

LCQ2: Elderly Health Care Voucher Scheme

Following is a question by the Hon Chan Hoi-yan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (July 15):

The Elderly Health Care Voucher Scheme, implemented for over a decade since its launch in 2009, aims to provide additional choices for the elderly on top of the public primary healthcare services, with a view to enhancing the primary healthcare services for the elderly. Some members of the public have criticized that after enhancement by the Government for a number of times, the Scheme still has long-standing shortcomings, including the small value and the narrow scope of use of health care vouchers, as well as the elderly being overcharged, etc. In this connection, will the Government inform this Council:

(1) why the Government did not, for this year, provide each eligible elderly person with additional one-off health care vouchers amounting to \$1,000, as it did in June of the past two years; whether any mechanisms or criteria are currently in place for deciding if there is a need to adjust the value of health care vouchers; if so, of the details;

(2) whether it has studied the feasibility of the arrangements under which health care vouchers may be transferred for spouse's use; if so, of the outcome; if the outcome is in the negative, the reasons for that and the difficulties involved; and

(3) whether it will conduct in the near future a comprehensive review of the cost-effectiveness of the Elderly Health Care Voucher Scheme, so as to ensure that the implementation of the Scheme meets its original aim; if so, of the timetable; if not, the reasons for that?

Reply:

President,

The Government has implemented the Elderly Health Care Voucher Scheme (the Scheme) since 2009. Currently, the Scheme provides an annual voucher amount of \$2,000 to eligible Hong Kong elders aged 65 or above to choose private primary healthcare services that best suit their health needs. The Scheme aims to enhance primary healthcare for the elderly and provide them with an added choice of service, thereby supplementing the existing public healthcare services and making it easier for the elders to receive healthcare services from their chosen service providers.

In consultation with the Financial Services and the Treasury Bureau, my reply to the various parts of the question raised by the Hon Chan Hoi-yan is

as follows:

(1) In the Budgets of 2018-19 and 2019-20, the Government provided eligible elders with an additional, one-off voucher amount of \$1,000. The Government will consider whether there is a need to provide one-off support or relief measures, having regard to the economic prospect of the coming year, the Government's fiscal position and the needs of the various sectors in society. When considering whether there is a need to adjust the prevailing voucher amount, we must take into account various related factors and make a prudent assessment. 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, lowering the eligibility age from 70 to 65 in 2017, as well as raising the accumulation limit of the vouchers to \$8,000, allowing the use of the vouchers at District Health Centres (DHCs), and regularising the Pilot Scheme at the University of Hong Kong–Shenzhen Hospital (HKU-SZH), etc., last year. With Hong Kong's aging population, we expect that both the number of elders who use the vouchers and the related financial commitment will continue to increase. When considering whether there is a need to adjust the voucher amount in the future, we will give full regard to the situation of Hong Kong's public and private healthcare services and the long-term implications on public finance, as well as carefully assess the Government's affordability.

(2) As regards whether couples should be allowed to share the voucher amounts, having considered that every elder's health conditions and needs are different, in order to ensure that the elders spend the vouchers on themselves and based on the principle of fairness, we consider that the use of the vouchers and the voucher accounts should continue to be on an individual basis. This can also help prevent the elders from transferring the vouchers to their spouse at the expense of their own needs. Allowing elders to share their voucher amounts is also misaligned with our policy objectives to encourage elders to better manage their own health and improve their primary healthcare. Hence, the Government has no plans to allow the sharing of voucher amounts by couples.

(3) The Department of Health (DH) completed a comprehensive review of the Scheme early last year. The findings of the review showed that the Scheme had largely achieved its intended objective, which is to provide elders with additional choices with respect to private primary healthcare in addition to public healthcare services. With the subsidies provided under the Scheme, elders can more easily obtain the preventive, curative and rehabilitative services that suit their health needs from their chosen private primary healthcare service providers in the community. According to a survey conducted under the review, the vouchers had been well received by the elderly users, as seen from their utilisation, awareness and attitude towards the Scheme. The Government had briefed the Legislative Council Panel on Health Services on the review findings and the proposed enhancement measures in March last year.

DH started to progressively roll out the various measures starting from mid-2019 to enhance the operation of the Scheme. The measures included

allowing the use of the vouchers at DHCs; strengthening education for the elders on the proper use of the vouchers and forward planning; enhancing the checking, auditing and monitoring on voucher claims; minimising over-concentration of voucher use; and regularisation of the Pilot Scheme at HKU-SZH, etc. Vouchers will continue to support the Government's policy objective of promoting primary healthcare, support elders' health needs, assist to enhance their awareness of disease prevention and self-management of health, as well as complement the development of DHCs.

That said, the review also showed 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 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. 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 will align with the Government's policy objectives.

Thank you, President.