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中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref. : FHB/H/1/19
Your Ref. :

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11 January 2019

Ms Maisie LAM
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms LAM,

Legislative Council Panel on Health Services
Motion passed at the special meeting on 11 December 2018

I refer to the motion moved by the Hon CHAN Han-pan and Dr the Hon CHIANG Lai-wan and passed at the above meeting. Our reply is set out at the **Annex**.

Yours sincerely,

(Jonathan CHIU)
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority (Attn: Ms Dorothy LAM)
(Fax: 2895 0937)

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Annex

(1)

Based on the review findings of the means test mechanism for the Samaritan Fund (SF) and Community Care Fund (CCF) Medical Assistance Programmes, the Government and the Hospital Authority (HA) have proposed a number of enhancement measures, including modifying the calculation of annual disposable financial resources (ADFR) by counting only 50% of patients' household net assets so as to offer protection for that amount of assets. After calculation of ADFR based on the amounts of patients' household net assets and annual disposable income, patients' contribution to drug expenses will be determined in accordance with a sliding scale formula, which is further capped at 20% of ADFR[1]. By further protecting patients' household assets, this modification will have substantially alleviated the financial burden of patients and their families.

We will also confine the definition of "household" adopted in financial assessment to cover only core family members living under the same roof and having direct financial connection with the patient concerned. The consultant team expected that these two enhancement measures would help reduce patient contribution to drug expenses to a substantially lower level and provide financial protection for patients and their families.

The Government and HA will continue to study on a progressive basis issues related to the means test mechanism, including the upper limit for patient contribution to drug expenses.

(2) and (3)

In line with other publicly-funded safety nets, financial assessment for subsidies under the SF and CCF Medical Assistance Programmes has been household-based. Applications should be submitted on a household basis, as families constitute the core units of a community and members of the same family should render assistance and support to each other. As the financial assessment criteria are formulated based

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[1] After the introduction of the enhancement measures, patient contribution to drug expenses is calculated as follows:
[(Monthly Household Gross Income – Monthly Allowable Deductions) x 12 + (Disposable Capital – Deductible Allowance) x **50%**] x (a contribution ratio of 0 to 20% under the sliding scale formula).
If a patient's household ADFR are $60,000 or below but exceed $20,000, the patient's contribution will be a fixed amount.

on the principle of targeted subsidy, a patient's household is required to pay for medical items or drugs according to the household's affordability.

As mentioned above, to further relieve the financial burden of patients' families arising from drug expenses, we will confine the definition of "household" adopted in financial assessment as recommended by the consultant team to cover only core family members living under the same roof and having direct financial connection with the patient concerned. If a patient is classified as a dependent patient, the corresponding "household" definition would only include the patient's parents/legal guardians, and dependent siblings living under the same roof. As regards non-dependent patient, the corresponding "household" definition would only include the patient's spouse and dependent children, while a non-dependent patient who is unmarried would be treated as a single person household, irrespective of whether the patient's parents or siblings are living under the same roof. The refined definition of "household" will reduce the number of household members, and hence the incomes and assets of non-core family members will not be included in the calculation of ADFR. This will help further reduce patient contribution to drug expenses and simplify the application procedures.

Apart from refining the definition of "household" according to the review findings, if there are other family members who are living with the patient's household (according to the refined definition of "household") and whose basic necessity for living is maintained by patient's household (e.g. the family member is an elderly who is dependent on the patient's household; or adult with no / low income who is unable to sustain independent living; or individual unable to take care of oneself by reason of mental or physical condition etc.), patient / applicant can include these dependent family members into the financial assessment by providing their income, asset and expenditure information, and they will be taken into account in the calculation of allowable deductions and deductible allowance (if applicable). The HA will also formulate clear guidelines and provide relevant information in leaflets for patients to know about such arrangements so that they can discuss it with medical social workers in the course of financial assessment.

(4)

There is no income limit for drug subsidies under the means test mechanism of the SF and CCF Medical Assistance Programmes. The mechanism is devised based on the principle of targeted subsidy, i.e. the level of patient contribution to drug expenses depends on the patient's household affordability. The HA will take into account patients' household ADFR and their estimated drug expenses in the coming

year in assessing their affordability and determining the level of their contribution to drug expenses.

(5)

If patients consider that some specific factors have not been taken into account by medical social workers in financial assessment, they may raise it to the officer-in-charge of the medical social services unit concerned. We will also discuss and study with relevant stakeholders the feasibility of devising a better appeal mechanism.