on medical consumables relating to the treatments concerned. Dr KWOK Ka-ki considered that a patient's ADFR should be allowed to maintain, throughout the whole approval period, at the level when the drug subsidy was approved.

5. Referring to his motion which was passed at the meeting of the Panel on 19 November 2018 when the subject was last discussed, Mr CHAN Chi-chuen was of the view that the cap on the maximum patient's contribution to drug expenses should be reduced from 20% to 10% or 5% of the patients' household ADFR. There was also a need to ensure that existing applications would not pay a higher amount of contribution after the implementation of the proposed enhancement measures. Mr KWONG Chun-yu shared the view that the maximum patient's contribution should be lowered to 10% of patients' household ADFR so as to further alleviate the financial burden on patients' families arising from drug expenditure, especially that of the ultra-expensive drugs.

6. USFH advised that annual financial assessment was conducted under the two safety nets to ensure prudent use of public funds. Based on the data of the drug subsidy applications received from June 2017 to February 2018, patients would pay a smaller amount of contribution by an average of around \$30,000 per application under the proposed enhancement measures. This apart, it was expected that there would be a 30% increase in the number of applications from non-Comprehensive Social Security Assistance recipients after the implementation of the proposed enhancement measures. Mr CHU Hoi-dick sought elaboration about how the latter's estimation was worked out. Chief Manager (Allied Health), Hospital Authority ("CM(AH), HA") advised that it was estimated that more patients would become eligible for drug subsidy under the two safety nets with the modifications to the calculation of ADFR and the household definition.

7. Dr CHIANG Lai-wan noted that a component for the calculation of ADFR was the patient's monthly household income, which had to be lower than the income limit set with reference to the median monthly domestic household income by household size based on the General Household Survey conducted by the Census and Statistics Department. She opined that if an application was a marginal case in terms of monthly household income, the Hospital Authority ("HA") should exercise discretion to waive

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the above requirement. In addition, consideration should be given to adjusting the household size of a non-dependent unmarried patient if the patient had to maintain the living of his or her parents.

8. CM(AH), HA advised that all applications for drug subsidy would be assessed on a household basis, taking into account the income, expenditures and assets of the patient and his or her core family members living under the same roof who had been included in the financial assessment. Where the estimated drug cost was above the patients' maximum contribution to drug cost payable, the outstanding balance would be settled by the two safety nets. It would be made clear in the relevant guidelines to be formulated by HA that patients could include into the means test those family members who were living with the patients and their basic necessity for living was maintained by the patients. The medical social workers would also have discretion to adjust the household size on a case-by-case basis in light of special familial factors or circumstances that warranted exceptional consideration. In response to Mr POON Siu-ping's enquiry, USFH advised that no age limit had been imposed on application for drug subsidy for the two safety nets.

Establishment of an appeal mechanism

9. Dr KWOK Ka-ki was of the view that the arrangement that medical social workers would exercise discretion to adjust the household size under the refined household definition on a case-by-case basis when assessing applications for drug subsidies lacked transparency. He called on the Administration to set up an appeal mechanism with participation of lay persons and representatives of patients and their families. Mr POON Siu-ping and Dr CHIANG Lai-wan concurred that an appeal mechanism on drug subsidy applications should be introduced under the two safety nets.

10. CM(AH), HA advised that at present, a mechanism was put in place at hospital level to handle appeals concerning drug subsidy applications. USFH further advised that any further enhancements to the two safety nets, such as setting up an appeal mechanism at the level of HA Headquarters, could be considered in future review exercise on the two safety nets.

Review of the means test mechanism

11. Dr Fernando CHEUNG considered that the Administration should further review the means test mechanism of the two safety nets, say, one year after the implementation of the proposed enhancement measures and gauge the views of patients and their families in this regard. Mr KWONG Chun-yu expressed a similar view. Ms CHAN Hoi-yan called on the

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Administration to formulate a timetable for a further review of the means test mechanism.

12. USFH and CM(AH), HA advised that the proposed enhancement measures for the means test mechanism of the Medical Assistance Programmes would be subject to the approval of the Commission on Poverty in January 2019. Separately, HA would need to gear up its staff and adjust the current information technology system for financial assessment. It was expected that the proposed enhancement measures would be applicable for applications under the Medical Assistance Programmes' Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders) ("the Ultra-expensive Drugs Programme") and for applications of other drug subsidies starting from January and February 2019 respectively. USFH undertook to revert to the Panel on the progress of and feedback received on the implementation of the proposed enhancement measures after 12 months of implementation.

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13. The Chairman and Dr Fernando CHEUNG asked about the factors to be taken into account when determining whether a drug would be included in the Ultra-expensive Drugs Programme, and the drugs currently under the Programme. USFH agreed to provide the information in writing.

Self-financed drugs under the two safety nets

14. Mr CHAN Chi-chuen considered that the clinical criteria for prescription of safety net drugs lacked transparency. Mr CHU Hoi-dick expressed particular concern that patients suffering from ankylosing spondylitis would not be provided with biologic therapy if they did not satisfy the relevant clinical criteria. Ms CHAN Hoi-yan considered that HA should gauge patients' views in the review of the means test mechanism as well as the inclusion of self-financed drugs into the safety nets through a regularized consultative mechanism.

15. Chief Manager (Cluster Performance), HA advised that HA had maintained close communication with patient groups on drug-related matters through established liaison channels. Two consultation meetings with patient groups were convened every year to provide updates on the latest development and gauge their views on the introduction of new drugs as well as review of prevailing drugs under the Drug Formulary of HA and the two safety nets. Meetings with individual patient groups would also be arranged to discuss specific issues of concern. Treatment options for ankylosing spondylitis were determined in accordance with evidence-based

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medical practice, having regard to international recommendations and practices, side effects of drugs and patients' clinical conditions.

16. At the invitation of Mr CHAN Chi-chuen and Mr CHU Hoi-dick, Mr LEE Kwok-kwong of B27 Association said that patients' applications for subsidy for biologic therapy for treating ankylosing spondylitis would be failed if they could not meet the relevant clinical criteria. HA should gauge the views of patient groups in formulating the clinical guidelines on the use of drugs covered by the two safety nets. Mr PANG Tim of the Society for Community Organization opined that apart from maintaining communication, a mechanism should be set up by HA to receive patient groups' feedback on the use of drugs.

17. Noting that drug subsidy was provided through the two safety nets for 4 405 cases in 2017-2018, Mr CHU Hoi-dick sought information about the number of applications being rejected during the corresponding period. CM(AH), HA advised that while there were a small number of applications not meeting the financial eligibility criteria, it should be noted that in many cases, patients would not make an application if they considered that they did not meet the financial eligibility criteria after the briefing given by the medical social workers. Mr CHU Hoi-dick requested the Administration to advise the number of applications being rejected under the two safety nets due to the reason that the patients concerned did not meet the clinical requirements. CM(AH), HA agreed to provide the information after the meeting if available.

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18. The Chairman expressed grave concern over the substantial increase in the price of ultra-expensive drugs, in particular targeted therapy drugs for treating cancers and drugs for treating rare diseases, in the past two decades. Citing that the cost of a course of a medication against hepatitis was several folds higher than that of other nearby economies as an example and taking into account the fact that all pharmaceutical products had to register with the Pharmacy and Poisons Board of Hong Kong before they could be sold or distributed in Hong Kong, he considered it necessary for the Administration to exercise certain control over the prices of drugs. USFH advised that where necessary, HA would liaise with pharmaceutical companies concerned on the feasibility of offering compassionate long-term drug arrangements for needy patients requiring ultra-expensive drugs for treatment.

19. Mr CHU Hoi-dick remarked that the if the drug cost was ever increasing, there would hardly be a reduction in patients' maximum contribution to drug cost payable even after the implementation of the proposed enhancement measures. He requested the Administration to

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provide a breakdown, by the following ranges, of the amount of patients' contribution to drug cost for those approved applications under the Ultra-expensive Drugs Programme: under \$100,000; \$100,000 to \$199,999; \$200,000 to \$299,999; \$300,000 to \$399,999; \$400,000 to \$499,999; \$500,000 to \$599,999; \$600,000 to \$699,999; \$700,000 to \$799,999; \$800,000 to \$899,999; \$900,000 to \$1,000,000.

Motion

20. The Chairman ruled that the motion jointly proposed by Dr CHIANG Lai-wan and Mr CHAN Han-pan, the wording of which had been tabled at the earlier part of the meeting, was directly related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members agreed. The Chairman ordered that the voting bell be rung for five minutes to notify Panel members of the voting.

21. Dr CHIANG Lai-wan and Mr CHAN Han-pan moved the following motion:

"就撒瑪利亞基金和關愛基金醫療援助項目經濟審查機制的檢討結果，本委員會促請政府：

- (一) 進一步下調撒瑪利亞基金和關愛基金醫療援助項目的病人分擔藥費上限，下調至病人家庭每年可動用財務資源的一成以下或五十萬元以下，以有效紓緩病人及其家庭的經濟負擔；
- (二) 進一步放寬「家庭」的定義，讓病人以「個人名義」提出資助申請，不需計算其家人入息及資產，讓資助更加貼心和到位；
- (三) 在申請人能證明其家庭成員受其供養的情況下，可在計算全年總入息時，按申請人供養的家庭成員人數計算豁免額；
- (四) 放寬申請者的每月家庭總收入的入息限額，讓更多病人獲得資助；及
- (五) 設立上訴機制，處理對於審批決定及分擔費的覆核。"

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(Translation)

"Regarding the findings of the review of the means test mechanism for the Samaritan Fund and the Community Care Fund Medical Assistance Programmes, this Panel urges the Government to:

- (1) further reduce the maximum ratio of patient contribution to drug expenses under the Samaritan Fund and the Community Care Fund Medical Assistance Programmes to below 10% of the patients' household annual disposable financial resources or less than \$500,000, in order to effectively alleviate the financial burden on patients and their families;
- (2) further relax the definition of "household", so that patients are allowed to submit applications for subsidies on an individual basis without taking into account the income and assets of their family members, thereby providing a subsidy arrangement that is more appropriate and tailor-made for the patients;
- (3) on the premise that an applicant is able to prove that a family member is a dependent of the applicant, calculate the amount of deductible allowance on the basis of the number of dependent family members of the applicant when determining the total annual income;
- (4) relax the limit imposed on an applicant's total monthly household income, so that more patients would be subsidized; and
- (5) put in place an appeal mechanism to review the decisions made on vetting and approving applications and on patient contributions."

22. The Chairman then put the motion jointly moved by Dr CHIANG Lai-wan and Mr CHAN Han-pan to vote. The results were: 10 members voted in favour of the motion, and no member voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

(The Chairman left the meeting at 10:48 am, and the Deputy Chairman took up the chairmanship for the rest of the meeting.)

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Conclusion

23. The Deputy Chairman concluded that the Administration should revert to the Panel on the latest progress of the means test mechanism of the two safety nets 12 months after the implementation of the proposed enhancement measures. Separately, HA should consider setting up a regular consultative mechanism to gauge the views of patients on the two safety nets. Dr Elizabeth QUAT called on the Administration to undertake to conduct a further review on the means test mechanism one year after the implementation of the enhancement measures and propose further enhancement measures within the following six months. USFH advised that an interim review would be carried out following the implementation of the enhancement measures. As undertook at the earlier part of the meeting, the Administration would revert to the Panel on the progress of and feedback received on the implementation of the proposed enhancement measures after 12 months of implementation.

II. Any other business

24. There being no other business, the meeting ended at 10:52 am.

Council Business Division 2
Legislative Council Secretariat
11 March 2019

Panel on Health Services

**Special meeting on Tuesday, 11 December 2018, at 9:00 am
in Conference Room 1 of the Legislative Council Complex**

**Summary of views and concerns expressed by organizations/individuals on
Review findings of means test mechanism for Samaritan Fund and Community
Care Fund Medical Assistance Programmes**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> • Under the means test mechanism for the Samaritan Fund and the Community Care Fund Medical Assistance Programmes ("the two safety nets"), patients' actual contribution to drug expenses should be capped at \$500,000 or 10% of the patients' household annual disposable financial resources ("ADFR"), whichever was lower. • Patients should be allowed to apply for assistance from the two safety nets on an individual basis.
2.	Cancer Patient Alliance	<ul style="list-style-type: none"> • LC Paper No. CB(2)391/18-19(02)
3.	殘疾人士及長期病患者就業關注組	<ul style="list-style-type: none"> • Drug trial should be arranged for patients before they applied for drug subsidy from the two safety nets. • Medical consumables relating to the medical treatments should be covered by the two safety nets.
4.	The Civic Party	<ul style="list-style-type: none"> • LC Paper No. CB(2)472/18-19(01)
5.	Mr Ken CHOY	<ul style="list-style-type: none"> • The enhancement measures in respect of adopting the modified calculation of ADFR and refining definition of "household" in the means test mechanism for the two safety nets were not adequate to relieve the financial burdens of patients arising from the increase in the expenditure on drugs. • The Administration should enhance the transparency in the inclusion of drugs supported by the two safety nets, as well as engage patient groups in managing the safety nets. • The Administration should increase the provisions for, among others, enhancing the financial support to needy patients who had difficulties in meeting the cost of very expensive drugs.
6.	B27 Association	<ul style="list-style-type: none"> • LC Paper No. CB(2)472/18-19(02)
7.	Society for Community Organization	<ul style="list-style-type: none"> • LC Paper No. CB(2)391/18-19(03)
8.	Hong Kong Alliance for Rare Diseases	<ul style="list-style-type: none"> • LC Paper No. CB(2)391/18-19(04)
9.	Mr LAI Ka-wai	<ul style="list-style-type: none"> • The means test mechanism of the two safety nets should be further enhanced by (a) allowing patients with mentally and

No.	Name of deputation/individual	Submission / Major views and concerns
		<p>physically disabilities to apply for assistance on individual or household basis; (b) covering items such as medical consumables and hiring carers under the monthly allowable deductions in calculating patients' household income; and (c) refining the sliding scale formula.</p> <ul style="list-style-type: none">• There was a need to improve communication between the healthcare professionals and patients in respect of the two safety nets.
10.	Wheelchair Community Union	<ul style="list-style-type: none">• The age limit under the Community Care Fund Special Care Subsidy for the Severely Disabled which was currently set at below the age of 60 years should be removed.• The Community Care Fund should provide subsidy to those patients who were not recipients of Comprehensive Social Security Assistance for the purchase of wheelchairs.
11.	Mr WOO Chau-wai	<ul style="list-style-type: none">• Elderly patients should be exempted from the financial assessment for drug subsidies under the two safety nets.• There were concerns that under the two safety nets, patients with financial difficulties could only use the self-financed drugs upon the approval of their drug subsidy applications; and each drug subsidy was applicable for a specified self-financed drugs covered by the two safety nets.
12.	Labour Party	<ul style="list-style-type: none">• Means test for the two safety nets should be further relaxed by (a) expanding the coverage of drugs; and (b) discounting 50% of patients' household ADFR rather than patients' household net assets in determining the level of patients' contribution to drug expenses.• The Administration should increase its allocation to the Hospital Authority, so that the self-financed drugs would be repositioned to special or general drugs in the Drug Formulary.
13.	Mr LEUNG Kwok-hung	<ul style="list-style-type: none">• The Administration should take heed of the requests made under the motions passed by the Panel on Health Services on 19 November 2018 and introduce further enhancement measures to the two safety nets.