

Thursday, 1 January 2026

**Public healthcare fees and charges reform has officially taken effect, unveiling new chapter in Hospital Authority's sustainable development**

The Hospital Authority (HA) announced today (January 1) that the public healthcare fees and charges reform is now officially in effect, marking a new chapter in HA's sustainable development. Since January 1 midnight, all HA systems have successfully switched to the new fees and charges mode, with operations at public hospitals running smoothly. The HA will continue to closely monitor hospital operations and deploy additional manpower to provide immediate assistance to those in need, ensuring smooth service delivery.

The reform took effect at midnight, with all public hospital systems, including patient registration, payment, and clinical systems, successfully switching to the new fees and charges mode. The HA Chairman, Mr Henry Fan, and the HA Chief Executive, Dr Libby Lee, visited Kwong Wah Hospital at midnight to observe the implementation of the new charging mode and the transition process. They also communicated with all clusters through video conferencing to ensure implementation and support measures were in place.

The HA Chairman, Mr Henry Fan, said, "The successful implementation of the reform marks a significant milestone in our public healthcare system. The reform will enhance protection for poor, acute, serious and critical patients, enabling sustainable development of public healthcare services to meet the challenges posed by Hong Kong's aging population. We especially thank all staff for their co-operation in implementing the reform and patients for their understanding of the new arrangements. The HA will continue to implement various measures to enhance patient protection and improve public healthcare services."

Accident and Emergency departments (A&E), which operate 24 hours a day, are among the first clinical departments to implement the new fees and charges arrangements. The HA has adopted flexible arrangements, allowing a small number of patients who completed registration just after midnight to pay the old fees. The HA Chief Executive, Dr Libby Lee, said, "After the New Year holiday, many clinical departments in public hospitals will resume normal services. We 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. Hospitals and specialist outpatient clinics have also set up information counters where dedicated staff provide on-site responses to public inquiries."

The HA will closely monitor operations at all hospitals. Meanwhile, patients are reminded that with the official implementation of the new fees and charges arrangements (Annex), some medical service procedures may be modified. Each hospital cluster has set up hotlines (see table below) for patients to inquire about the reform arrangements. Patients can also visit the [HA website](#) for related information.

The HA emphasises that with the comprehensive implementation of the reform measures, an enhanced medical fee waiver mechanism has also been introduced. Over 50 000 patients have already submitted advance applications or filed enquiries, with the majority of applications processed. Eligible patients will gradually receive their medical fee waiver certificates, enabling them to have fee waivers granted at their next follow-up consultation. The HA has established dedicated teams to assist patients with fee waiver applications and will increase manpower to shorten processing times.

During the transition period from January to March, patients requiring immediate or urgent treatment, who cannot afford medical expense at the public sector, but cannot provide complete documentation for financial assessment, will be granted "conditional waivers" for full or partial medical fees. Patients need only submit relevant documents within three months to receive official medical fee waiver certificates upon passing the assessment.

Patients currently holding medical fee waiver certificates (full or partial), can continue using them until expiry without reapplication. Patients with partial fee waiver certificates who qualify for full waivers under the enhanced mechanism can obtain full waivers by declaring no significant change in financial status at Medical Social Services Units three months before appointments or within three months after hospitalisation, without requiring reassessment. The validity will be the same as the original certificate's expiry date.

In addition to enhancing the medical fee waiver mechanism, the HA has established a second safety net by introducing an annual cap of \$10,000 on medical service charges (excluding self-financed items). This expanded safety net aims to help citizens reduce the heavy financial burden of medical expenses arising from unexpected serious illnesses or chronic conditions. Furthermore, the HA will strengthen the healthcare protection of critically-ill patients. This includes accelerating the introduction of more effective innovative drugs and devices, and relaxing the eligibility criteria of means test for the safety net applications, so that more middle-income patients can receive subsidy for self-financed drugs and devices. Patients currently receiving partial subsidy will also be able to access increased support. During the implementation of fees and charges reform measures, the HA will adhere to the principle that the Government's commitment to public health will remain unchanged. All gains from the reform will be wholly utilised for public healthcare services.

The HA emphasises that it has increased manpower to assist patients in need with fee waiver applications and other enhanced protection measures, ensuring that no citizen will be denied appropriate medical care due to financial difficulties. With all enhanced patient protection measures in place, the number of beneficiaries will increase significantly from the current 300 000 to approximately 1.4 million. Together with about 600 000 Comprehensive Social Security Assistance recipients, Old Age Living Allowance recipients aged 75 or above, and holders of Residential Care Service Voucher Scheme Level 0 vouchers who will continue to receive full fee waivers, it is estimated that around 2 million people will benefit in total, substantially strengthening patient protection.

### **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

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**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 - Drug Charge	\$250 per attendance \$20 per item#
	Family Medicine Clinic (including Integrated Clinic) - Attendance Fee - Drug Charge	\$150 per attendance \$5 per item#
	Injection or Dressing	\$50 per attendance
<b>Community Service</b>	Community Geriatric Assessment Team Service - Consultation - Drug Charge	\$100 per visit \$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

\* After triage, 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.