

## Health Protection Scheme: Voluntary and Government-regulated

### 🌟 Objectives:

- **Provide a government-regulated, reliable and sustainable Health Protection Scheme (HPS)** for those who subscribe to private health insurance and use private healthcare services on a voluntary basis
- Public queue relief through private services so that public resources can focus on priority services to take care of the low-income and under-privileged groups
- Enable those who voluntarily subscribe to private health insurance to continue to be able to afford health insurance at an older age and use private healthcare services
- Enhance transparency and competition in private health insurance and private healthcare sectors for better consumer protection and value-for-money services

### 🌟 Scheme Features:

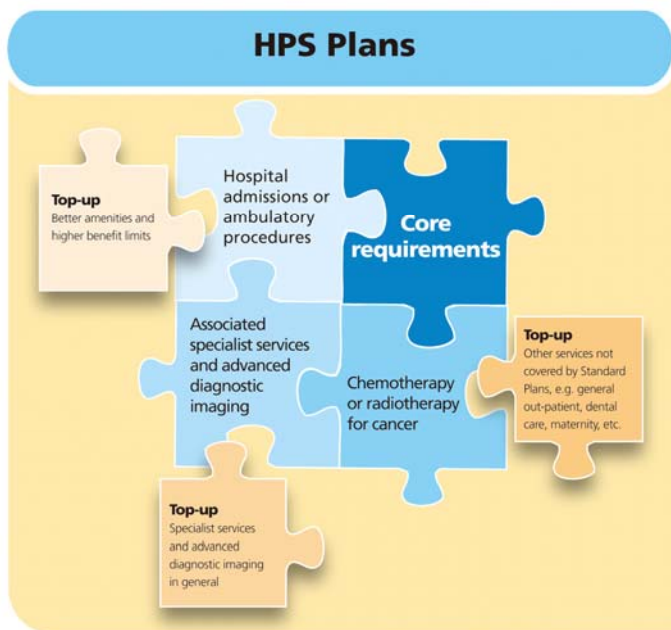
- No turn-away of subscribers and guaranteed renewal for life
- Age-banded premiums subject to adjustment guidelines
- Covering pre-existing medical conditions subject to waiting period
- High-risk individuals insurable with a cap on premium loading
- Risks arising from accepting high-risk groups to be shared out through High-Risk Pool industry reinsurance
- No-claim discount for premiums
- Insurance plans renewable on leaving employment and portable between insurers
- Insurers required to report all costs, claims and expenses
- Standardised health insurance policy terms and definitions
- Establishment of a Government-regulated health insurance claims arbitration mechanism

### 🌟 **The Government will consider making use of the \$50,000 million earmarked in the fiscal reserve to provide subsidies to HPS subscribers:**

- Injection into the High-Risk Pool when necessary to

ensure that high-risk individuals can get insured without the need for healthy subscribers to pay a higher premium

- Subsidising premium discount initially upon introduction of the HPS to encourage early participation, especially the young
- Incentivise savings by subscribers to pay future premium at older age through shared responsibility



#### 🌸 **HPS Standard Plans:**

- Coverage and Levels
  - Hospital admissions (at general ward rate) and ambulatory surgery/procedures
  - Specialist out-patient consultations and advanced diagnostic imaging services required
  - Chemotherapy or radiotherapy for cancer
- For HPS Standard Plans: benefit limits for common services based on packaged charging. In the absence of packaged charging, benefit limits based on itemized charging (at median-priced service rate)

#### 🌸 **Top-up components:**

- Subscribers may purchase optional top-up to suit their individual needs. Examples include:
  - Higher class of in-patient ward (semi-private and private ward, etc.)
  - Higher benefit limits for healthcare services
  - Specialist out-patient consultations and advanced diagnostic imaging services in general (not associated with surgery or procedures)
  - Other services such as general out-patient services, dental care and maternity coverage

We welcome your views on the Health Protection Scheme.  
Please let us know on or before 7 January 2011 through one  
of the following channels –

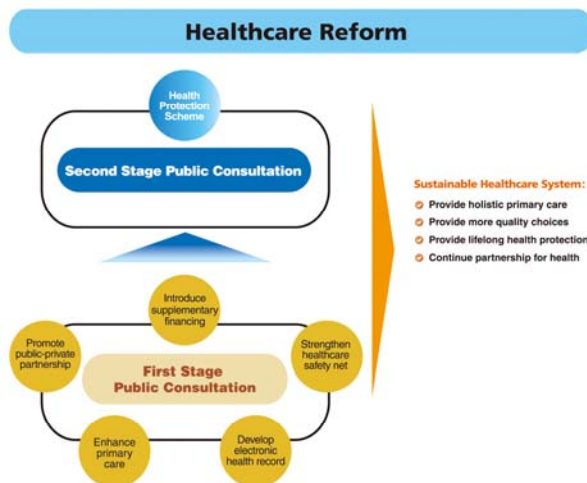
Address : Food and Health Bureau  
19/F Murray Building  
Garden Road, Central, Hong Kong  
Fax : (852) 2102 2525  
e-mail : [mychoice@fhd.gov.hk](mailto:mychoice@fhd.gov.hk)  
Website : [www.MyHealthMyChoice.gov.hk](http://www.MyHealthMyChoice.gov.hk)

**My Health My Choice**

Healthcare Reform Second Stage Public Consultation

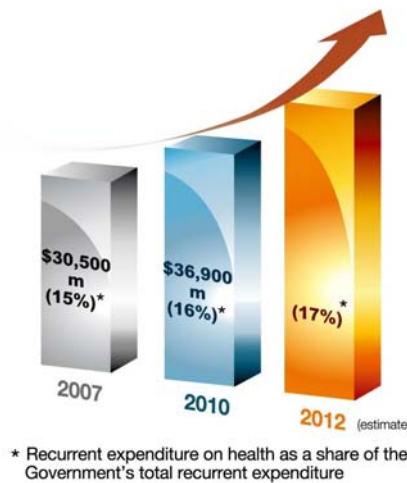
## Healthcare Reform: Enhancing Services on a Sustainable Basis

- 🌟 **First Stage Consultation:** March to June 2008
- 🌟 **Responses:** There were general support for Healthcare Reform. Most expressed reservations about mandatory supplementary financing options, and preferred voluntary participation. The public wanted more choices, better protection, and sustained access to quality private healthcare services as an alternative to public healthcare services
- 🌟 **Healthcare Service Reform:**
  - 🌟 Enhance primary care
    - Primary Care Development Strategy to be published in end 2010
  - 🌟 Promote Public-Private Partnership (PPP) in healthcare
    - PPP projects being launched one after another
  - 🌟 Develop electronic health record sharing
    - Initial sharing to be implemented under the first stage of the Programme in 2013-14
  - 🌟 Strengthen public healthcare safety net
    - expanding the coverage of the Drug Formulary to better support patients in need
- 🌟 **Over \$5,000 million committed to take forward service reform**



## Public Healthcare: Unswerving Government Commitment

- **The Government will only increase, and not reduce, its commitment to healthcare. We will continue to uphold public healthcare services as the community's healthcare safety net**
- **Recurrent funding for healthcare keeps increasing, from \$30,500 million in 2007-08 to \$36,900 million in 2010-11**



- **Investing in healthcare infrastructure and equipment and strengthening safety net with a total commitment of over \$15,000 million**
  - Building public hospitals, installing additional medical equipment and setting up information system
  - The Government injected \$1,000 million into the Samaritan Fund in 2008 to help patients who need expensive treatment but have financial difficulties, benefiting over 4,000 people every year
- **Public healthcare services will continue to focus on:**
  - Acute and emergency care
  - Healthcare for low-income and under-privileged groups
  - Catastrophic illnesses requiring professional team work, advanced technology and high cost
  - Training of healthcare professionals

## Improved Services by Hospital Authority:

### • Government Funding

- Increase from \$28,000 million in 2007-08 to \$32,700 million in 2010-11, and even more will be provided in 2011-12

### • Manpower

- From 2008-09 to 2010-11:  
No. of doctors: ↑ 150  
No. of nurses: ↑ > 500  
No. of allied health professionals: ↑ 400

### • Healthcare Services

- **No. of beds:** 400 additional acute and rehabilitation beds in the Hong Kong East, Kowloon East and New Territories West clusters
- **Coverage of the Drug Formulary** expanded in 2009-10 and 2010-11 by including eight drugs for treatment of cancer and rare genetic diseases and expanding the clinical application of 12 drug classes, benefiting 40,000 patients at an annual cost of \$230 million
- Waiting time for **cataract surgeries** reduced by 4.5 months following implementation of the cataract surgeries programme, benefiting 8,500 patients in 2010-11
- **Enhanced services for mental patients** through the provision of personalised and intensive support to about 5 000 patients with severe mental illness, and more timely assessment and treatment services to about 7,000 patients with common mental disorders in 2010-11
- **Enhanced chemotherapy service for cancer** and the introduction of integrated cancer care, benefiting 1,100 patients every year
- 750 patients to be benefited per annum with the provision of enhanced **joint replacement service**