

LCQ18: Elderly Health Care Voucher Scheme

Following is a question by the Hon Leung Che-cheung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 13):

Under the Elderly Health Care Voucher Scheme, the Government provides health care vouchers (HCVs) of a total value of \$2,000 on January 1 each year to eligible elderly people aged 65 or above to subsidise them in using the private primary healthcare services provided by healthcare professionals. The unused HCVs each year may be retained for use in future, but the excess above the limit of accumulated value (which has been increased from \$4,000 in 2014 to \$5,000 and \$8,000 in 2018 and 2019 respectively) will be forfeited. Some elderly people have relayed recently that they used healthcare services less last year due to the rampant epidemic, which resulted in some of their HCVs being forfeited. In this connection, will the Government inform this Council:

(1) among the eligible elderly people, of the number and percentage of them who used HCVs, in each of the past three years;

(2) of the number of elderly people who had HCVs under their names forfeited in each of the past three years because the accumulated value of their HCVs had exceeded the limit, as well as the total value of HCVs involved; and

(3) whether it will consider raising the limit of accumulated value of HCVs to \$10,000, so that the elderly people may use HCVs to obtain more healthcare services when the epidemic is over; if not, of the reasons for that?

Reply:

President,

The Government launched the Elderly Health Care Voucher Scheme (the Scheme) in 2009 to provide subsidies for eligible elders to choose private primary healthcare services in their local communities that best suit their health needs. Currently, vouchers can be spent on healthcare services provided by medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359).

My reply to the various parts of the question raised by the Hon Leung Che-cheung is as follows:

(1) The number of eligible elders who had used vouchers under the Scheme in the past three years and the percentage out of the eligible elderly

population are set out below:

	2018	2019	2020
Cumulative number of elders who had used vouchers by the end of the year	1 191 000	1 294 000	1 350 000
Number of eligible elders (i.e. elders aged 65 years or above)*	1 266 000	1 325 000	1 376 000
Percentage of elders out of the eligible elderly population who had ever used vouchers	94%	98%	98%

*Source: "Hong Kong Population Projections 2017-2066" from the Census and Statistics Department

(2) The number of elders who had voucher amounts forfeited on January 1 of 2019, 2020 and 2021 due to the voucher amount in their voucher accounts exceeding the accumulation limit and the corresponding amount of vouchers involved are set out below –

	January 1, 2019	January 1, 2020 (Note)	January 1, 2021
The number of elders who had voucher amounts forfeited due to the voucher amount in their voucher accounts exceeding the accumulation limit	266 000	–	182 000
Total amount of vouchers forfeited due to the exceeding of the accumulation limit (HK\$ thousand)	310,737	–	229,966

Note: The accumulation limit of vouchers was \$5,000 on January 1, 2019. An additional \$1,000 worth of vouchers was provided, on a one-off basis, to each eligible elder on June 26, 2019. The accumulation limit of vouchers was also increased to \$8,000 on the same day. In general, at the end of 2019, the maximum amount of vouchers that elders could accumulate in their account was \$6,000. Hence, basically no elders had voucher amounts forfeited on January 1, 2020 due to the voucher amount in their voucher accounts exceeding the accumulation limit of \$8,000.

(3) To facilitate the use of vouchers by elders, the Government has

implemented a number of enhancements to the Scheme in recent years, including progressively increasing the annual voucher amount from the initial \$250 to the current \$2,000, changing the face value of each voucher from \$50 to \$1 in 2014 to make it more flexible for use, as well as lowering the eligibility age from 70 to 65 in 2017. The Government also provided an additional one-off \$1,000 voucher amount to each eligible elder in 2018 and 2019 as a Budget measure. The accumulation limit of vouchers was increased to \$8,000 in June 2019 to facilitate elders to plan for the use of their vouchers. Furthermore, the Government regularised the Pilot Scheme at the University of Hong Kong – Shenzhen Hospital (HKU-SZH) in June 2019 to provide greater certainty for Hong Kong elders to continue to use vouchers at HKU-SZH. To complement the commencement of operation of the Kwai Tsing District Health Centre (DHC) in September 2019, the Government also allows the use of vouchers to pay for the services at DHCs, in order to increase the options of primary healthcare services available to elders under the Scheme.

Currently, there is no restriction on the number of years that an elder may carry forward unspent vouchers, but the unspent amount cannot exceed the accumulation limit of \$8,000. To help elders better manage their voucher balances and plan ahead, the Department of Health (DH) has enhanced the function for checking voucher balances on the Scheme's website and voucher balance enquiry hotline in June 2019, allowing elders to check the amount of vouchers that will be disbursed to their accounts and the amount of vouchers expected to be forfeited due to the accumulation limit being exceeded on January 1 of the coming year. Elders can also check their voucher balance and their transaction history in the past two years via the Electronic Health Record Sharing System mobile app, which is planned to be launched in the first quarter of this year.

The review on the Scheme completed by the DH in 2019 concluded that with respect to strengthening primary healthcare, the Scheme still had room to improve in some areas, including not yet being able to more effectively facilitate healthcare service providers to provide and elders to use services which are in line with the Primary Healthcare Reference Framework, and enhance elders' awareness of prevention of various diseases and promote healthy living, etc. When considering whether to increase the accumulation limit of vouchers, the Government has to balance various factors, including the need to encourage elders to make use of services that best suit their health needs rather than saving up the vouchers excessively, whether the plan has provided sufficient flexibility for elders to spend the vouchers, as well as the impact on budgeting and planning from the perspective of public finances etc. The Government has no plan to further increase the accumulation limit of voucher at this stage. We will continue to keep in view the operation of the Scheme and make appropriate adjustments and take suitable measures as necessary, in order to ensure that the Scheme continues to align with the Government's policy objectives.