

LCQ17: Samaritan Fund and Community Care Fund Medical Assistance Programmes

Following is a question by the Dr Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 30):

Question:

Having considered the findings of a consultancy study carried out by two universities, the Government has agreed to enhance the means test mechanism for the Samaritan Fund and Community Care Fund Medical Assistance Programmes (the two Programmes). The enhancement measures include: (1) taking into account only 50% (previously 100%) of the net disposable capital when calculating the annual disposable financial resources (ADFR) of the household to which a drug subsidy applicant belongs, and (2) amending the definition of "household" adopted for financial assessment. According to the new definition of "household", (i) for a married non-dependent patient, the assets of his/her parents living under the same roof will not be counted, and (ii) for an unmarried non-dependent patient, the patient will be treated as a single-person household. Regarding the two Programmes, will the Government inform this Council:

(1) whether it knows the average, longest and shortest time taken by the authorities in the past three years on vetting and approval of the applications under the two Programmes;

(2) whether it knows, in respect of each category of drugs (categorised by type of illness), (i) the total number of patients receiving subsidies under the two Programmes and, among them, the respective numbers of those receiving full and partial subsidies, (ii) the average amount of subsidy received by each subsidised patient, (iii) the average amount of drug cost contributions made by each subsidised patient, and (iv) the total subsidy amount for each category of drugs, in each of the past three years;

(3) whether it knows the respective numbers of applications for subsidies for (i) drug items and (ii) non-drug items which were rejected in each of the past three years;

(4) given that the school fees of children at secondary level or below are allowable deductions in determining the ADFR of the households to which the applicants under the two Programmes belong, whether the authorities will treat school fees of children at post-secondary level as allowable deductions; if so, of the details; if not, the reasons for that;

(5) whether it will set a retrospective period for the two Programmes so as

to provide subsidies for covering the expenses incurred by the medical procedures carried out, medical supplies/devices procured or medical treatments commenced within a certain period of time prior to the approval of applications, in order to avoid delays in the treatment of patients with financial needs as their applications for subsidy are pending; if so, of the details; if not, whether it will streamline the application procedure and shorten the processing time; and

(6) whether it will regularly review the two Programmes in terms of their scope of subsidies, eligibility criteria and issues relating to vetting and approval of applications, so that the subsidies may better meet the needs of patients; if so, of the timetable; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by Dr Hon Chiang Lai-wan is as follows:

(1) The Hospital Authority (HA) does not keep statistical records on how long it takes to complete the vetting and approval of an application for subsidies under the Samaritan Fund (SF) or Community Care Fund (CCF) Medical Assistance Programmes upon receipt of the application from the applicants. Yet, all such applications will be processed by medical social workers as soon as possible once doctors' referrals and the necessary information or documents required from the patients concerned are received so that timely support can be provided for patients in need. As for urgent cases, medical social workers will expedite the processing so as to give support to eligible patients as early as possible.

(2) The information on drug subsidies provided under the SF and CCF Medical Assistance Programmes in the past three years is set out at the Annex.

(3) The numbers of applications for subsidies not being approved in the past three years are set out in the table below:

Year	2015-16	2016-17	2017-18
Subsidies for drug items	0	1	0
Subsidies for non-drug items	2	1	0

(4) Currently, allowable deductions to be counted in the calculation of patients' household annual disposable income include school fees of children (up to age of 21) who are at secondary level or below, but do not cover school fees of children at post-secondary level. In reviewing the means test mechanism for the SF and CCF Medical Assistance Programmes, the consultant team collected views from various stakeholders, and recommended the

Government and the HA to consider increasing the number of allowable deductible items and relaxing the restrictions on the existing allowable deductions. Yet adding school fees of children at post-secondary level as allowable deductions is not among those suggested by the consultant team. The Government and the HA will continue to study these issues taking into account the consultant team's recommendations, stakeholders' views and the HA's capacity on an incremental basis.

(5) As mentioned in the reply to Part 1 above, applications for subsidies will be processed by medical social workers as soon as possible once doctors' referrals and the necessary information or documents required from the patients concerned are received so that timely support can be provided for patients in need. Under the existing arrangements for applications under the SF and CCF Medical Assistance Programmes, patients are granted subsidies only after the approval of their applications. For cardiac medical items covered by the SF, the HA will make special arrangements where necessary under special clinical circumstances (such as emergency cases) if the means test for a patient has not yet been completed before the surgery.

Furthermore, based on the review findings, the Government and the HA have introduced a number of enhancement measures, including confining the definition of "household" adopted for financial assessment 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 (i.e. a person who is unmarried and either (i) under 18 years old; or (ii) 18 to 25 years old receiving full-time education), the corresponding "household" definition will only include the patient's parents/legal guardians, and dependent siblings living under the same roof. As regards non-dependent patients, the corresponding "household" definition will only include the patient's spouse and dependent children living under the same roof. A non-dependent patient who is unmarried will 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 the annual disposable financial resources (ADFR). This will help further reduce patient contribution to drug expenses and simplify the application procedures.

(6) The HA has an established mechanism for reviewing the scope of subsidies under the SF and CCF Medical Assistance Programmes. To provide more timely support for needy patients, the HA has, since 2018, increased the frequency of prioritisation exercise for including self-financed drugs in the safety net of the SF or the scope of subsidies under the CCF Medical Assistance Programmes from once a year to twice a year, so as to shorten the lead time for introducing suitable drugs into the scope of subsidies.

Regarding the means test mechanism, apart from confining the definition of "household" adopted for financial assessment, the enhancement measures also include modifying the calculation of ADFR by counting only 50% of the net assets of a household. The consultant team expected that these

enhancement measures would significantly alleviate the financial burden on patients' families arising from drug expenditure. The consultant team also studied other related issues such as the financial assessment for patients who are in need of multiple and/or recurrent items. The Government and the HA will continue to study these issues taking into account the consultant team's recommendations, stakeholders' views and the HA's capacity on an incremental basis.