

## **Ought Social Health Insurance prior to be adopted in future!**

The Healthcare Reform Consultation Document was finally published. Frankly, regretful was I to evaluate its basic content! ----- The main reason resulting it was, as mentioned in the 4 relevant articles written by me in 6/2005 about Medical Financing that, any initiative imply financial assistance's reduction to Public Medical Expenditure, via tendency to transfer respective responsibility to private sector, is no doubt unacceptable for me under the situation extreme stringent wider gap between the rich & the poor in HK!

Practically, aging problem 1 premise cause core background to formulate the Consultation Document being come out: HK govt. had however, really NEVER strived to alleviate it for long time! In fact, at least 2 main measures the govt. now can still endeavor to pursue, for slowing down domestic aging trend:

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| [1] Immigrating policies' revision to offset aging by raising young population. |
| [2] Reconsideration of Statutory Age of Retirement, from 65 to e.g. 70 of age.  |

So regret that, neither of those 2 political categories HK Govt. utilized well to relieve consequential burden by aging, before the Healthcare Reform now is proposed. I do deem that, it's mostly just a fault caused by the govt.'s administrative sluggish & perfunctory casualness! ----- Nonetheless, even though truly opposition (for the Healthcare Reform proposal) was the original idea of mine, I do however not want to respond as too stern refusal to that Consultation Document, under it was put much effort by many professional members in Hospital Authority for its formulation, with the recent rampant spread of flu epidemic to cause overloading in all the domestic public medical institutions! Surly, beside concern on future expansion of medical expense under the aging trend, it does present considerably great need to promptly increment respective public medical resource to a certain extent definitely!

For the 6 supplementary healthcare financing options in the Document, I whatever still prefer the 1st one Social Health Insurance being introduced, under too severe uneven wealth distribution it is in HK! Practically, for reducing extra fee being paid at the most, I do propose should respective social medical funding be collected via the present Mandatory Provident Fund MPF system, from 5% to, for example 8% of employees' salaries, which make the extra 3% fund being transferred to that specific social health insurance account, hence to make the financial burdens being born by grassroots be the most relieved.

## 《醫療改革》實施形式，應優先採緩解「貧富懸殊」為方向！

《醫療改革諮詢文件》終出爐了。誠言，我個人是真以“好無奈”的傾負面心情地看待它。

覺得無奈的原因，主要是正如我在近 3 年前 (6/2005) 就有關《醫療融資》方向已曾撰寫的 4 篇文章中早有提及：任何帶有把《公立醫療》資助責任推卸給私營取向，本身即帶有「減少扶貧資源力度」含義的施政。對貧富懸殊早已是嚴重不堪的香港，我實難接受這回《醫療改革》所內蘊之基本意向的！

事實上，《醫療改革諮詢文件》背後“所謂”要應付的一大前提：人口老化，根本香港政府對此在過往一大段日子，真 未有 在施政上盡力去緩解的！-----其實，要減慢人口老化，起碼有兩大政策範疇，政府今仍可先去努力發揮的：

[1] 《入境政策》作放寬調整。讓外來年輕人口上升，抵消本地人口老化。

[2] 《法定退休年齡》重新考慮作修訂。譬如由 65 歲、升至 70 歲。

好可惜！兩方的政策範疇，政府都未見有擺上合理力度試推行過，以減長者人口對公立醫療構成的負荷；卻就貿然提出所謂的《醫療改革》，來進一步推卸有關資助責任。我認為，這真委實是屬太後知後覺、兼敷衍塞責之失誤來的！

不過，原意抗拒歸抗拒。面對近月本地流感異常肆虐，公立醫療長時間徘徊至超出原底負荷極限下，再看局方之一番心血編寫的《醫療改革諮詢文件》，實又教我真不敢隨便作過苛反響！----- 畢竟，人口老化要稍徹底地緩解，始終是需要多方政策範疇、在很長時間地一併適中配合下推出才能見較顯著果效。.....加上，從近年眾多新湧現、並大規模疾病接踵而來之爆發 (如流感、手足口病、肺炎)，大量的不論長者、青壯人士、至孩童，皆隨時可大量急需依賴公立醫療來救命。足見，撇開種種對 未來 人口老化顧慮之預測，單 現時 本港公立醫療資源本身，恐已大有急需“大幅擴充”資源之空間！

就這回政府的《醫療改革諮詢文件》中所推介之 6 個方案，我個人始終是最接受第 1 個：社會醫療保障。主因是，現時香港「貧富懸殊」真太嚴重了！醫療改革，一定應優先以“財富滲漏”為本質。具體上，是該由富人來承擔較多供款，注資入那 公家 專用 (中央全民醫療公帑) 戶口。來為其大方向。

進一步具體上，為盡減免行政費，一定應從《強積金》制度來調整作開始。譬如：可把《強積金》由現 5% 升至 8%。多出的  $(8-5) = 3%$  供款，屬專供入那 社會醫療保障 戶口。由此盡減低草根基層人口，在此要額外增加的負擔。