Our ref.: HKDU/117/2008

12th June 2008

By fax & mail

Food and Health Bureau
19/F, Murray Building
Garden Road
Central, Hong Kong

Dear Sir,

Re: Submission on Health Care Reform Consultative Document

Hong Kong's economy is a free economy where choices are allowed. Health care reforms must not erode citizens' freedom of choice in selecting healthcare. To be fair Hong Kong should be proud of her achievement in scoring high in health indices, ranking among the top in the world in having very low infant mortality rate and high life expectancy, all using only under 3% of her GDP. Before 1990 and the establishment of the Hospital Authority (HA) curiously no one mentioned health sustainability problems. HA's services have been too good and too cheap, drawing all towards her care, and has led to a grave imbalance of public to private healthcare. Indeed**,** the sustainability problem will be solved if Government returns to the direction of public health care she had before HA was established and, as we all agree, in seriously asking her to define her role once more to provide a safety net for the sick and the needy, for illnesses requiring expensive treatment, to provide for high technology care and training of health professionals. These were the four pillars in healthcare that the government would support in her proposals – "Building a Healthy Tomorrow" in 2005.

Once again Hong Kong Doctors Union (HKDU) stresses that **health is** much more than a public affair but basically a **personal responsibility.** As such one should pay to **contribute to his health according to his means with public assistance available** when needed. We hope society realize welfare goes hand in hand with responsibility. The present proposals by the government should not be one sided and the voice of the private doctors need to be heard. Nevertheless HKDU is heartened to see most of our **suggestions in our previous submissions in 2005 have been adopted.** We must stress, to **encourage private medical insurance, incentives** such as tax exemption for premiums should be allowed. Government should work out with insurance companies to set up better health insurance schemes so that the public can have more choices. Still it should not be compulsory. Simultaneously, uncontrolled business practices eating into the health industry paved the way for Health Maintenance Organizations (HMOs) and insurance companies with their high premiums and administration fees drive doctors and patients into the pit. These HMOs and insurance firms must be well regulated.

HKDU conducted an opinion survey among our members and based on this and comments received, we have concluded the followings regarding the consultative document on Health Care Reform. (Results of survey enclosed). We also want to draw the Government's attention to problems of illegal drug sale at dispensaries, the threat to health of the public and doctor's livelihood by uncontrolled HMOs.

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(A) Healthcare financing

To improve the cost effectiveness of the public health service, the Government should continue to push efforts to contain costs. No matter what method of financing is chosen controlling of costs cannot be over emphasized. Services should be trimmed to be in line with HA's defined roles and non-essential services for example cosmetic surgery should not be established. **The fee structure of the public medical service system should be revamped to reduce the public private price differential.**

Though we always call on the government to encourage Private medical insurance, she has not yet provided tax exemption for insurance premiums, which we think, at least should cater for secondary and tertiary care. Please note the cost of primary care is really low and affordable and this is why none of the six options suggested subsidize patients to see their family doctors. Further private insurers have been cunning in only dishing out limited venues and cover for medical care after purchase. The restrictions and exclusions are so unreasonable in some cases that **Government should look into these insurance firms and HMOs more seriously and to instigate substantial control instead of the ineffective medical director system** adopted but not linked to licensing for HMOs.

Supporters of compulsory savings in the form of health protection accounts cite the advantage of money following the patient. But according to **our latest survey among doctors** there is **strong support for promoting private health insurance only** and not compulsory savings or health tax in any form. The lack of **tax exemptions on health insurance premiums should be addressed because this is a very strong incentive.**

We advocated previously health coupons for the needy as a good alternative to opening up more public OPCs as patients then can have their choice of private and public service even if they are under privileged but though the government seems to take our advice she really pave the way only for new OPCs as in the PPI Trial project in Tin Shui Wai.

B) Let private services survive

The dual system of public and private medical services should be maintained in Hong Kong. We agree that due to limited resources, the Government should target its services to 'acute and emergency care' for the low income and under-privileged groups; illnesses entailing high costs, advanced technology and multi-disciplinary professional teamwork; and training of health care professionals. The private sector service should not be positioned by the Government to be affordable by people of average income but market forces will dictate the charges that will be reasonable to them without any intervention by the Government. Once again HKDU reiterate what we said in our previous submissions that Health is a personal responsibility. Consequently one needs to pay when he can afford and not just sponge on the Government or the public. Group practices and 24-hour medical centers do not offer a higher standard of care than single-handed GP's. They do not justify any Government promotion or good words from ill informed lawmakers. **Professional autonomy is essential and responsible doctors should be free from unjustified interference.**

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Once again HKDU wants to remind the Government and society that reasons why patients choose public care are not because the average General Practitioner is incompetent or that private specialists overcharge but because *a culture of reliant on public care has been established* and because it has become all encompassing and of extremely high standard highly comparable to that available if not better than United Kingdom or New Zealand not to mention China, from which thousands of patients want to rush across the border to take advantage of our very affordable public medical care.

C) Commercial Profiteering HMOs

In the past 17 years HMOs have eaten into the private medical market and even into the insurance market. These merchants perceiving that doctors cannot advertise, lack patients and need more work, bluff to the purchasers the worth of their products (e.g. consultation) and flourish on the difference paid by patients and the lowly amount they hand out to doctors. They are not controlled at all in Hong Kong. We ask the Government to follow the example of Australia in passing her Australian Medical Act 2004 to require all organizations to nominate registered doctor/s to be responsible for their behavior. Alternatively, the **Government can require all healthcare delivery service outlets to have registered doctor/s holding at least 90 percent shares.** In so doing the Medical Council of Hong Kong can regulate the activities for the HMOs at least indirectly. As mentioned after much noise the government set up a task force to deal with the matter but the outcome of such regulation measures amount to only appointing a medical director and is not binding while there is no strict licensing system and there is no action in response to our call for a proper Medical Practice Incorporation legislation requiring 90% shares belonging to a practicing doctor to be answerable to the Medical Council.

D) Disease prevention

We agree that disease prevention and health promotion are cost effective and should be strengthened in the primary care setting, and these have been done all along ourselves. The Government should promote these along with the **cooperation** from other healthcare professionals. For example she can be more energetic in anti smoking **campaign** and truthfully stamp out undesirable advertisements in so called health food products with wild unsubstantiated cure claims for all types of diseases and which really unlawfully contains western medicine in disguise.

E) Family doctor system

The concept of proper family doctor system as practised in United Kingdom or New Zealand, whereby **patients' whole family is registered with one family doctor, is to be promoted because it provides truly continuity of care, comprehensive service and most of all money saving care. Its cost-effectiveness is** reflected in the small percentage of patients needing secondary and tertiary care. Needless to say the primary care physician needs to play his goalkeeper role properly to be alert to respond promptly when referrals are necessary. Therefore the Government has rightly stepped in to promote the concept of family medicine and primary care practice to achieve holistic care.

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Establishment of a Family Doctor Register to aid patients should be left to the doctors themselves and not by the government. This register is useless to many primary patients who are forced to see only a selected group of doctors because they are under the care of HMOs, which badly needs proper regulations. We regret to see the Tsang HKSAR government contravening her touted slogan of a small government and created seventeen deputy under secretaries and political assistants at the cost of seventy million to the tax payers. She must not further create a new bunch of medical registry bureaucrats when medical associations like the HKMA or HKDU can themselves do the work of creating and regulating the register.

Also, rebuilding the public's confidence in the private doctors, both specialists and the gatekeepers i.e. the general practitioners cannot be more stressed. Unfortunately refusal to authoritatively give proper guidance by the government when really needed has allowed the blossoming of **all types of health food and alternative medicine treatment, confusing the unenlightened public. Money on these products or methods goes down the drain and health sacrificed**. Government must conscientiously and actively guide the public towards proper and evidence based medical treatment, as this will save money and more importantly precious lives.

The fund for family medicine training should be supported by the Government.

F) Don't turn the Hospital Authority from a Giant HMO into a Mega HMO

Since we define the public role to largely care for the needy, some of the Government's Out-Patient Clinics should be closed. To be cost effective, **part of these services can be given through purchasing such service from the private sector.** However, **we do not want** the HA or Government **to pass these services to HMOs** and therefore we do not want to see an open tender requiring the likes of HMOs. Also in the above process we do not want the Government to impose HARSH requirements and standards of practice for private practitioners, which will in time become benchmark for primary medical care in Hong Kong. These conditions should first be discussed with the private sector.

Nevertheless, HKDU must caution the Government to avoid creating an even bigger medical EMPIRE of her own, like a Mega HMO. With immense resources, the HA tends to dominate the healthcare scene. **When she should concentrate on tertiary care, she has further unnecessarily intruded into the primary care sector.**

G) On collaboration between the public and private sectors

Previously we called on the Government to establish a platform (e.g. Community Care Network) on a regional/district basis to facilitate collaboration among public and private medical and other professionals with a view of taking care of the population's needs from all possible angles and we are happy that this is taking shape. But in this process both the public and the private sectors should have equal says in any deliberations for service.

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The cooperation of the public and private sector lauded by the HA as Public Private Interface or PPI has been constantly discussed and little anticipated result of diverting public patients back to the private sector achieved. The shared care programme and the community medical programmes should be further developed. A common protocol should be set up with input from both sectors to achieve continuity of community health care. Subsidies from the Government is essential however in these programmes. A practical example of such collaboration is for the public sector to engage private doctors possessing particular expertise and experience in hospitals on a part-time basis when such skills are in shortage in public hospitals. Another obvious eye catching development is the Tin Shui Wai Collaboration Project though details are not fully accepted by private doctors. We did call for a computer-based health information infrastructure accessible to all sectors to be established by the Government and along this line the government seems to be actively working but we can see there is a lot to be ironed out.

We did ask the Government to improve services for the elderly, and to impose a new licensing condition for the residential homes for the elderly to require engaging private practitioners to take care of the elderly's medical needs on a regular basis. The Government should consider expanding community-nursing service to the private sector. We note with pleasure that she is heading this way.

H) Illegal drug sale

We cannot over stress the miserable fact that many private dispensaries only nominally do have a registered pharmacist to oversee them but who in fact is hardly ever present. These dispensaries blatantly continue to sell prescription only drugs without doctors' prescriptions. HKDU have co-operated with the Department of Health in reporting such irregular practices but only a few have been brought to justice. These pose real threat to the community especially to the health of the chronic patients requiring close medical monitoring. We do ask the Government to step up her supervision efforts in this direction.

Conclusion

The world trend in healthcare is to keep patients away from hospitals. Hong Kong has wrongly over emphasized the role of hospitals when community medicine and family medicine should play a key role. She needs a balanced interplay of public and private healthcare services. Government urgently needs to clearly define her role, and refrain from over providing services, competing with the private sector and not charging when the patient can pay. **She should give primary care primarily back to primary care doctors** and re-educate the public on the cost-effectiveness and the reliability of family doctors. Involving both sectors in health protection and disease prevention will reduce the burden on the public sector. **Ease the doctors from the bully of profiteering health conglomerates, support the purchase of private health insurance** and stamp out illegal drug sales are ways that will revive the spirit of Hong Kong doctors. All these will help build a healthy tomorrow in Hong Kong.

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Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Hong Kong Doctors Union

Encl.

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Dr. Hon. Kwok Ka Ki, Legislative Councillor
Dr. Choi Kin, President, The Hong Kong Medical Association
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Survey on Healthcare Reform 醫療改革問卷調查

Comments from members:-

1. The Government should maintain a certain level of healthcare services provided for the public. The richer public can subscribe for insurance for better healthcare services in the public or private healthcare services. The fee charged by the middle-men of the insurance should be strictly supervised and be kept at a low level. Measures to avoid abuse of use of healthcare services after insurance should be worked out.

2. a. Money should follow the patient.
   b. Patient may use money to see any doctor, private or public.
   c. If money is only used by Hospital Authority (H.A.). I will object. This will only increase the outgoing of H.A., by increase of salary and increase of staff number.

3. Health Insurance Scheme need to the properly regulated by law, otherwise they just become seams to enrich the Insurance companies at the expense of the consumer.

4. The government should spend money to promote a healthy style of living, e.g.
   i) Reduce smoking by increasing tax on cigarettes;
   ii) Reduce obesity;
   iii) Prevent diabetes;
   iv) Prevent and encourage treatment of hypertension;
   v) Promote exercise, especially with young people.

5. Make good use of the medical revenue that's already available instead of repeated attempts to put up plans to feed the insatiable beast in the name of all man medical service and medical development. Prevent abuse by the doctors, the patient as well as the administration. Insurance & National Health without excess promote abuse. Promote competition between public & private sector to reduce cost. Increase public medical fees to reduce disadvantaged competition. Promote primary care which is most cost effective. This requires a change of attitude and culture of both the doctor & the patient.

6. Raise the price of public medical services while providing safety network for the poor. This can help balance the uneven distribution of patients between private and public sectors.

7. (1) 醫管局成立以前，香港的公營醫療已攪得很好。公私醫療機構也較平衡，為什麼自從醫管局成立以後，醫療開資會變得如此龐大呢？難道真的是香港的人口老化變得太快了

嗎？非也！人口老化只是眾多的原因之一，其主要原因是醫管局結構龐大、重迭和不善于利用資源的結果。醫管局是否要瘦身或取消呢？

(2) 台灣的經濟比香港差，人口又是香港的幾倍，為什麼台灣能實行全民醫保而經濟較好，人口又較少的香港就不能呢？難道台灣的人口就不會老化嗎？

(3) 祖國大陸都正朝着全民保健的方向走，香港為何要倒退或反其道而行之呢？

(4) 建議政府公營醫療機構取消一般的門診，而只做急診和接收轉介的病人，公營醫院應把重點放到治療危重病人，癌症患者長期較重的病患和需要手術治療的病人，做多一些醫學研究提高診治水平，一般的疾病市民自負費用，貧窮的患者由福利機構給予補助，而不應由醫療機構給予補助或減免，如此可節約大量的資源。

8. Existing expense budget is not enough for public care. Extra-admin cost & insurance cost will further lower down the total money used in public care. (Zero-Sum Game).

9. (1) This 1st thing need to be done is to increase public medical services charges to
   i) Avoid abuse & ensure proper utilization.
   ii) Improve HA Income and
   iii) Force HA to improve their services with ↑ payment, patient expectation ↑.
   (2) After increase the charges, citizen will be driven to private medical insurance. We can form an "Medical Insurance Advisory Board" (similar to 交通諮詢委員會), invite Doctors, Insurers, Public Accountants & Lawyers to join, advise to insurance companies & Government, and to educate public and handle complaints.
   (3) Introduction of insurance or saving policy for chronic illness.

10. i) PHR 的投資組合應有得揀。
    ii) PHR 的投入百分率應有得揀。
    iii) 醫療服務回報，應有得揀，這不構成階級分化，而應視為權利與義務。
    iv) PHR 應有稅務優惠。
    v) PHR 應可 upgrade 及 downgrade，分界線可商討。
    vi) 進一步，甚至可以取消，但後果自負，代價可能更高。
    vii) PHR 可作日後遺產，可給繼承人自由運用。

11. 政府界定肯承擔到什麼程度(不可無既定立場)，在這基礎以上，市民就要自己搞掂。政府應講明以如今的稅收，不可又贈醫又施藥，市民自己用的藥大可叫他們自己給錢買，這是天經地義的，政府不改變做聖誕老人，什麼都免費，以傾銷的手法去行醫療，說什麼改革都無用。醫管局、哈佛報告全都無功。知難取易，本末倒置。

12. We must avoid socializing medicine as shown in other countries. The increasing cost as since goes on e.g. 0.5% increasing to 2-3% of wage over the years. Avoid unnecessary visit as user pay. It is acceptable for private insurance or insurance paid for company as part of benefits.

13. i) 中產階級廿年來，每年要約十餘萬稅收，可惜政府的廉價屋，交通津貼，子女教育津貼…無他的份兒。醫管局員工的醫療福利要縮減，違背了合約。怎可繼續向中產階級抽水？

ii) 用納稅人的錢養了不少庸官，會議太多，議而不決。他們的薪水過高。設立副局長是多餘的。

14. 請回到未有醫管局前的醫療制度。回到六、七十年代，有錢人不喜歡用它，普通人可選擇用或出錢去私家醫窮人用了也不敢投訴，因為他們需要它。從前可用最少錢幫最需要幫的人。浪費也是最小的。不需要酒店式的裝修和服務，五星級會用巨額資源。也不需要大量 Manager 和高層。要節省不必要的文書工作。強醫金不是好東西。優質醫療是無止境增加供款。基本(Basic)醫療是所有政府應提供的生存保障，用強醫金提供基本醫療是政府卸責加稅幫保險公司發達。回到從前吧！醫療像衣食住行一樣，經濟環境不同者可應自己需要選擇，有錢可住山頂，冇錢廉租屋。有錢食福臨門，冇錢食大排檔或慈善機構大鑊飯。有錢坐奔馳，冇錢坐電車或步行。有錢住養和，冇錢去政府或慈善醫療。政府不再作大，緊縮醫療，有錢的自然會去私家。窮的也有基本服務，無需強搶我的收入進貢保險公司。

15. 對不起，問卷中有些題目令我無從選擇。比如第 2 題有關用者自費，用者自費本來無可非議。但若是指政府推出的康保計劃則另當別論。因為它是讓中產去承擔全部費用，政府卻責（錢是納稅人的！）大多數普通醫生少症或無症看。我不明白是泛指還是只指政府的康保。因此，我不答卷，只說我的意見：要堅持小政府，提高辦事效率，有監管，有民意。香港僅是一個城市，有醫學會，衛生處應已足夠。因為各醫院，醫學院都有自己的行政。實在不必重壘的架構。占開支 80 的各種人工，可以省下不少錢來。數百年薪者不宜多用。前綫醫務工作者則不可胡乱削減。看病和用葯以政府資助部分，病人負責部分為原則。細節待商。政府不可巧立名目，增加中產的稅，制造肥缺…知情者非閉門造車的專家或官員。而是業務的參與者和病人、家屬。

16. i) 個人、政府、僱主共同融資。
ii) 醫療儲蓄戶口，政府包底。

17. No mandatory healthcare plan. Let individuals decide for themselves. No enforcement.

18. 香港醫療算不錯，起碼沒有見死不救的情況發生。無論老人小孩，急性慢性，重病輕病，急病或普通病，門診或病房，都是先救病人，醫治病人之後，再說錢的問題。這是珍貴的人道主義，應當發揚光大！每個人都明白，有病要花錢，沒錢借錢都要醫。但沒病時要強制性地交醫療保險費，我相信大多數人不會願意。何況香港人有工作的多數都已有買保險的，老弱病殘怎麼有錢買保險呢？且有些人認為買保險容易，Claim 保險就難了。當然大多數病人希望病醫得好些，而花錢不要太多最好政府多負擔些，病人盡力而為。
貴重藥物自費，使患者知道藥昂貴，花自己錢就心痛，就會認真服用醫好病。在診所上班經常發現政府醫院給的貴重藥不服用，亂丟藥非常浪費，為數還不少，實在太嚴重了。
a) 看急診掛號費$100.00，普通症$50.00，有困難經調查屬實政府協助解決。有出有入才不致醫療融資乾枯或泛水。
b) 提高每個醫生的專業水平，提高診斷正確率，從而提高醫療療效，對大家都有益無害，所以要把 CME 辦得更好！
c) 在實際工作中繼續改進不斷提高。

19. 請問康保儲備之計劃乃用作住院之用抑或用作門診或每年身體檢查之用？

20. (1) Government should provide health insurance scheme for population above sixty, area where no private insurance is willing to offer.
    (2) If such a scheme existed, a no claim bonus (NBC) should be provided. Extra reduction should be offered for people who are non-smoker and receive regular check up.
    (3) Tax break for whoever willing to take up the private/Government insurance scheme.

21. 可強制醫療保險，也可強制醫療儲蓄，用以支付其醫療費用，尚不幸不足支付其醫療費用，政府墊底。剩餘醫療儲蓄可撥入遺產。

22. “用者自付”是基本原則。
    政府—即用納稅人的錢，只應提供基本的醫療。不會有人因為無錢而被拒之於急診室外，失去生命。
    政府—即用納稅人的錢，永遠不能提供所有的醫療服務，這一點必須不斷教育自己的市民，認識到“自己健康，自己有責”，每天少花幾塊錢，為自己健康買保險。

23. Both the Government and H.A. clinic should raise the consultation fee so as to narrow down the difference between the public and private charges.

24. (1) 錢跟病人走！
    (2) 反對用錢支付差的醫療制度，如學卷制。
    (3) 醫管局應私有化，讓市民自由選擇。
    (4) 反對太多的錢用於管理及行政，應將錢直接用在病人身上。
    (5) 反對將行之有效的制度毀滅，而再造醫療八萬五政策。
    (6) 將 500 億還富於民，用於防疫工作。
    (7) 重新將醫管局定位，做好二綫工作。

25. (1) Any compulsory scheme, be it mandatory health insurance or mandatory health account, is equivalent to increase in taxation, though it will be set aside for individual use later.
    (2) Compulsory medical scheme by employer will definitely affect the salary of the employee since salary & the medical “benefit” will be considered at the same time by the employer.
    (3) The most needed group is the lower income group. They either cannot afford to cut their present income, or be “exempted” from any compulsory scheme except the schemes taken out from the employer. But even in the latter the final loser will be the employee.
    (4) With Government’s encouragement probably more middle class people will either buy insurance or set up an account themselves. (The wealthy does not need these).

26. (1) The HA should not be allocated for more funding. It should restrict its service to the underprivileged and major complicated illness or emergency. Cost effective treatment is essential.
    (2) The public should not be forced to subscribe to insurance policies by private companies because some of them are just profiteering.

(3) We should save up some money to look after our health. The owner should pay for their health care.

27. Revamp the Hospital Authority first, oppose all finance scheme.

Any form of compulsory health finance

Short term effect:

1) decrease living standard of the poor & middle class.
2) boost the income of the financial actor & Hospital Authority.

Long term effect:

1) Cumulating money will lead to ↓ subsidy from government.
2) Establishment of further bureaucracy between doctor & patient which will cause delays & red tapes in access to medical treatment.
3) Encourage patients & doctors to use minimally or non cost-effective treatments.
4) Evolve into a stage where many are left in the lowest ties of health care, like USA where 50 million without health insurance and cannot afford to see any doctor at all.

28. 1) Equity

The major financing resources provided by the government could be largely covered by taxation levy of 1/2% to 1% of taxable income i.e. to increase tax from 15% to 16% for personal tax and 16% to 17% for company tax. This small amount of tax levy will not affect average middle and high class tax payers.

2) Acceptability and affordability

Higher income will contribute more with a ceiling of maximum at say $10,000/year to be acceptable to the rich. Lower income will have a low ceiling say under $100,000/year below which no levy is payable so that everybody is affordable.

3) Accessibility and Quality of public service

With adequate fund provided by tax-payer and government, every Hong Kong citizen should be entitled to the same and reasonably good quality of basic medical care. In Australia, every citizen has a medicare card. The present low-charge system for public service could continue. Patients also have the choice of Out-of pocket payments to upgrade their medical treatment.

4) Freedom of choice for private insurance

Patients and company employers have the freedom to pay their own private insurance for upgrading their treatment and impatient bed classification in private or public medical and hospital care e.g. MBF, HCF in Australia, BUPA, HSBC in Hong Kong.

5) Primary Health Care Provider

Specialist Registry is a necessary step forward to strengthen the primary health care and to better the population outcome. In UK, the majority GPs have FRCGP qualification and in Australia, FACGP or VR-Vocational Registered GP qualifications, have higher pay for their specialty service. Therefore, government and HKCFP must actively collaborate to provide the necessary training and examinations for such recognizable qualifications to be enlisted in the Primary Health Care Provider Registry and to be paid at a specialist rate.

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11.6.2008

Results of Survey on Healthcare Reform

In order to collect the opinions from members on healthcare reform, the Hong Kong Doctors Union sent a questionnaire to 1,646 members on 9.5.2008.

As at 31.5.2008, 203 members (12.33%) returned the questionnaires to HKDU. The preliminary results of the survey are: -

		Agree	Do not agree	Abstain	Total
1.	To introduce some form of social health insurance as a source of supplementary financing, similar to raising Salaries Tax in effect.	**124 (61.08%)**	50 (24.63%)	29 (14.29%)	203 (100%)
2.	Out-of-pocket payments remain an important and effective means of encouraging that health is a shared responsibility between the individual and the public healthcare system.	**180 (88.67%)**	14 (6.90%)	9 (4.43%)	203 (100%)
3.	Medical Savings Accounts serve the purpose of enabling individuals to build up a healthcare reserve fund of their own over time to pay for their future healthcare needs, and the fund can go to their estates if unused.	**138 (67.98%)**	45 (22.17%)	20 (9.85%)	203 (100%)
4.	Voluntary Private Health Insurance schemes tailored for specific groups such as group policies taken out by employers for the employees of a company, the premium is rated on the basis of the profile of members of the group.	**138 (67.98%)**	30 (14.78%)	35 (17.24%)	203 (100%)
5.	Mandatory private health insurance is where private health insurance, instead of being taken out voluntarily by individuals in the population, is mandated to be taken out by law usually on a population-wide basis.	**126 (62.07%)**	65 (32.02%)	12 (5.91%)	203 (100%)
6.	Personal Healthcare Reserve is to require those above a certain income level in the working population to deposit a fixed percentage of their income to their own PHR account for the purpose of financing their own healthcare.	**120 (59.11%)**	61 (30.05%)	22 (10.84%)	203 (100%)