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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 19 November 2018

Means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes

Purpose

This paper provides background information on the Samaritan Fund ("the Fund") and the Community Care Fund Medical Assistance Programmes ("the Medical Assistance Programmes"), and summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the means test mechanism for the Fund and the Medical Assistance Programmes.

Background

2. At present, the standard fees and charges in public hospitals and clinics managed by the Hospital Authority ("HA") do not cover the self-financed drugs and privately purchased medical items. The Fund and the Medical Assistance Programmes provide financial assistance to subsidize eligible patients who have financial difficulties for meeting the expenses on specific self-financed drugs and privately purchased medical items.

3. Established in 1950, the Fund is a charitable fund administrated by HA to provide subsidy to eligible patients to meet their expenses on those self-financed drugs that are proven to be significant benefits but very expensive for HA to provide as part of its subsidized services; or those designated privately purchased medical items not covered by the standard fees and charges in public hospitals and clinics. As at July 2018, the Fund covers 33 self-financed drugs and nine categories of non-drug items. The amount of subsidies granted under the Fund was $515.7 million in 2017-2018.

4. Apart from the Fund, the Community Care Fund ("CCF")[1] launched in 2011 the First Phase Medical Assistance Programme ("the First Phase Programme") to provide financial assistance to eligible HA patients to purchase specific self-financed cancer drugs which have not been brought into the safety net of the Fund but have been rapidly accumulating medical scientific evidence and with relatively high efficacy.[2] As at August 2018, the First Phase Programme covers 18 specific self-financed cancer drugs. The amount of subsidies granted was $168.8 million in 2017-2018. To allow CCF to exercise its function to fill the gaps in the existing system and create a pioneering effect, CCF launched in August 2017 two new programmes, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" ("the Ultra-expensive Drugs Programme") and "Subsidy for Eligible Patients of Hospital Authority to Purchase Specified Implantable Medical Devices for Interventional Procedures" ("the Specified Implantable Medical Devices Programme") to provide subsidy for eligible patients.

5. The current financial assessment criteria for drug subsidies under the Fund and the Medical Assistance Programmes are based on the principle of targeted subsidy, i.e. the level of patient's contribution to drug expenses depends on the patient's household affordability. Financial assessment for applications is made on a household basis which includes patient and his/her core family members living under the same roof.[3] Patients have to contribute to the drug costs according to their household annual disposable financial resources ("ADFR") against a percentage stipulated in a pre-determined sliding scale. The maximum contribution is capped at $1 million or 20% of the patients of the patients' household ADFR (whichever is lower) under the Ultra Expensive Drugs Programme, and 20% of the patients of the patients' household ADFR under the Fund and other CCF Programmes. Patients who meet the specified

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1 Established in 2011, CCF aims at providing assistance to people facing financial difficulties, in particular those who fall outside the safety net or those within the safety net but are not covered by it because of special circumstances.

2 CCF rolled out the Second Phase Medical Assistance Programme ("the Second Phase Programme") in 2012 to provide subsidy to HA patients who marginally fell outside the safety net of the Fund for the use of specified self-financed drugs. It complemented the Fund by providing patients with additional subsidy on designated self-financed drugs. The Second Phase Programme was incorporated into the Fund in September 2012 by reducing the patients' maximum contribution ratio on drug costs from 30% to 20% of their household annual disposable financial resources.

3 With effect from mid-June 2017, core family members living under the same roof include patient's spouse, children, parents and dependent siblings (i.e. siblings aged below 18; siblings aged between 18 and 25 receiving full-time education; and disable adult siblings who are receiving disability allowance under the Social Security Assistance Scheme or standard rates for 100% disabled or requiring constant attendance under the Comprehensive Social Security Assistance Scheme).

clinical criteria and can pass the financial assessment will be given a full or partial subsidy for meeting the expenses on the items.

Deliberations of the Panel

6. The Panel discussed issues relating to the means test mechanism for the Fund and the Medical Assistance Programmes in different contexts at various meetings. The deliberations and concerns of members are summarized in the following paragraphs.

Inclusion of drugs into the HA Drug Formulary and the safety net

7. Some members were of the view that drugs which were proven to be of significant benefits should be covered by the standard fees and charges in public hospitals and clinics, rather than being classified as self-financed drugs with safety net. There was also a view that the number of self-financed drugs covered by the Fund and the First Phase Programme was far from adequate to meet the needs of the patients in need of expensive drug treatments. Some members considered it inappropriate for HA to adopt the principle of cost-effectiveness in determining the inclusion of a drug in the safety net coverage. They called on HA to review the HA Drug Formulary and expand the scope of the Fund to cover more self-financed drugs such as cancer drugs.

8. According to the Administration, HA appraised new drugs once every three months through established mechanisms. The evaluation process followed the principles of evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost consideration and facilitation of patients' choice, and took into account the safety, efficacy and cost-effectiveness of drugs and other relevant factors, including international recommendations, as well as the views of relevant professionals and patient groups, etc. HA had increased the frequency of the prioritization exercise for including self-finance drugs in the safety net from once to twice a year since 2018 to shorten the lead time for introducing suitable new drugs to the safety net.

9. Question was raised as to whether the expenses borne by each patient for purchasing self-financed drugs could be capped at, say, $100,000 each year, and the amount exceeding the cap would be covered by HA as part of its subsidized services. Members were particularly concerned about the drug treatment for, and the financial burden so incurred by, patients suffering from rare diseases. Members were advised that the drug Eculizumab for treating Paroxysmal Nocturnal Haemoglobinuria and Atypical Haemolytic Uraemic Syndrome had been covered under the Ultra-expensive Drugs Programme since

August and November 2017 respectively, whereas the medical devices Transcatheter Aortic Valve Implantation for severe aortic stenosis and MitraClip System for severe mitral regurgitation had been covered under the Specified Implantable Medical Devices Programme.

Financial assessment for drug subsidies

10. Some members had strong views against the current household-based financial assessment of the Fund and the Medical Assistance Programmes as it might force many patients concerned to separate from their core family members living under the same roof in order to meet the financial assessment criteria. They considered that the scope of household income should be limited to the income from spouse of the patient. Some members further suggested that patients living with their family members should be allowed to apply for assistance from the Fund on an individual basis. A high-level committee should also be set up for the exercise of discretion to grant approval for subsidy to patients who fell marginally outside the safety net. There was a view that the patients' maximum contribution ratio to the drug expenses should be lowered to avoid financial hardship on patients, including the middle-class patients, due to substantial out-of-pocket payments of drug cost. In addition, the Administration should highly subsidize those patients requiring long-term or ultra-expensive drug treatment.

11. The Administration stressed that it was its long-standing policy that no patients would be denied adequate medical treatment due to a lack of means. The practice of using patients' household income in assessing the level of subsidy granted under the Fund was in line with the means test mechanism for other financial assistance schemes, such as the Comprehensive Social Security Assistance. The rationale was to encourage family members to support each other and to prevent the avoidance of responsibility by resorting to public assistance in the first instance. In December 2017, HA had commissioned Jockey Club School of Public Health & Primary Care of the Chinese University of Hong Kong and the Department of Social Work of the Hong Kong Baptist University to carry out a consultancy study to review the existing means test of the Fund and the Medical Assistance Programmes ("the consultancy study"). After completion of the first six months of the consultancy study, the consultant team proposed to further explore improvements to the means test mechanism of the two safety nets along the directions of (a) modifying the calculation of ADFR; (b) redefining "household"; and (c) establishing an appropriate upper limit for patient contribution. While agreeing the above three directions to improve the means test mechanism, members urged the Administration to expedite the review and introduce improvement measures to relax the means test for granting subsidies under the two safety nets as soon as possible.

Recent developments

12. Two more medical devices, namely Percutaneous Pulmonary Valve Implantation and Subcutaneous Implantable Cardioverter Defibrillator, have been covered under the Specified Implantable Medical Devices Programme with effect from 1 August 2018. Separately, the Ultra-expensive Drugs Programme has been expanded to cover Nusinersen for the treatment of Spinal Muscular Atrophy since 25 September 2018.

13. The Administration will brief the Panel on 19 November 2018 on the findings of the consultancy study.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
16 November 2018

Appendix

Relevant papers on the means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes

Committee	Date of meeting	Paper
Panel on Health Services	10.11.2008 (Item IV)	Agenda Minutes
	8.6.2009 (Item VI)	Agenda Minutes
	14.2.2011 (Item VI)	Agenda Minutes CB(2)1602/10-11(01)
	14.11.2011 (Item VI)	Agenda Minutes CB(2)1680/11-12(01)
	16.4.2012 (Item IV)	Agenda Minutes CB(2)2087/11-12(01)
	10.7.2012 (Item II)	Agenda Minutes
	17.3.2014 (Item II)	Agenda Minutes CB(2)2053/13-14(01)
	15.6.2015 (Item V)	Agenda Minutes
	19.12.2016 (Item III)	Agenda Minutes CB(2)480/17-18(01)

Committee	Date of meeting	Paper
	11.4.2017 (Item I)	Agenda Minutes CB(2)618/17-18(01)
	16.10.2017 (Item IV)	Agenda Minutes
	2.3.2018 (Item I)	Agenda
	19.6.2018 (Item IV)	Agenda

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