

**For meeting on
24 September 2009**

Paper FC 6/2009

Family Council

Obstetric Service Arrangements of the Hospital Authority

Purpose

This paper briefs Members on the obstetric service arrangements of the Hospital Authority (HA) that aim to ensure local pregnant women are given priority for proper obstetric service, and the request by the LegCo Subcommittee to Study Issues Relating to Mainland-HKSAR Families (“the Subcommittee”) for the Administration to convey Members’ views to the Family Council for consideration and follow-up discussion on the policy of obstetric service and the impacts of the policy on family reunion.

Obstetric service arrangements of the Hospital Authority

2. It is our policy to ensure that Hong Kong residents are given proper and adequate obstetric services. At present, public obstetric services provided by the HA are available to Hong Kong resident women at a heavily subsidized level. In recent years, there was rapid increase in the demand for obstetric services in Hong Kong by non-Hong Kong resident women (including Mainland women), causing tremendous pressure on the capacity of obstetric service in public hospitals and affecting such services to Hong Kong resident women. It was also noted that there was a large number of non-Hong Kong resident women seeking emergency admission to public hospitals through the Accident and Emergency Departments (A&EDs) for delivery. To tackle the problem, HA has implemented since 1 February 2007 revised arrangements for obstetric service for non-Hong Kong resident women to ensure that Hong Kong resident women are given priority for proper obstetric service. The new arrangements also seek to limit the number of non-Hong Kong residents coming to Hong Kong to give births to a level that can be supported by our public healthcare system, and to deter their dangerous behaviour of seeking emergency hospital admissions through A&EDs shortly before labour.

3. Under the revised arrangements, HA would reserve sufficient places for Hong Kong resident women to ensure that they have priority for obstetric services. As for non-Hong Kong residents, they have to make prior booking

and pay the specified package charge for non-Hong Kong residents if they wish to give birth in Hong Kong. HA would only accept booking from non-Hong Kong residents when spare service capacity is available.

4. The revised arrangements have been effective in meeting our policy objectives as set out in paragraph 2 above. We have been able to meet the demand of obstetric service of Hong Kong resident women while the number of non-local women giving birth in public hospitals through the A&EDs has continued to decrease. By comparing the first five months of 2009 with the same period in 2006, the number of Hong Kong resident women giving birth in public hospitals has increased by 10.8% while the number of non-Hong Kong resident women giving birth in public hospitals has decreased by 9.3%. Most notably, the number of deliveries by non-Hong Kong resident women in public hospitals through the A&EDs has decreased significantly by 91.6%.

Review of the obstetric service arrangements

5. At the last meeting of the LegCo Subcommittee to study issues relating to Mainland-HKSAR families held on 28 July, Members discussed and suggested the Administration to review the existing obstetric service arrangements for Mainland women whose spouses were Hong Kong residents. They suggested that HA should adopt different charges for non-local women whose spouses are Hong Kong residents and those with no marital ties in Hong Kong. Detailed comments from the LegCo Subcommittee and the Administration's response are set out at **Annex A** for Members' reference.

6. Having regard to the considerations set out in the ensuing paragraphs, the Administration is of the view that the existing obstetric service arrangements for non-Hong Kong resident women remains appropriate and does not intend to conduct a review on the arrangements.

7. At present, the public healthcare services in Hong Kong cover a wide range of services including outpatient service, inpatient service, ambulatory service, etc. All these services are available to Hong Kong residents at heavily subsidized level at about 95%. To ensure rational use of our finite public resources, our prevailing policy is that only Eligible Persons (i.e. local residents who are holders of Hong Kong Identity Card and children who are Hong Kong residents and under 11 years of age) are eligible for the highly subsidized rates for our public healthcare services. As for non-local people, including spouses of Hong Kong residents, they are

Non-eligible Persons (NEP) and they have to pay the specified NEP charges for access to our public healthcare services. We consider that all NEPs should continue to be subject to the same NEP rates for relevant services in our public healthcare system.

8. The suggestions mentioned by Members to adopt different charges for non-local women whose spouses are Hong Kong residents would re-open the avenue for NEPs to come to Hong Kong to seek access to obstetric service in public hospitals thereby competing for the services for Hong Kong resident women. This problem will be magnified if this group of NEPs is entitled to obstetric service in public hospitals at EP rates.

9. Meanwhile, as mentioned in paragraph 2 and 3 above, one of the objectives of the obstetric service arrangement is to ensure that Hong Kong resident women are given priority for proper obstetric service. In this regard, the existing arrangements have been effective in meeting the objective and the Administration therefore does not see the need to review the arrangements.

10. Taking into account the policy objectives of the obstetric service arrangements; the read-across implications on other heavily subsidized public services; and the need to ensure rational use of our finite public resources, on balance, the Administration considers that the existing obstetric service arrangements for NEPs remains appropriate. HA will continue to closely monitor the demand and the use of obstetric services in public hospitals and will continue to provide such services to non-local pregnant women subject to service capacity and the relevant arrangements.

11. Viewed from the family perspectives, the obstetric service arrangements whereby non-eligible pregnant women (including women from Mainland) may have access to obstetric services in Hong Kong have already provided an additional choice for Mainland-HKSAR families.

Advice Sought

12. Members are invited to advise on the response to the Subcommittee.

Family Council secretariat
September 2009

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立法會
Legislative Council

Annex A

LC Paper No. CB(2)/08-09

Ref : CB2/HS/2/08

Subcommittee to Study Issues Relating to Mainland-HKSAR Families

**Minutes of the 7th meeting
held on Tuesday, 28 July 2009, at 10:45 am
in Conference Room A of the Legislative Council Building**

Members present : Hon LEE Cheuk-yan (Chairman)
Hon LEUNG Yiu-chung (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Miriam LAU Kin-ye, GBS, JP
Hon WONG Kwok-hing, MH
Prof Hon Patrick LAU Sau-shing, SBS, JP
Hon Cyd HO Sau-lan
Dr Hon LAM Tai-fai, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun
Hon CHEUNG Kwok-che

Members absent : Hon TAM Yiu-chung, GBS, JP
Hon Abraham SHEK Lai-him, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Ronny TONG Ka-wah, SC
Hon CHAN Hak-kan
Hon WONG Sing-chi
Hon WONG Yuk-man
Hon Mrs Regina IP LAU Suk-ye, GBS, JP

Public Officers attending : Item I
Home Affairs Bureau
Ms Grace LUI Kit-yuk
Deputy Secretary for Home Affairs (1)

Food and Health Bureau

Mrs Susan MAK LOK Suet-ling
Deputy Secretary for Food and Health (Health) 1

Mr Kirk YIP Hoi-ying
Acting Principal Assistant Secretary for Food and Health
(Health) 2

Administration Wing

Miss Agnes WONG Tin-yu
Deputy Director of Administration (2)

Hospital Authority

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Immigration Department

Mr HO Siu-hung
Div Commander (Border) Rail

Clerk in Attendance : Miss Betty MA
Chief Council Secretary (2) 4

Staff in Attendance : Mr YICK Wing-kin
Assistant Legal Adviser 8

Miss Florence WONG
Senior Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 4

Action

I. Further discussion on the obstetric service arrangements for Mainland women whose spouses are Hong Kong residents

(LC Paper Nos. CB(2)1979/08-09(01) to (02), CB(2)2258/08-09(01) to (04) and CB(2)2290/08-09(01))

The Subcommittee deliberated (index of proceedings attached at **Annex**).

2. In the light of the Administration response to the views expressed by members at the last meeting about the obstetric service arrangements for non-eligible persons (NEPs), members made the following points –

- (a) the policy on obstetric service was discriminatory against Hong Kong residents whose spouses were Mainland residents and contrary to the Government's policy of encouraging Hong Kong residents to work and start business in and promoting close integration with the Mainland. Mainland women whose spouses were Hong Kong residents should be given priority to use obstetric service at public hospitals as their babies were in effect members of Hong Kong families;
- (b) given that only some 7 000 Mainland women whose spouses were Hong Kong residents had given births at public hospitals in Hong Kong in 2008, the Administration should assess the impacts on the healthcare services if the former were charged at the same rates as Hong Kong resident women in using public obstetric services;
- (c) the implementation of the obstetric service arrangements for Mainland women whose spouses were Hong Kong residents was

not conducive to family reunion. It also deviated from the policy of requiring applications on a household basis for public housing units and Comprehensive Social Security Assistance. The Family Council should discuss the matter from the family perspective and examine the impacts of the policy on family reunion of cross-boundary families;

- (d) the Administration should seriously consider adopting a two-tier obstetric service charge for NEPs by having different rates for those whose spouses were Hong Kong residents and those with no marital ties in Hong Kong;
- (e) it was unacceptable that the Administration considered it not appropriate to carry out a review of the obstetric service package charges for NEPs and the refund arrangement simply on the ground that two applications for judicial review (JR) were ongoing;
- (f) it was unreasonable that a partial refund of not more than \$20,000 would be made for cases involving miscarriage, termination of pregnancy or still birth given that the costs incurred in handling such cases were rather low. The Administration should review the refund arrangements and consider providing a pro-rata refund according to the notification period for not using the booked obstetric service due to unforeseeable circumstances such as premature delivery;
- (g) given that the obstetric service package charge for NEPs were as high as \$39,000, it was unacceptable that only one antenatal check-up was included in the obstetric service package for NEPs. The Administration and the Hospital Authority (HA) should

review the level of charges and the package; and

- (h) to ensure places for local pregnant women and relieve the pressure on the capacity of obstetric service in public hospitals, HA should consider not to accept prior booking from NEPs without marital ties in Hong Kong for use of public obstetric services.

3. Deputy Secretary for Food and Health (Health) 1 and Director (Cluster Services)/HA made the following responses –

- (a) the objective of the policy on obstetric service was to ensure that Hong Kong residents were given proper and adequate obstetric service taking into account that public resources were finite. In the light of the upward trend for use of public obstetric services by Hong Kong pregnant women, there was a need to limit the number of NEPs coming to Hong Kong to give births at a level that could be supported by the public healthcare system, and thereby all NEPs should continue to be subject to the same NEP rates for relevant services in the public healthcare system;
- (b) there was a need to ensure the long-term sustainability of the social services within the limited financial resources and consider the impacts on the public healthcare services and other heavily subsidized public services, such as welfare, housing, education, etc. if NEPs were given the same treatment as local women in using obstetric services;
- (c) the implementation of the arrangement was effective and no review was considered necessary at the present stage. Moreover, it considered not appropriate to carry out a review of the obstetric services for NEPs before the conclusion of the JR applications to

avoid prejudicing the two ongoing JR proceedings;

- (d) the obstetric service charge for NEPs was non-refundable when it was introduced in February 2007 in order to make it a commitment for the person making the booking. HA subsequently implemented a refund policy starting from October 2007 under which if a booked case in a public hospital could not take place in unfortunate circumstances such as a miscarriage, a partial refund of not more than \$20,000 would be made. The Administration would consider members' views on the refund arrangements after the conclusion of the ongoing JR applications;
- (e) the cost of providing obstetric services to a pregnant woman under normal circumstances was around \$20,000. The amount of refund was set at no more than \$20,000 served as an disincentive for NEPs to use public obstetric services, as well as to cover the additional costs incurred by HA in the implementation of the new obstetric services arrangement, which included the cost of operating the booking arrangement and additional manpower cost for providing service;
- (f) the package charge of \$39,000 covering one antenatal check-up aimed to encourage appropriate antenatal care and to reduce risks to NEPs to ensure basic test and investigation on the mother and foetus would be conducted during the early stage of pregnancy. NEPs concerned could make their own choice of arrangements for additional check-up or other follow-up care by using services in public or private hospitals in Hong Kong or in the Mainland; and
- (g) under the existing policy, public hospitals would accept prior

booking for the use of HA's private services by non-local residents subject to the availability of the service required. Non-Hong Kong residents would be charged the NEP rates, irrespective of whether they had marital ties in Hong Kong or not. HA would monitor and limit the number of NEPs coming to Hong Kong to give births to ensure that Hong Kong residents were given priority for proper and adequate obstetric services. It was also noteworthy that more local residents would use the heavily subsidized obstetric services in public hospitals amidst the financial turmoil. The suggestions of adopting a two-tier obstetric service charges for NEPs whose spouses were Hong Kong residents and those who had no marital ties in Hong Kong as well as restricting the latter from making prior booking for obstetric service package at public hospitals would give rise to a policy change which required careful consideration.

4. Mr LEUNG Yiu-chung moved the following motion tabled at the meeting –

"That this Subcommittee requests the Government to assess the impact on

- (a) the capacity of public medical services in Hong Kong; and
- (b) the population policy

if Mainland spouses of Hong Kong residents are given equal treatment with local women in using obstetric services, including the waiting time required and the level of service charges, and submit an assessment report to facilitate follow-up deliberation by the Subcommittee." (Translation)

5. The Chairman put the motion to vote. All the members present at the meeting voted for the motion. The Chairman declared that the motion was carried.

Admin

6. In concluding the discussion, the Chairman requested the Administration to –

- (a) provide a written response to the above motion passed by the Subcommittee;
- (b) convey members' views to the Steering Committee on Population Policy and the Family Council for consideration and follow-up discussion on the policy of obstetric service and the impacts of the policy on family reunion; and
- (c) convey members' strong request for the attendance of the Chief Secretary for Administration (CS) and the principal officials at the Subcommittee's meeting(s) to discuss issues relating to family reunion.

7. The Chairman suggested and members agreed that the Subcommittee should invite written views from the Equal Opportunities Commission on whether having the same obstetric service package charges for NEPs whose spouses were Hong Kong residents and those with no marital ties in Hong Kong constituted an unfair treatment to the former.

8. Referring to paragraph 10 of the Administration's paper, the Chairman considered it necessary to ascertain the Administration's position as to whether it would not, as a matter of policy, discuss matters that were relevant to ongoing JR proceedings, nor to carry out a review of the relevant policy before the conclusion of the JR proceedings. The Chairman suggested that he would

write to the Chairman of the House Committee and requested her to raise the matter with CS during their meeting. Members agreed.

II. Any other business

9. The Chairman said that the Subcommittee had made some recommendations on the immigration policy relating to the cross-boundary families to facilitate their reunion in June 2009 for the Administration's consideration and follow-up, and the Administration had agreed to revert the progress in three months' time. The Subcommittee might wish to follow up the matter at its next meeting to be held in September 2009. The Chairman added that members would be informed of the meeting date when it was fixed.

10. There being no other business, the meeting ended at 12:44 pm.

Council Business Division 2
Legislative Council Secretariat
August 2009