

Hospital Authority implements fees and charges reform rationalising healthcare services and enhancing patient protection

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) announced today (March 25) the completion of public healthcare fees and charges reform review and submission of policy recommendations to the Health Bureau. The proposals adhere to the principle that no person should be denied, through lack of means, from obtaining adequate medical treatment, aiming to strengthen healthcare protection, rationalise public hospital service subsidies, reduce wastage and misuse, and enhance the sustainability of the public healthcare system by reforming the public healthcare subsidy framework.

The Chairman of the HA, Mr Henry Fan, said, "We sincerely thank the Health Bureau for leading the HA in conducting this fees and charges reform review. Through this reform, the HA can promote the development of Hong Kong's public healthcare services. We believe that once the fees and charges reform measures are fully implemented, the current service imbalances in public hospitals can be gradually straightened out and the protection for patients, especially those with critical illnesses or emergency conditions, can be enhanced. This will enable sustainable development of public healthcare services to cope with the various challenges posed by Hong Kong's ageing population."

Currently, the government provides a high degree of subsidy for HA services, with a subsidy rate as high as 97.6 per cent, with the subsidy amount for some public hospital services even reaching 100 per cent. Beyond facing challenges from an ageing population creating excess demand, Hong Kong's public healthcare system experiences systemic imbalances, subsidy misallocations, and service waste. To ensure the sustainability of the public healthcare system, the HA initiated a review to reform public healthcare fees and charges last year, based on relevant principles including public affordability, optimal service utilisation, cost sharing, subsidy prioritisation, support for the underprivileged and public acceptance. The review covers the following areas:

Reforming the subsidisation structure

- systematically reforming the subsidisation structure to determine government subsidy levels and citizen copayment ratios across different public healthcare services, rationalising relative demand across inpatient, emergency, and outpatient services, to provide patients with

appropriate medical services;

Reducing wastage and misuse

- introducing copayment models for non-emergency diagnostic radiology and pathology examination services, adjusting standard drug fees and quantities to change the public's healthcare-seeking behavior and ensure limited medical resources can be precisely allocated to patients needed;

Strengthening healthcare protection

- enhancing the medical fee waiving mechanism, relaxing the income and asset limit to significantly strengthen support for low-income families and underprivileged groups;
- introducing a cap on annual spending of \$10,000 for public healthcare services (excluding self-financed items) to better care for critically ill patients;
- accelerating the introduction of more effective innovative drugs and devices and relaxing the eligibility criteria of means test for the safety net applications, so that more critically ill patients can receive subsidy for self-financed drugs and devices.

The Chief Executive of the HA, Dr Tony Ko, said, "The HA will fully implement the reform. Under the reform, subsidy ratios will vary by service type of public hospitals, depending on the nature of the service. After the reform, the public copayment ratio will remain affordable. Through the enhanced medical fee waiving mechanism, relaxed eligibility criteria of means test for Samaritan Fund safety net applications, and a cap on annual spending on inpatient and outpatient fees, the HA will continue to ensure that no one will be denied adequate medical care due to lack of means and will strengthen the protection of the public, not only taking care of the underprivileged groups, but also preventing middle income people from impoverishment due to illness."

After the implementation of measures such as enhancing medical fee waiving mechanism, relaxing eligibility criteria of means test for Samaritan Fund safety net applications, and establishing a cap on annual spending on inpatient and outpatient fees, over 1.4 million people are expected to be eligible for protection. The HA pledges that all additional revenue generated from fees and charges adjustments will be entirely utilised to medical services, particularly supporting those with critical conditions like cancer or rare diseases, waiving or reducing self-financed medications and devices or medical supplies fees. The HA can also accelerate the introduction of more effective new medications and devices to improve treatment outcomes.

The detailed fee schedule will take effect in January 2026 (see Annex). Details of enhanced protection measures, include enhancing medical fee waiving mechanism, introducing an annual fee cap on inpatients and outpatients of \$10,000, and relaxing eligibility criteria of means test for

Samaritan Fund safety net application, are provided in the appendix. The HA's last fee adjustment was in 2017.

Mr Fan stated that Hong Kong's public hospitals remain among the world's most efficient healthcare providers. The HA will continue promoting reforms to improve the service level of public hospitals, and ensure limited medical resources can be used for patients most in need. Once the public healthcare fees and charges reform achieves its target within five years, Hong Kong's public healthcare system will take a major step forward. The HA will also fully cooperate with other government healthcare reform measures to continue providing high-quality and sustainable medical services with appropriate healthcare protection for Hong Kong citizens.

Annex

Public healthcare fees and charges reform

Service		Current fee	Fees effective from January 1, 2026
Inpatient (Acute bed)	Admission fee	\$75	To cancel
	Maintenance fee (per day)	\$120	\$300
Inpatient (convalescent / rehabilitation, infirmary and psychiatric beds) Maintenance fee (per day)		\$100	\$200
Day procedure and treatment	Admission fee	\$75	To cancel
	Maintenance fee (per day)	\$120	\$250
Day hospital (Geriatric, rehabilitation)		\$60 / \$55	\$100
Community nursing service, Community allied health service		\$80	\$100
Community psychiatric nursing service		Free	Free
Psychiatric day hospital		\$60	Free
Accident and emergency		\$180	\$400 (Fee exempted for Category I, II)
Specialist outpatient clinic (SOPC) (Include allied health clinic)	1st attendance	\$135	\$250
	Subsequent	\$80	
	Drug	\$15 per unit, 16 weeks maximum	\$20 per unit, up to 4 weeks

Pathology testing service (applicable for SOPC)	Basic	No additional charges	Free
	Intermediate		\$50
	Advanced		\$200
Non-emergency radiology imaging service	Basic	No additional charges	Free
	Intermediate		\$250
	Advanced		\$500
Family medicine outpatient service	Consultation	Family medicine outpatient service \$135 for the 1st attendance \$80 per subsequent attendance	\$150
		\$50 for general outpatient	
	Drug	Family medicine outpatient service \$15 per unit, 16 weeks maximum	\$5 per unit, up to 4 weeks
		No additional charge for general outpatient	