

LCQ15: Measures to facilitate cross-boundary medical consultations for members of the public

Following is a question by the Hon Chan Chun-ying and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (July 17):

Question:

Following the implementation of the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area (the Pilot Scheme), eligible Hong Kong elderly persons may use the Elderly Health Care Vouchers to pay for dental treatment at the designated medical institutions in the Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). On the other hand, Hong Kong people employed in the Mainland are required to join the basic medical insurance for employees, while retired Hong Kong people living in the Mainland may take out the basic medical insurance for urban and rural residents. It is learnt that both plans are entitled to the same social insurance protection as Mainland residents. In addition, it has been reported that some Hong Kong insurance companies have partnered with Mainland medical institutions to provide simpler and faster direct claims settlement services for Hong Kong people who receive medical consultations and medical treatment in the Mainland under the "direct billing without paying upfront" approach. Regarding the measures to facilitate cross-boundary medical consultations for Hong Kong people, will the Government inform this Council:

(1) whether it has compiled statistics on the current respective numbers of people who have used the Elderly Health Care Vouchers to go north for dental treatment and those who have participated in the Pilot Scheme; if so, whether both numbers meet the expectations;

(2) whether it has compiled statistics on the current respective numbers of Hong Kong people who have joined the mandatory and the voluntary medical insurance schemes in the Mainland; if not, of the reasons for that;

(3) whether it has plans to study and promote with the Mainland authorities the possibility of allowing Hong Kong residents holding the Mainland Travel Permits for Hong Kong and Macao Residents to take out the basic medical insurance for urban and rural residents in the Mainland; if so, of the details; if not, the reasons for that; and

(4) whether it will introduce policies to encourage more Hong Kong insurance companies and "Grade 3A" hospitals in GBA to provide direct billing services to Hong Kong people who receive cross-boundary medical consultations; if so, of the details; if not, the reasons for that?

Reply:

President,

The Hong Kong Special Administrative Region (HKSAR) Government has been following the principles of complementarity and mutual benefits to enhance the healthcare-related co-operation with various Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), on the premise of benefitting the development of the healthcare systems of Hong Kong and the Mainland, so as to promote the overall enhancement of the medical professional standards within the GBA and provide options of healthcare services for Hong Kong residents who choose to develop and reside on the Mainland. In particular, through collaboration with suitable healthcare organisations in the Mainland cities of the GBA, the Government successively launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area and the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (EHCV GBA Pilot Scheme), as well as proposed new functions under the five-year plan of eHealth+ to allow members of the public to keep and use their personal health records from within and outside Hong Kong.

As the HKSAR is a member of the GBA, the HKSAR Government, in formulating cross-boundary healthcare measures, will not only focus on meeting the needs of Hong Kong citizens, but will also consider the potential impact of the policies on the social resources and livelihood of citizens on the Mainland. The healthcare resources and needs, relevant laws and regulations, as well as regulatory regimes for healthcare professions are different in Hong Kong and the Mainland. Upholding her important role of protecting the health of Hong Kong citizens, the HKSAR Government will continue to provide quality healthcare services to Hong Kong citizens. The Government will also explore cross-boundary healthcare measures under the premise that these measures are feasible and mutually beneficial, with an aim to provide Hong Kong citizens who choose to develop and reside on the Mainland with additional convenient access to and choices of healthcare services.

In consultation with the Financial Services and the Treasury Bureau, the reply to the questions raised by the Hon Chan Chun-ying is as follows:

(1) Under the Elderly Health Care Voucher (EHCV) Scheme at the University of Hong Kong-Shenzhen Hospital (HKU-SZH), eligible elderly persons may currently use EHCVs to pay for services provided by the HKU-SZH and its Huawei Li Zhi Yuan Community Health Service Center (Huawei CHC), including dental services. The numbers of voucher recipients using EHCVs for paying for the services received at the dental clinic of the HKU-SZH in the past five years are tabulated as follows:

Year	2019	2020	2021	2022	2023
Number of voucher recipients	320	252	296	238	498

Note: Eligible elderly persons may also receive different kinds of outpatient services, including Family Medicine, Chinese Medicine, Dental Services and Physiotherapy, at the Huawei CHC set up by the HKU-SZH. Yet, the Department of Health only keeps data on the total claims at the Huawei CHC. Thus, the figures as provided above do not include the number of voucher recipients receiving dental services at the Huawei CHC.

Moreover, "The Chief Executive's 2023 Policy Address" announced the roll-out of the EHCV GBA Pilot Scheme to extend the coverage of EHCVs to five medical institutions providing integrated services (all with dental services) in the GBA and two dental institutions in Shenzhen. EHCV is allowed to be used in the First Affiliated Hospital, Sun Yat-sen University since June 28 this year, and will be extended to Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine tomorrow (July 18). The EHCV GBA Pilot Scheme is expected to expand to the remaining pilot medical institutions in the third quarter of this year. Since the implementation of EHCV GBA Pilot Scheme has just started at the pilot medical institutions, the Government currently does not have the data on the number of participants. The HKSAR Government will review the utilisation of EHCVs at the pilot medical institutions in due course.

The policy principle of the HKSAR Government in enhancing the Elderly Health Care Voucher Scheme (EHVS) is to enable elderly persons to use primary healthcare services appropriately so as to ensure the optimal use of resources for the EHVS and better use of their vouchers in primary healthcare services for disease prevention and health management. The Government's policy of allowing EHCVs to be used in the GBA also aims at offering more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the GBA by providing more service points for them to use their EHCVs to meet their primary healthcare needs for improving their health, and to allow eligible Hong Kong elderly persons to opt for receiving dental services with EHCVs across the boundary at medical institutions in Shenzhen and even other Mainland cities in the GBA, with a view to addressing the pressing demand of Hong Kong elderly persons for dental services.

The Government also launched the Pilot Scheme for Supporting Patients of the Hospital Authority (HA) in the GBA on May 10, 2023, by making reference to the experience from the Special Support Scheme during the COVID-19 epidemic, so that patients with scheduled follow-up appointments at designated Specialist Out-patient Clinics or General Out-patient Clinics of the HA can receive subsidised consultations at the HKU-SZH. Having considered the effectiveness of the Pilot Scheme for Supporting Patients of the HA in the GBA in meeting the needs of relevant patients for frequent follow-up consultations, the HKSAR Government extended the Pilot Scheme for Supporting Patients of the HA in the GBA for one year to March 31 next year. Since the launch of the Pilot Scheme for Supporting Patients of the HA in the GBA in May last year, more than 4 400 patients have participated in the Pilot Scheme, amounting to over 12 300 attendances as at the end of June this year. According to a questionnaire survey conducted by the HKU-SZH with patients, over 90 per cent of the participating patients are of the view that the Pilot Scheme for Supporting Patients of the HA in the GBA allowed them to enjoy the

convenience of attending follow-up consultations on the Mainland, sparing them the tiring journeys between the Mainland and Hong Kong.

Since the EHCV Scheme at the HKU-SZH, the EHCV GBA Pilot Scheme and the Pilot Scheme for Supporting Patients of the HA in the GBA all aim to provide more options for Hong Kong citizens residing in or travelling frequently among GBA cities, the HKSAR Government does not set a target for the number of beneficiaries of the schemes.

(2) and (3) In considering their healthcare policies, the governments of different places need to take into account key factors such as the overall social resources and policy objectives. As regards health insurance on the Mainland, the Ministry of Human Resources and Social Security and the National Healthcare Security Administration promulgated the Interim Measures for Participation in Social Insurance by Hong Kong, Macao and Taiwan Residents in the Mainland in 2019, allowing eligible Hong Kong residents to participate in the national health insurance schemes on the Mainland. The health insurance arrangements for Hong Kong residents on the Mainland fall within the scope of responsibilities and authority of the relevant Mainland authorities and commissions as well as the healthcare security administrations of various provinces and municipalities, while there are certain differences in the arrangements for national health insurance arrangements among various cities in the GBA. At present, the relevant bureaux and departments of the HKSAR Government do not keep the statistics of Hong Kong residents participating in the health insurance schemes on the Mainland. The HKSAR Government will continue to monitor the implementation arrangement of the Interim Measures.

(4) With the changes in Hong Kong citizens' behaviours in utilising cross-boundary healthcare services, individual Hong Kong insurance companies currently, taking into account their commercial decisions and considerations, collaborate with relevant Mainland healthcare institutions to provide various types of streamlined administrative arrangements (e.g. pre-approval of medical expenses and direct claim settlement services) for the convenience of the insured persons.

The Government introduced the Voluntary Health Insurance Scheme (VHIS) in 2019 to regulate individual indemnity hospital insurance products and improve market transparency, providing consumers with greater confidence in purchasing health insurance. Moreover, the VHIS provides tax deduction to encourage members of the public to purchase VHIS products. As per the basic protection of the VHIS Standard Plans, insurance companies are required to provide global coverage, such that the fees of hospitalisation, day case surgical procedures and prescribed diagnostic imaging tests in and outside Hong Kong (including Mainland cities in the GBA) are covered (except for psychiatric treatment, which is limited to hospitalisation in Hong Kong). The VHIS does not restrict cross-boundary claims measures of insurance companies, which may make arrangements based on market needs.