

Monday, 29 December 2025

## **HA fully prepared to implement public healthcare fees and charges reform enhancing patient protection, rationalising healthcare services and promoting sustainable development**

The Hospital Authority (HA) announced today (December 29) that the HA is fully prepared to implement the public healthcare fees and charges reform starting January 1, 2026. The HA is confident that the full implementation of these measures will enhance patient protection, rationalise public healthcare services, and promote sustainable development of the public healthcare system.

The HA Chairman, Mr Henry Fan, said, "We believe that once the measures of fees and charges reform are fully implemented, the current service imbalances in public hospitals can be gradually straightened out and the protection for patients, especially those who are poor, acute, serious or critical, can be enhanced. This will enable sustainable development of public healthcare services to cope with the various challenges posed by Hong Kong's ageing population."

The HA will remain committed to the original intention of the reform when implementing the new measures, which are:

- (i) Commitment will not be lessened: the Government's commitment to public health will remain unchanged. All gains from the reform will be wholly utilised for public healthcare services;
- (ii) Co-payment for those who can afford it and for those with mild conditions: the Government will reasonably expand and enhance the co-payment mechanism;
- (iii) Enhancement and reduction: protection for poor, acute, serious or critical patients will be enhanced, and wastage will be reduced;
- (iv) High subsidisation: the high level of subsidy will be maintained after the reform, with the target of maintaining the 90 per cent overall public subsidisation rate; and
- (v) Gradual and orderly progress: the objective will be achieved in a progressive and orderly manner in five years.

The HA Chief Executive, Dr Libby Lee, said: "All HA systems, including patient registration, payment, clinical services, the mobile application "HA Go", and other internal systems have been thoroughly tested. All systems will officially switch to the new fees and charges mode at midnight on January 1. The HA will closely monitor operations across all public hospitals to ensure smooth implementation of the reform."

The HA Head Office and clusters have previously conducted training sessions and drills for healthcare professionals, simulating various contingency scenarios to ensure staff members are familiar with the arrangements and can respond effectively to different situations. The HA Major Incident Control Centre will also be activated to closely monitor operations at all public hospitals during the initial implementation phase of the reform, enabling immediate co-ordination and responses when necessary.

Public hospitals have deployed additional manpower, including service ambassadors, dedicated teams, and volunteers to station at outpatient clinics, shroffs and pharmacies for answering patient inquiries, assisting with payments, appointments, and applications for medical fee waivers. The HA has set up hotlines in each cluster (see Annex I) for patients to inquire about the fees and charges reform arrangements. The HA has been notifying patients of the new arrangements through the mobile application 'HA Go' and SMS messages. Patients can also visit the HA website to learn about the new arrangements (see Attachment).

Over the past several months, the HA has continuously engaged community stakeholders through different platforms to explain the reform details and gather their feedback. HA representatives have met with current Legislative Council Members and Members-elect of Legislative Council to explain and address various perspectives on the new fees and charges arrangements. District briefing sessions have also been held, utilising the extensive community network of District Council Members to help citizens understand the information and supportive measures of the reform.

The HA also places great emphasis on patient group feedback. The HA has organised various activities in recent months, including patient forums, focus groups, and hospital workshops to enhance patients' understanding of the reform details and arrangements, aiming for a smoother implementation. The patient engagement activities have involved in-depth and targeted discussions on different aspects of the reform. Valuable opinions and feedback collected through focus groups will serve as reference for the HA's continuous service improvement and optimisation of fees and charges reform. Patient representatives have also participated in hospital workshops to gain firsthand experience of consultation procedures, appointment and payment arrangements for non-urgent radiology and pathology services, further deepening patients' understanding.

The HA expresses gratitude to all sectors of society for their active discussions and valuable input since the announcement of the public healthcare fees and charges reform in March, contributing to the continuous refinement of the reform details. The HA would also like to remind the public that some information circulating in the public discourse may not be accurate and could lead to misunderstandings about the reform. We encourage the public to refer to the official information released by the HA to avoid any misconceptions.

Following the implementation of the reform, the HA will comprehensively strengthen protection for patients in need through various initiatives: enhancing the medical fee waiving mechanism, relaxing eligibility criteria of means tests for Samaritan Fund safety net applications, and introducing a cap on annual spending of \$10,000 for public medical fees and charges (excluding self-financed items). These measures will extend assistance to more patients in need, ensuring no one will be denied adequate medical care due to a lack of means. The enhanced protection is not only taking care of the underprivileged groups, but also preventing middle income people from impoverishment due to illness. The number of beneficiaries is expected to increase significantly from the current 300 000 to approximately 1.4 million people. Additionally, about 600,000 individuals eligible for Comprehensive Social Security Assistance recipients, Old Age Living Allowance recipients aged 75 or above, and Residential Care Service Voucher holders at co-payment Level 0 will continue to receive full medical fee waivers. In total, an estimated 2 million people will benefit from these enhanced patient protection measures.

The HA reminds patients that the fees and charges reform will officially commence on January 1, 2026. Patients are advised to familiarise themselves with the new fees and charges arrangements (see Annex II) before visiting public hospitals or outpatient clinics. Some medical service procedures may also be modified. Patients are welcome to inquire about the service arrangements, and all staff members are ready to provide assistance.

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### **Information of Public Healthcare Fees and Charges Reform**

Hyperlink:

[https://www.ha.org.hk/visitor/ha\\_visitor\\_index.asp?Content\\_ID=281450&Lang=CHIB5&Dimension=100&Parent\\_ID=10044](https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=281450&Lang=CHIB5&Dimension=100&Parent_ID=10044)

QR code :



**Hotlines for Public Healthcare Fees and Charges Reform**

<b>Clusters</b>	<b>Hotlines</b>
Hong Kong East Cluster	6460 4303
Hong Kong West Cluster	2255 4177
Kowloon Central Cluster	3506 7198
Kowloon East Cluster	5215 7326
Kowloon West Cluster	3467 7575
New Territories East Cluster	6273 3551
New Territories West Cluster	2468 5353

Service hours: 2-11 January 2026, 8am to 8pm

**Hospital Authority List of Major Public Healthcare Fees & Charges  
for Eligible Persons  
(Effective from 1 January 2026)**

<b>Service</b>		<b>Revised Fee (HK\$)</b>
<b>Inpatient Service</b>	Acute general bed	\$300 per day
	Convalescent / Rehabilitation, Infirmary and Psychiatric Bed	\$200 per day
<b>Outpatient Service</b>	Accident & Emergency	\$400 per attendance* (Patients triaged as Category I (critical) and II (emergency) will be fee exempted)
	Specialist Clinic (including Integrated Clinic and Allied Health Clinic)	
	- Attendance Fee	\$250 per attendance
	- Drug Charge	\$20 per item#
	Family Medicine Clinic (including Integrated Clinic)	
	- Attendance Fee	\$150 per attendance
	- Drug Charge	\$5 per item#
	Injection or Dressing	\$50 per attendance
<b>Community Service</b>	Community Geriatric Assessment Team Service	
	- Consultation	\$100 per visit
	- Drug Charge	\$20 per item#
	Community Nursing Service (General)	\$100 per visit
	Community Allied Health Service	\$100 per visit
	Community Psychiatric Nursing Service	Free
<b>Day Hospital / Day Procedure</b>	Psychiatric Day Hospital	Free
	Geriatric Day Hospital	\$100 per attendance
	Rehabilitation Day Hospital	\$100 per attendance
	Clinical Oncology or Renal Clinic/ Centre	\$250 per attendance
	Day Procedure and Treatment in Ambulatory Facility	\$250 per attendance
<b>Pathology Service (applicable for Specialist Clinic and Family Medicine Clinic)</b>	Basic	Free
	Intermediate	\$50 per item
	Advanced	\$200 per item
<b>Non-urgent Radiology Service</b>	Basic	Free
	Intermediate	\$250 per item
	Advanced	\$500 per item

\* Patients who leave before medical consultation at an Accident & Emergency Department (A&E) can apply for a refund of \$350 after A&E registration.

# 4 weeks as chargeable unit of each drug item.