



Hong Kong College of Paediatricians  
香港兒科醫學院  
(Incorporated in Hong Kong with Limited Liability)



13 March 2015

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黃錫年醫生

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Dr Ko Wing Man  
Secretary for Food and Health  
Food and Health Bureau  
18/F, East Wing  
Central Government Offices  
2 Tim Mei Avenue  
Tamar, Hong Kong

Dear Dr Ko,

**Response to Public Consultations on Voluntary Health Insurance Scheme (VHIS) and Regulation of Private Healthcare Facilities (PHF)**

Thank you for your letter dated 18 December 2014 announcing the public consultation on these two very important issues. Our College Council has studied the two documents and we would like to submit our comments as follows:

**Voluntary health insurance scheme (VHIS)**

We fully support the proposals listed in Chapter 9 of the consultation document.

In particular, we have the following comments:

1. In the long term, the Group Hospital Insurance provided by employers should also cover the Minimum Requirements since these are the minimum standards.
2. Many children with congenital conditions or minor preexisting illness were refused by insurance companies at present. Some of them are static and non-progressive. We are glad that they will have guaranteed acceptance in the proposed VHIS. We hope that there can be clear and transparent definitions to decide when these cases have "guaranteed acceptance with waiting period at



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standard premium" and when they are considered as "high risk cases requiring premium loading and transferral to the Government High Risk Pool".

3. The government should also develop a good primary care and preventive health service system, to prevent unnecessary referral for hospitalization and investigations, which will in turn increase the overall healthcare cost or lead to abuse of the VHIS.
4. The public should be aware that this scheme only covers major illnesses requiring hospitalization (and special imaging and chemotherapy). They should be prepared to pay for clinic visits for minor illness or preventive health screening, out of their own pocket or by additional insurance coverage.
5. According to point 2.45 of Chapter 2 on Minimal Requirement, the insurers are encouraged to set-up a specified list of procedures, institutes, and doctors in order to provide "Budget Certainty" for the patients. The insurers will definitely direct their clients to this list. With this, there will be 2 bad effects:
  - a. Choice for the patients will be limited,
  - b. Those doctors on the list will have advantage over other doctors.

Setting up of such a list should not be compulsory, and the insurer should not interfere with the choice of the client apart from explaining its use. After fixing the choice, be it inside the list or not, the expected expenditure can be very transparent.

**Regulation of private healthcare facilities (PHFs)**

1. We fully support the proposed three classes of PHFs to be regulated and their respective definitions:
  - a. Hospitals
  - b. Regulated facilities providing high-risk medical procedures in ambulatory setting



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c. Facilities providing medical services under the management of incorporated bodies.

2. We fully support the proposed 19 regulatory aspects and their applicability under the revamped regulatory regime.
3. We fully support the proposed powers to be conferred on the regulatory authority.
4. We propose that for Corporate Governance, there should be a Medical Advisory Committee (for hospitals) or Medical Advisor (for Ambulatory Facilities Providing High-Risk Medical Procedures and Facilities under the Management of Incorporated Bodies) who have legal power and accountability to overlook the medical practice of the facility.

In addition, we hope that the revamping and modernizing of the regulatory regime for private healthcare facilities (PHFs) should be implemented well before the voluntary health insurance scheme, in order to better safeguard public interest and help improve the long term sustainability of our healthcare system.

Yours sincerely

Dr Sik Nin Wong  
President