立法會
Legislative Council

LC Paper No. CB(2)391/18-19(01)

Ref : CB2/PL/HS

Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 11 December 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

---

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 January 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).

under the Fund and other CCF Programmes. Patients who meet the specified 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. With effect from 1 August 2018, two more medical devices, namely Percutaneous Pulmonary Valve Implantation and Subcutaneous Implantable Cardioverter Defibrillator, had been covered under the Specified Implantable Medical Devices Programme. Separately, the Ultra-expensive Drugs Programme had been expanded to cover Nusinersen for the treatment of Spinal Muscular Atrophy since 25 September 2018.

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.

12. Members were subsequently briefed on 19 November 2018 that based on the findings of the consultancy study, the Administration would adopt a number of enhancements to the existing means test mechanism for the Fund and the Medical Assistance Programmes. These included (a) modifying the calculation of ADFR for drug subsidy applications by discounting 50% of patients' household net assets, whereas patients' actual contribution to the drug expenses would continue be determined in accordance with the sliding formula which was capped at 20% of ADFR[4]; and (b) refining the definition of "household" to include (i) the patient, his/her parents/legal guardians, and dependent siblings living under the same roof for the case of a patient who was a dependent (i.e. was unmarried and was either under 18 years old or between 18 and 25 years old receiving full-time education); (ii) the patient, his/her spouse and dependent children (but not parents/legal guardians or siblings) living under the same roof for the case of a married non-dependent patient; and (iii) only the patient himself/herself for the case of an unmarried non-dependent patient, irrespective of whether parents/legal guardians or siblings were living under the same roof. It was targeted that these enhancement measures would be applicable for new applications under the Ultra-expensive Drugs Programme and other types of new applications starting from January and mid-February 2019 respectively.

13. While welcoming the enhancement measures, members in general considered that the means test of the two safety nets should be further relaxed in order to alleviate the financial burden on patients' families arising from drug expenditure. They were particularly concerned that some existing patients would be paying a greater amount of contribution after the introduction of the above enhancement measures. There were suggestions that the financial protection for patients' household net assets should be further enhanced, the maximum patient contribution under the sliding scale should be lowered to 10% of the patient's household ADFR, adult patients who were not receiving full-time education but were unemployed should be classified as a dependent patient, and parents who received financial support from a non-dependent adult patient should not be excluded from the definition of "household".

14. The Administration advised that it was estimated that more than 30% of the applications for drug subsidy approved under the Fund and the Medical

---

[4] According to the Administration, the existing $1 million cap under the Ultra Expensive Drugs Programme would be retained. The Administration and HA would review the cap in future having regard to the effectiveness of the enhancement measures and the actual number of cases that might trigger the cap.

Assistance Programmes during the period of June 2017 to February 2018 would be better off after the introduction of the above enhancement measures. It assured members that the medical social workers would have discretion to adjust the household size based on a case-by-case basis in light of special familial factors or circumstances that warranted exceptional consideration to ensure that no patients would become worse off as a result of the enhancement measures. Notwithstanding the Administration's response, members remained of the view that the means test mechanism for the Fund and the Medical Assistance Programmes should be further enhanced. Two motions were passed at the meeting and the wordings of which are in **Appendix I**.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
6 December 2018

附錄 I
Appendix I

立法會 CB(2)317/18-19(01)號文件
LC Paper No. CB(2)317/18-19(01)

衞生事務委員會
Panel on Health Services

在 2018 年 11 月 19 日的會議上就議程項目 V "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"通過的議案
Motions passed at the meeting on 19 November 2018 under agenda item V "Review findings of means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes"

議案一：

本委員會要求當局將領取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由政府建議的病人家庭每年可動用財務資源的兩成進一步降低至一成或以下，並放寬可領取撒瑪利亞基金和關愛基金醫療援助項目的各種長期病患的特定臨床準則，以及完善文件建議的每年可動用財務資源的計算方法，以確保現時領取撒瑪利亞基金和關愛基金醫療援助項目的病人不會因新的計算方法而支付更多藥費。

動議人： 陳志全議員

(Translation)

Motion 1:

This Panel requests that the Government-proposed maximum ratio of patient contribution to drug expenses under the Samaritan Fund ("SF") and Community Care Fund ("CCF") Medical Assistance Programmes should be further reduced from 20% of the patients' household annual disposable financial resources ("ADFR") to 10% or below, the specified clinical criteria for determining the eligibility of patients of various types of chronic diseases under SF and CCF Medical Assistance Programmes should be relaxed, and the method for calculating ADFR as proposed in the paper should be enhanced to ensure that the new calculation method will not result in higher drug costs to be paid by patients currently eligible for financial assistance under SF and CCF Medical Assistance Programmes.

Moved by: Hon CHAN Chi-chuen

議案二：

本委員會歡迎政府放寬撒瑪利亞基金和關愛基金醫療援助項目的經濟審查機制。本委員會要求保障病人資產淨值的五成應該是一個永久保障，而非每年計算，以致病人資產最終大幅下降。此外，病人分擔上限亦應由每年可動用財務資源的兩成下降至一成或以下，並擴闊資產階梯。

動議人： 張超雄議員
邵家臻議員

(Translation)

Motion 2:

This Panel welcomes the Government's relaxation of the means test mechanism for the Samaritan Fund and Community Care Fund Medical Assistance Programmes. This Panel requests that the 50% net assets of a patient being protected should be maintained permanently, instead of subjecting the amount to annual calculation in this regard which will, in the end, result in a substantial decrease in the patient's assets. Besides, the maximum ratio of patient contribution should be reduced from 20% of annual disposable financial resources to 10% or below, and the asset bands on the sliding scale should also be widened.

Moved by: Dr Hon Fernando CHEUNG Chiu-hung
Hon SHIU Ka-chun

Appendix II

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
	19.11.2018 (Item V)	Agenda CB(2)321/18-19(01)

Council Business Division 2
Legislative Council Secretariat
6 December 2018