

Meeting Minutes of the 5th Meeting of the Office of the President Healthy Taiwan Promotion Committee

Date: Thursday, September 4, 2025, 4:00 p.m.

Location: 3rd Floor, Reception Hall, Office of the President

Chair: Convener Lai Ching-te

Recorder: Ministry of Health and Welfare (MOHW)

Attendees: Deputy Convener Chen Jyh-hong (陳志鴻), Deputy Convener Wong Chi-huey (翁啟惠) (on leave), Deputy Convener Chen Shih-chung (陳時中), Advisor Wu Ming-shiang (吳明賢), Advisor Chen Wei-ming (陳威明), Advisor Cherng Wen-jin (程文俊), Advisor Lin Shinn-zong (林欣榮), Advisor Yu Ming-lung (余明隆), Advisor Chen Mu-kuan (陳穆寬), Advisor Chiu Kuan-ming (邱冠明) (on leave), Advisor Lin Sheng-che (林聖哲) (on leave), Advisor Chang Hong-jen (張鴻仁) (on leave).

Committee Members: Yeh Chun-hsien (葉俊顯), Cheng Ying-yao (鄭英耀), Yu Chong-jen (余忠仁) (on leave), Chen Shih-ann (陳適安) (on leave), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正), Chou Ching-ming (周慶明), Huang Cheng-kuo (黃振國), Ni Yen-hsuan (倪衍玄), Lin De-wen (林德文), Li Yi-heng (李貽恒) (on leave), Huang Jian-pei (黃建霈) (on leave), Liao Mei-nan (廖美南), Huang Chin-shun (黃金舜), Kuo Su-e (郭素娥), Hung Te-jen (洪德仁), Ko Fu-yang (柯富揚), Tsai Sen-tien (蔡森田), Chien Wen-jen (簡文仁), Shan Yan-shen (沈延盛), Su Kuan-pin (蘇冠賓) (on leave), Patrick Ching-ho Hsieh (謝清河), Ho Mei-shang (何美鄉).

Non-voting Participants: Secretary-General to the President Pan Men-

an (潘孟安), Executive Secretary Chang Tun-han (張惇涵) (on leave), Executive Secretary Shih Chung-liang (石崇良), Deputy Executive Secretary Cheng Chun-sheng (鄭俊昇), Presidential Office Spokesperson Karen Kuo (郭雅慧), MOHW Taiwan Food and Drug Administration (FDA) Director-General Chiang Chih-kang (姜至剛), MOHW Health Promotion Administration (HPA) Director-General Shen Ching-fen (沈靜芬).

I. Chair's Remarks

The Healthy Taiwan Promotion Committee has now been operating for a full year. I am very grateful to the deputy conveners, advisors, and committee members for their active participation over the past year, ensuring more effective implementation of cross-disciplinary and public-private collaboration.

I also want to thank the Executive Yuan for its support and the MOHW for its efforts to integrate the strengths of multiple government ministries and agencies, working methodically to carry out tasks related to Healthy Taiwan.

Following adjustments to the Executive Yuan team, Executive Yuan Secretary-General Chang Tun-han and Minister of Health and Welfare Shih Chung-liang will now serve as the executive secretaries of this committee, and due to reassessments at the National Development Council (NDC), NDC Minister Yeh Chun-hsien will now serve as a committee member.

Secretary-General Chang is quite familiar with communication between the Presidential Office and Executive Yuan. Efficient and decisive in his work, he can accelerate policy implementation. Minister Shih has extensive administrative experience, as well as

medical expertise and public communication skills. Minister Yeh has a firm grasp of domestic industrial policy, and is adept at policy analysis. During the pandemic, these two gentlemen laid a solid foundation for Taiwan's disease prevention efforts and provided excellent solutions regarding relief policy.

In addition, Committee Member Shen Ching-fen became the director general of the HPA last month and has resigned from the committee. We thank Director General Shen for her efforts on the committee, and hope that under the leadership of Minister Shih and Director General Shen, the core concepts of health promotion are reflected in policies and practiced in everyday life.

National Taiwan University Hospital (NTUH) Superintendent Yu Chong-jen is now succeeding her as a member of the committee, although he is unable to attend today's meeting. At NTUH, Superintendent Yu pioneered the Patient-centered Seamless Transition and Referral System that links over 500 community-based healthcare facilities in a shared care network that integrates hospitals and communities. He also made many contributions during his tenure as superintendent of the Hsinchu Branch of NTUH (now NTUH Hsin-Chu Branch). I am confident that Committee Member Yu will provide many valuable suggestions regarding tiered healthcare and hospital accreditation.

This slight adjustment to the committee membership will strengthen communication and interaction among various specializations, which I believe will help realize our national policy vision for a Healthy Taiwan more quickly.

In addition to a status report on items listed from the previous meeting, today's agenda features two reports from the MOHW, one regarding the integration of smart medicine into healthcare, and the

other on promoting innovation and development in Taiwan's biomedical industry.

AI is the “magic sword” of the new era and an important key to Taiwan's continued leadership in future technological trends. I believe that as long as there is close collaboration between Taiwan's AI high-tech and biomedical industries, not only will both industries grow, but they will also significantly improve the quality of medical care services.

Taiwan is facing the challenges of a super-aged society, a surge in chronic diseases, and extreme weather and climate change. We must initiate a policy transformation in healthcare, leverage digital technology and AI, and create a smart healthcare system that covers all ages and all domains, provides early warnings, and can intervene to manage healthcare situations in a timely manner. That will enable Taiwan to transform and upgrade its healthcare system from a disease treatment model to a prevention and health promotion model.

Now, we must keep up the hard work and gradually achieve our goals. Thank you.

II. Confirmation of the Meeting Agenda

Decision: Meeting agenda confirmed.

III. Confirmation of the Meeting Minutes of the 4th Committee

Meeting

Decision: Minutes of the 4th committee meeting confirmed

IV. Report Items

1. Report on items listed from the fourth committee meeting (omitted)

(Presented by Executive Secretary Shih Chung-liang)

2. **Report on the integration of smart medicine into healthcare**
(omitted)
(Presented by MOHW Minister Shih Chung-liang)
3. **Report on promoting innovation and development in Taiwan's biomedical industry** (omitted)
(Presented by Taiwan FDA, MOHW Director-General Chiang Chih-kang)

V. Discussion Items

Report Items 2 and 3 are presented for discussion; written opinions will be included in the meeting minutes (Appendix not included in the English meeting minutes)

1. Committee Member Remarks (Non-government)

(1) Committee Member, Susan Shur-fen Gau

1. I fully agree with and appreciate the two reports presented at today's meeting. I look forward to their smooth implementation and to seeing Taiwan reach new heights in the smart healthcare and biomedical industries.
2. I recommend maintaining the annual medical school enrollment quota at 1,300 students and refraining from establishing new medical schools or enrolling additional publicly funded medical students. I urge the Ministry of Education (MOE) and the MOHW to coordinate so that they can help avoid resources being wasted on medical education. My reasoning is as follows:
 - (1) The healthcare sector is primarily driven by domestic demand. According to a report by the National Health Research Institutes (NHRI), the population decline will naturally lead to a reduced demand for physicians. Although the population is aging, the demand for long-

term care and medical services does not translate primarily into demand for more physicians. Across different age groups—children, adolescents, and the elderly—the promotion of preventive healthcare will further reduce overall medical demand. In addition, physicians can now practice to age 80 or even 90. According to existing literature and meta-analyses, a medical school requires a minimum enrollment of 100 students to achieve cost-effectiveness.

- (2) In addressing the shortage of physicians in remote regions and key departments (including internal medicine, surgery, obstetrics and gynecology, and pediatrics) in medical centers that treat acute, severe, or rare diseases, the publicly funded medical student system has relied on mandatory service or moral persuasion. Given that today's generation emphasizes fairness, justice, freedom, and democracy, this approach has proven to be a failure. Rather than establishing new medical schools or expanding publicly funded medical student programs, resources should instead be allocated to increase reimbursement for rural areas and medical centers, make effective use of digital and telemedicine systems, promote continuing medical education in collaboration with major medical centers, and improve income and taxation systems. These measures, which would require an annual budget of approximately NT\$200 million to NT\$300 million, could address the issue at a lower cost, instead of wasting resources by expanding medical student quotas.
- (3) Attracting top talent to an already oversupplied medical profession would inevitably hinder the development of

other high-tech sectors (e.g., biotechnology and medical industries), which possess the potential to export products worldwide. When reimbursement for acute, severe, or rare disease treatment in medical centers is inadequate, physicians tend to shift toward primary care or aesthetic medicine. Moreover, as the number of physicians increases while income expectations remain unmet, many turn to multiple side professions, leading to the proliferation of unverified alternative therapies, such as so-called “energy water,” which leads the public to spend money on ineffective or even harmful medical practices. I therefore respectfully request that the president maintain the annual medical school enrollment quota at 1,300 students, refrain from establishing new medical schools or enrolling publicly funded students, and strictly prevent any increase in enrollment through improper overseas channels.

3. The nurse-to-patient ratio has a direct impact on healthcare service operations. I suggest that strategies beyond the nursing profession be considered to preserve the professionalism of nursing. For example, digital tools could be used to reduce practical workloads, such as making the outcomes of the Healthy Taiwan Cultivation Plan available nationwide. Certain duties could be delegated to nursing assistants or care attendants, and the government could consider opening positions for foreign nurses or nursing assistants. A friendly workplace environment free from sexual harassment and bullying should also be fostered to enable nursing personnel to concentrate on their professional duties.
4. As for the ratio between inpatient and outpatient

reimbursements, whether inpatient payment levels are set too low should be taken into account. In Taiwan, conducting pharmaco-economic research is difficult under such conditions, as the low inpatient reimbursement rates make it challenging to achieve expected results. This results in underestimation of the inpatient-to-outpatient payment ratio.

(2) Committee Member, Chan Ding-cheng

I hope that data interoperability between the National Health Insurance (NHI) and long-term care systems can be achieved within two years, so that medical and long-term care professionals will be able to access one another's information.

(3) Committee Member, Chou Ching-ming

1. Regarding the introduction of AI-based smart healthcare in primary clinics, I recommend establishing a scalable and interoperable AI diagnosis and treatment resource system coordinated by the government. Medical centers should provide the necessary technical expertise, while clinics can apply the system according to their operational needs, thereby forming a tripartite collaboration model. This structure would strengthen real-time decision-making capabilities at the frontline, enhance the quality of primary care, and build greater patient trust.
2. AI is now widely applied in medical diagnosis and image interpretation; therefore, relevant laws and regulations must keep pace with technological advancements. I recommend that the draft Digital Healthcare Development Act include physician liability exemptions, that the Personal Data Protection Act specify requirements for notification of AI use and the right of refusal, and that the Medical Care Act

include explicit legal basis for AI-assisted applications. These measures would strengthen AI's use in diagnosis in clinics and in patient care, thereby improving the overall quality of healthcare services.

(4) Committee Member, Huang Cheng-kuo

- 1.I believe it is necessary to enhance the resilience of the active pharmaceutical ingredient (API) supply chain. We must adopt multiple support measures, such as tax incentives and streamlined administrative procedures, rather than relying solely on NHI pricing mechanisms. In addition, I recommend that such initiatives should not crowd out the global pharmaceutical budget. Instead, a dedicated fund should be established to provide incentives and thereby strengthen the nation's pharmaceutical supply resilience.
- 2.Regarding the application of smart healthcare to all-age care, I note that initiatives such as health promotion and subhealth management fall under the policy scope of the HPA. However, most of these programs are encouragement-based and therefore difficult to quantify or qualify for NHI reimbursement. Moreover, the public often questions the need to pay registration fees or doctor's consultation fees when no medication or injection is prescribed. Policy planning should therefore take these concerns into consideration.
- 3.At present, most hospital health educators come from the nursing and dietetic professions; however, their compensation has not increased accordingly. I suggest introducing AI assistance to reduce their workload. For instance, AI-based self-learning and interactive prompts for patients with diabetes or metabolic syndrome could help alleviate the demand for medical workers.

4. The Taiwan Association of Family Medicine is willing to undertake the planning and localization of green health prescriptions. I urge the government to provide incentives and encouragement to healthcare professionals who engage in related initiatives.
5. The shortage of physicians in acute, severe, or rare disease specialties is not due to an insufficient number of medical students, but rather to poor working conditions that drive many doctors toward aesthetic medicine. I urge the government to do more to improve the working environment in the medical sector. For example, in the dental profession, while the public generally accepts the use of high-priced dental materials that are paid out of pocket, NHI resources and point values remain limited. I hope that Taiwan's biotechnology industry can become the nation's second "guardian mountain," after the semiconductor sector, by developing beyond the NHI global budget framework and achieving for the biomedical industry the same sort of international visibility that Taiwan already enjoys in semiconductors.

(5) Committee Member, Ni Yen-hsuan

1. On the issue of accelerating the review process for new drugs and medical devices, I believe that Taiwan's relatively small market size presents challenges for conducting clinical trials. I recommend prioritizing research and development and transferring patents to large, established companies to facilitate clinical trials and development.
2. The same issue applies to the introduction of brand name drugs and medical devices. Because of Taiwan's small market, many domestic firms are unwilling to import brand name products to Taiwan. For example, pediatric

gastrostomy devices face the same problem, as the number of users each year is extremely low. I suggest establishing a logistics platform that will enable the import threshold to be lowered for vendors.

3. Currently, pediatric healthcare resources in Taiwan are fragmented among different agencies, including the Department of Medical Affairs, Health Promotion Administration, Centers for Disease Control, and Social and Family Affairs Administration, and at times require inter-ministerial cooperation with the MOE, Ministry of Sports (MOS), or Ministry of Digital Affairs. I propose establishing an integrated “one-stop” mechanism to enhance resource utilization efficiency.

(6) Committee Member, Lin De-wen

1. Smart applications in indigenous regions have already achieved a certain level of development. For example, during the pandemic, infectious disease cases were automatically reported upon the input of diagnostic codes. However, these functions were discontinued after the pandemic. Such systems should continue to be advanced.

2. In primary healthcare institutions, most Health Information System (HIS) data are stored in the cloud. Nevertheless, local data should also be retained to strengthen healthcare resilience. In special circumstances such as war or natural disasters, when power outages or network disruptions occur, the continued function of AI systems must be considered in realistic terms. Furthermore, information security management may at times limit innovation. Therefore, resilience-related issues should be evaluated.

3. At present, AI applications in the long-term care sector

remain limited, and are mostly confined to assistive devices and monitoring systems, which is regrettable. Given the significant manpower demands for case management and care services, I recommend introducing AI to automate disability level assessments to reduce the burden on human resources.

4. The relatively small size of the domestic biotechnology market renders it prone to internal competition. I suggest that we draw lessons from TSMC's global ecosystem positioning strategy to shape the direction of Taiwan's biotechnology industry development.
5. Since AI algorithms are based on big data, I believe indigenous participation should be strengthened in AI development to enhance data representativeness and avoid statistical bias caused by small population size. Regarding the various Healthy Taiwan policies, such as chronic disease prevention and cancer control, I recommend that the relevant agencies specifically monitor health outcomes among indigenous populations in health policy results.
6. Finally, I note that the MOHW's Hospital and Social Welfare Organizations Administration Commission is planning to establish hospitals for indigenous peoples. I sincerely look forward to the MOHW's support in advancing this initiative, which will help improve healthcare quality and well-being for communities in indigenous areas.

(7) Committee Member, Liao Mei-nan

1. I recommend that the HPA transform its existing health education materials into a digital health education platform and provide an Application Programming Interface (API) for integration. This would allow the public to access

accurate health education information through the NHI Express App when viewing their medical test results, while also reducing the cost of producing redundant educational materials at medical institutions.

- 2.The Fast Healthcare Interoperability Resources (FHIR) project currently does not include nursing assessments or records. If we are to establish a complete personal health record, nursing documentation must be incorporated into the FHIR project. I suggest that the public and private sectors collaborate to develop a standardized nursing summary template, which would facilitate inter-hospital referrals and data integration.
- 3.At present, medical centers have made significant progress in developing smart wards and applying AI technologies, which indeed help reduce nurses' workloads. However, smaller regional and district hospitals, due to labor and budget constraints, often find it difficult to keep up. I therefore propose that, similar to the MOHW's public-version HIS model, a public-version Nursing Information System (NIS) be developed to narrow resource disparities among hospitals and meaningfully reduce the burden on nursing staff.

(8) Committee Member, Huang Chin-shun

- 1.The Ministry of Transportation and Communications (MOTC) has already responded to the issue of drug-impaired driving risks raised in the previous meeting and has published driving safety guidelines. I would like to express my sincere appreciation to the president for the attention given to the concerns raised by the committee.
- 2.In light of recent changes in US pharmaceutical policy,

which could potentially lead to higher drug prices or shortages in Taiwan, I am grateful that the government has allocated a budget of NT\$20 billion through a special act to address these challenges. Additionally, the drug supply surveillance system has taken measures to monitor drug supply stability. The Federation of Taiwan Pharmacists Associations (FTPA) will also actively cooperate with the government to ensure timely responses as needed.

3. To further strengthen Taiwan's pharmaceutical supply resilience, I recommend allocating part of the NT\$20 billion budget to institutions such as the Academia Sinica, the National Chung-Shan Institute of Science and Technology (NCSIST), and the NHRI to support the domestic production of active pharmaceutical ingredients while also expanding export markets.
4. In 2025, Taiwan's NHI global budget will reach approximately NT\$930 billion, with drug expenditures exceeding NT\$250 billion, accounting for nearly 28% of total spending. While generic drugs make up the majority of the domestic market, their prices remain low, and public acceptance of generics is still limited. I suggest that we draw lessons from Japan, South Korea, and Germany, and implement a differential payment system for pharmaceuticals. The FTPA has compiled supporting data emphasizing patient choice, financial sustainability, and NHI cost control. However, I acknowledge that the main challenge lies in communicating effectively with patients. Therefore, I recommend that the government establish clear policy objectives, launch pilot programs, and accompany the implementation with public education campaigns and oversight mechanisms.

(9) Committee Member, Kuo Su-e

1. The public has become increasingly conscious of healthy eating habits. I am pleased to see that some corporations have taken the initiative to lower the prices of sugar-free beverages. Although the reductions may seem modest, they have inspired other companies to follow suit. Even several made-to-order drink shops are planning to launch new sugar-free products, which I believe is a commendable development.
2. For both healthy populations and those with sub-optimal health, it is encouraging to see the growth of sports technology applications and related industries. I suggest that when the government establishes health management systems, dietary data should be incorporated, and personal health information should be linked for effectiveness analysis. This would help citizens cultivate positive lifestyle habits. Furthermore, I recommend that such initiatives be extended beyond medical institutions to workplaces and community settings to promote nationwide health and wellness.
3. Health education relies heavily on health educators and dietitians, yet human resources are limited and training requires significant time; moreover, the depth of health education varies depending on public needs. For fundamental health education, I recommend that the HPA optimize its existing educational resources and integrate them into the aforementioned health management system to facilitate public access and use. I understand that the HPA is already conducting a resource inventory, and I look forward to seeing future improvements that strengthen support where

it is now lacking for both healthy individuals and those living with chronic conditions.

(10) Committee Member, Hung Te-jen

1. When promoting the adoption of HIS in clinics, I believe user-friendliness must be the top priority. The introduction of a public-version HIS is indeed a feasible approach, and I look forward to seeing it serve as a foundation that allows clinics to quickly align with and effectively apply such systems. At the same time, I recommend enhancing the system's breadth by integrating health data from the HPA, community pharmaceutical use, workplaces, and even private health apps. In terms of depth, the system should provide health-risk analysis prompts for both medical institutions and the general public, while also strengthening health education and data integration functions.
2. The accessibility of medical services for persons with disabilities still needs improvement. Although the MOHW has promoted the Friendly Medical Service Incentive and Benchmark Program, implementation has been relatively smooth in hospitals but remains difficult for clinics. Among nearly 20,000 clinics nationwide, only 1,700 have been certified so far, but the proportion is still low.
3. Starting in 2024, the program added a benchmark competition, and more than 60 hospitals and clinics have already been recognized as exemplary cases. I look forward to the recognition ceremony scheduled for the end of 2025 and sincerely hope that the president and Minister Shih will attend, as their presence would underscore the nation's commitment to human rights, equality, and the promotion of accessible and friendly medical services.

(11) Committee Member, Ko Fu-yang

1. Primary clinics play a vital role in the shift from disease prevention to proactive health promotion. Therefore, I believe it is crucial to introduce smart healthcare into primary care. By taking wearable AI devices used at home and connecting them with community and medical institutions, we can establish a comprehensive health care network.
2. I also recommend that Taiwan aim to develop the biotechnology industry into a new guardian mountain for our nation, much like the semiconductor sector, and make good use of the potential of traditional Chinese medicine (TCM). Many Western countries classify TCM as botanical drugs, yet in Taiwan TCM licensing is regulated under the same stringent standards as chemical drugs, which creates excessively high application thresholds. Since new drug development for the domestic market alone offers limited scale, we should actively seek to expand into international markets. Taiwan's advantages in TCM and botanical drugs—supported by abundant real-world data and numerous successful treatment cases—give us strong global competitiveness.
3. The advancement of Taiwan's TCM industry must involve close collaboration with the Ministry of Agriculture (MOA) and the National Research Institute of Chinese Medicine to reduce dependence on imports from China. Through localized cultivation and establishing good agricultural and collection practices for medicinal plants, we can promote Taiwan's presence in the global TCM market.

(12) Committee Member, Tsai Sen-tien

1. In my view, the largest smart healthcare investments are in

information systems. However, small and medium-sized hospitals often face difficulties in allocating their limited budgets among upgrading IT infrastructure, purchasing medical equipment, and raising staff salaries. Many such hospitals have yet to implement electronic medical records and still rely on computer key-in and printed documents. This has resulted in a widening gap—an M-shaped distribution—in information system capabilities between hospitals.

2. The Healthy Taiwan Cultivation Plan provides a valuable opportunity for small and medium-sized hospitals to upgrade their information systems. Yet, considering the general shortage of IT professionals and the limited cybersecurity capabilities of smaller technology companies, I recommend that the plan's final report include a more intensive review of both implementation results and cybersecurity capability.
3. Local governments have developed their own cloud systems, which has led to fragmented data and limited interoperability. I suggest that the central government establish a unified infrastructure framework to serve as a standard for all counties and cities, while still allowing local governments the flexibility to develop value-added applications.
4. I also recommend that the central government take reference from innovative local cases, such as the “cloud passport” system developed by the Changhua Christian Hospital Dementia Care Center. This system enables case managers and medical professionals to jointly record and analyze patient information through AI, allowing real-time disease tracking and providing timely health education support. Once Long-Term Care 3.0 is launched, I hope that a mechanism integrating medical and long-term care data can be established and promoted for nationwide use.

(13) Committee Member, Chien Wen-jen

1. I have developed the Healthy Taiwan Exercise Routine for a Happy Society, and I propose that the government take the lead in production of instructional videos and promotional efforts so that the exercises can be made widely available to all citizens.
2. I believe that maintaining health requires regular exercise and the development of habits; for that, walking is the most convenient and accessible method. Therefore, I advocate the creation of a science, technology, and culture trail, and encourage corporations to participate through adoption. I would also like to highlight that the Challenge to Be Health Smart, conducted in collaboration with Harvard University, has achieved remarkable results. The third phase will begin in November, and I call upon all sectors to participate. I also offer a sincere invitation to the president to join the event and offer words of encouragement.
3. The publication *Healthy Taiwan 2025 – Keeping Our Promise* chronicles over a year of progress under the Healthy Taiwan policy. This committee should help promote the book more widely, allowing the public to better understand and support the Healthy Taiwan initiative.

(14) Committee Member, Shan Yan-shen

1. Regional hospitals applying for participation in the Healthy Taiwan Cultivation Plan often face a shortage of IT personnel and must therefore rely heavily on outsourcing to companies for maintenance, which poses a major challenge. I believe the MOHW should take concrete steps to assist regional hospitals and clinics in upgrading their HIS. As for the shortage of IT professionals, the MOE and

the MOHW must collaborate to cultivate the workforce.

2. There is also a growing gap in dental workforce training, as vacancies in academic positions at dental schools remain difficult to fill. Many dental professionals prefer to open private practices or switch careers. I have observed that younger generations place a greater emphasis on work-life balance, reflecting different values from those of our generation. I suggest that the MOE and MOHW carefully review this issue and consider adopting a nursing assistant system similar to that of the US to help reduce the burden on nursing staff. Since Taiwan currently lacks a formal training channel for such positions, the MOE and MOHW should work together to establish a plan as soon as possible.
3. Regarding the biotechnology industry, I believe Taiwan can learn from Israel's experience by adopting a model that allows for rapid validation during early-stage R&D work, followed up by international commercialization. This approach would help avoid internal market competition and enhance global competitiveness. At present, our regulations often require compliance with Good Manufacturing Practice (GMP) standards even at early R&D stages, which may hinder innovation. I propose deregulating and distinguishing between early-stage R&D work—where Good Tissue Practice (GTP) standards are sufficient—and later-stage validation, which should meet GMP requirements. Early-stage development could be carried out by universities and research institutions, while later-stage validation should be undertaken by large biopharmaceutical companies. This approach would accelerate the internationalization of Taiwan's biotechnological products.

(15) Committee Member, Patrick Ching-ho Hsieh

1. Given Taiwan's limited domestic market size, I believe that the biomedical industry must expand into global markets in order to achieve growth. For instance, Chimeric Antigen Receptor T-cell (CAR-T) therapy is currently extremely expensive. By developing induced pluripotent stem cell (iPSC) treatments using super donors, costs could be drastically reduced, achieving far-reaching impact. I recommend that the MOHW take the lead at the national level in establishing relevant regulatory frameworks and profit distribution mechanisms. Doing so would encourage private-sector investment while reducing the need for government funding.
2. From my perspective, the greatest challenge facing Taiwan's biomedical research lies in the severe shortage of funding. While the national budget has quadrupled from 2000 to 2025 to about US\$10 per capita, it still falls far short of the US\$135–145 per capita levels in advanced countries such as Singapore and the United States (as shown in the written proposal). Therefore, our first priority should be to raise biomedical R&D funding to levels close to those of leading countries.
3. In addition to insufficient overall funding, Taiwan's National Science and Technology Council (NSTC) currently maintains a project approval rate of about 45% for the first application for individual-type grants, well above the 10–12% approval rate in countries like Singapore. This results in overly dispersed funding, limiting our ability to compete internationally and leading to our continuously lagging behind. Taiwan also lacks a coherent long-term strategy for biomedical R&D; most existing programs demand short-term industrial applications, which I find impractical. I recommend

increasing the proportion of biomedical R&D funding to at least 20–25% of total R&D budget, while placing greater emphasis on fundamental research and sustained long-term development. Only through such an approach can Taiwan enhance its scientific standards, achieve global competitiveness, and cultivate a new biomedical industry for the future.

(16) Committee Member, Ho Mei-shang

1. The Healthy Taiwan initiative includes many programs that provide direct services to the public. Therefore, I believe it is essential to focus on grassroots engagement and public awareness. It is also important to establish a performance evaluation method to ensure that each program's direction is feasible.
2. Although this committee has been in operation for over a year, I find that many people still lack a clear understanding of its actual operations and results, suggesting that information dissemination remains insufficient. Taking the senior citizens' clubs as an example, I propose creating user-friendly online information tools (such as mobile apps) that publicize service locations and real-time numbers of people served, while also implementing evaluation mechanisms. Additionally, I suggest that the HPA introduce an exercise reward points system, allowing individuals to accumulate points through physical activities and redeem them for discounts on medical registration fees, thereby increasing the sense of engagement with health policies.
3. I encourage government officials to make greater use of news media to communicate directly with the public and to disseminate essential health information and policy updates through use of apps. For example, cyclists could use an app

to track the progress of bikeway construction in real time. To my understanding, the Nutrition and Healthy Diet Promotion Act, which aims to create an environment that supports healthy eating habits, still requires partial revision. I urge the administrative authorities to take an active role in advancing bills that have a higher likelihood of multiparty support. For similar livelihood-related legislation, I recommend that government agencies take proactive steps to initiate dialogue, promote collaboration, and foster a more harmonious and cooperative legislative environment.

2. Government Representative Remarks

(1) MOHW Minister Shih Chung-liang

1. The key to advancing smart healthcare is to accelerate inter-hospital data integration. The MOHW is actively promoting data standardization and structuring to facilitate the subsequent promotion of data interoperability and exchanges.
2. Regarding the integration of distributed databases, hospital data, including data from the Centers for Disease Control and the HPA, have already been integrated into NHI individual health records, providing a primary healthcare platform query function for clinics, and a My Health Bank app query function for the public. Dealing with long-term care data is more complex. Because that data developed over a comparably long period of time, system standards among nursing homes, home care providers, and long-term care institutions are different. Those standards are also local government functions, and systems differ among local public health bureaus. The MOHW is now working to standardize these systems, and hopes to gradually integrate

them from the inside out, combining them with the application of AI technology.

3. Hospitals are currently better able to implement AI technology than smaller hospitals and primary care clinics with inadequate information capabilities. The MOHW is providing financial subsidies, assisting in setting standards, working from the source to guide IT service providers in assisting clinics make the transition, and providing incentive payments. The goal for 2025 is to complete the transition for 1,000 clinic systems while providing them with AI-assisted tools via the cloud.
4. Committee Member Lin mentioned the problem of internet disconnections affecting cloud use. However, the future trend is toward Edge AI technology. Taiwan has the relevant capabilities, and this may be the direction of future development. Using AI to provide daily care is also a development trend. Addressing educator shortages in health education, the MOHW is collaborating with Google and the School of Nutrition and Health Sciences at Taipei Medical University to develop personalized AI health education and disease risk stratification tools. We expect these tools to be completed by the end of the year and provided to frontline clinics for clinical use.
5. Regarding R&D for new drugs, there is indeed room to speed up reviews. That includes expedited reviews and reliance reviews, adjusting the review model based on the drug R&D process while simultaneously considering clinical needs, breakthrough potential, and innovativeness to shorten the timeline as much as possible.
6. The Regenerative Medicine Act and the Regenerative Medicinal Products Act were both passed in June 2024. The

former includes nine pieces of subordinate legislation and the latter seven, all of which will be announced publicly in advance, with formal implementation expected on January 1, 2026, including regulations governing the collection of stem cells from “super donors” as mentioned by Committee Member Hsieh.

7. The Regenerative Medicinal Products Act provides for provisional permits, case-by-case applications, and real-world validation mechanisms to accelerate development. The Regenerative Medicine Act introduces a dual-track system, allowing institutions to follow either GMP or GTP standards depending on the clinical context. Going forward, regulations will be followed to strictly manage exosome products and address major incidents of medical malpractice in aesthetic medicine. At present, legal amendments are also planned to require doctors who perform aesthetic medicine procedures to have complete training before they can perform invasive procedures.

8. Thank you to Committee Member Ko for continuing to pay attention to issues regarding TCM. It is indeed more difficult for TCM pharmaceuticals to be licensed using the same procedures as Western pharmaceuticals. Therefore, the MOHW is currently looking into adjusting the terms and conditions for obtaining pharmaceutical licenses and clinical trials for new TCM drugs, promoting joint institutional review boards and a clinical trial alliance to accelerate clinical enrollment. In addition, with support from the Executive Yuan, we expect to set up a demonstration park for the TCM industry in Changhua County in 2026 covering agriculture, clinical practice, pharmaceutical preparation, and health education. I will ask committee members for

guidance when the time comes.

9. Regarding the suggestion by Committee Member Ni to establish a dedicated unit for children, the MOHW is currently looking into the matter and will report to the Executive Yuan as soon as possible. Although resource integration has advantages in providing children with more comprehensive care, the level of professionalism must also be guaranteed. Ways to further integrate social welfare issues such as child protection, child abuse prevention, and adoption services, and clarify the unit's professional responsibilities and tasks, establish mutual cooperation mechanisms, and determine the allocation of resources, all need to be thoroughly analyzed. The MOHW will continue to explore this direction.
10. The MOHW will look further into President Lai's idea to help medical institutions share financial pressure to spur the integration of information in the national healthcare system.

(2) Minister of Education Cheng Ying-yao

1. The MOS will soon be established, and the top priority in bringing sports and athletics into people's lives is cultivating the habit of engaging in physical activity. To date, the education bureaus of 22 counties and cities around the nation have already announced the opening of 3,900 campus venues at educational institutions at the high school and vocational high school level and below to encourage community use and jointly promote physical activity for all. In the past, the policy slogan was "one person, one activity." The MOE also plans to establish activity benchmarks based on different stages of learning to help students find activities they are interested in and cultivate lifelong exercise habits.
2. The MOE and MOHW collaborated to create a platform for sex

education and disease prevention measures, and also set up a website that provides resources regarding sexual health. In addition, a comprehensive sex education teaching guide for secondary schools was completed in June 2025 to provide teachers with teaching references. The MOE will continue to cooperate with the MOHW to actively carry out the relevant disease prevention work.

3. The negative impact of internet addiction on the physical and mental development of adolescents has been widely discussed around the world. The MOE has administrative guidelines for the management of mobile phones in elementary and junior high schools that are designed to maintain the quality of teaching and learning. At present, the MOE continues to gather local opinions, hoping to balance effective learning and the physical and mental health of students. Korea recently banned the use of mobile phones in elementary and junior high schools, and the MOE is actively learning more about and evaluating the situation.

4. The MOE has already made the cultivation of AI talent a policy priority for 2026. The ministry will conduct AI training for 2,000 to 3,000 elementary and junior high school teachers, and continue to accelerate the cultivation process, hoping to achieve our goal to enhance the capabilities of all teachers. Considering that many schools do not have teachers who specialize in AI, the Taiwan Artificial Intelligence College Alliance was established in 2024 to promote the opening of online courses by universities and expand the number of students involved, while simultaneously planning to extend their efforts to include high school students, cultivating the relevant specialized knowledge and skills.

5. Regarding the younger generation's different expectations regarding career development mentioned by Committee

Member Shen, in the past, nurses were trained through an examination-based system, hoping to improve the quality of nursing care. The MOE will hold discussions with the MOHW and professional groups to determine whether there is a future need for nursing assistants to meet the frontline human resource needs of different caregivers while also considering quality of care, and establish a consensus as soon as possible.

6. Committee Member Hsieh expressed concern about inadequate R&D funding. He also suggested having a long-term R&D plan, which the MOE will discuss with the NSTC. Taking the MOE's recent cooperation with the NSTC to promote research on the impact of technology on the physical and mental health of adolescents and learning outcomes as an example, the MOE hopes that the NSTC will formulate a policy-oriented plan and encourage universities nationwide to participate and gather more research data to support the policy.
7. Thank you to Committee Member Ho for her reminder that in the future, we will vigorously pursue the right to speak, and will promote policies that resonate with the public. Regarding budget utilization in the new year, expected results should be set before budget funds are allocated.

(3) NDC Minister Yeh Chun-hsien

1. The NDC will coordinate with the MOHW to incorporate committee members' opinions into the oversight and assessment items for reference. In response to the committee member's reference to the government's implementation of policies that resonate with the public, the NDC also requested that the presentation of key performance indicators (KPIs) must be linked with people's everyday lives and converted into language that people can understand, emphasizing that the oversight and assessment functions should accurately reflect

the effectiveness of policy implementation.

- 2.Regarding smart medicine and healthcare, the MOHW has proposed a health and welfare digital infrastructure construction plan, and a resilient epidemic prevention safety net information infrastructure plan, both of which are under deliberation by the NDC. Both projects are aligned with development policy for the new AI era, and can improve digital infrastructure. The NDC will request that the Executive Yuan approve these projects.
3. In 2025, the Executive Yuan Bio Taiwan Committee (BTC) resolved to establish a health data service company to guide healthcare applications. The government will lead the way, combining Taiwan's industrial advantages to promote private-sector use of health data in areas such as service robots and AI-powered mechanical equipment.
- 4.Regarding the innovative development of biomedicine, the NDC has convened numerous meetings with Minister without Portfolio Chen to discuss plans for strengthening the resilience of pharmaceutical supply chains. The MOHW is currently promoting a cross-agency national pharmaceutical resilience preparedness program with a total budget of approximately NT\$36 billion. To follow up, I have asked Minister Chen to convene a review committee meeting.
- 5.The NDC will continue to play a leading role, providing adequate funding to meet biomedical industry needs at each stage of development, and promoting start-ups to accelerate their entry into the market and overseas expansion. For example, the Startup Blossom Program is the world's largest cross-domain entrepreneurship support program, and also includes biomedical-related projects.

3. Advisor Remarks

(1) Advisor, Wu Ming-shiang

1. One of the issues that the BTC focuses on is smart healthcare, and medical centers are actively introducing smart healthcare practices to address shortages in human resources. However, there are challenges in applying smart healthcare approaches, including business models, sustainability, and regulatory management. The problem of data fragmentation also limits the generalization of AI. It is suggested that the results of development not be confined to domestic applications, but be promoted internationally.
2. When the MOHW promotes policies such as FHIR, it should ensure the interoperability and standardization of the data to facilitate the consistent application of AI in different hospitals. The approach to promoting the Center for Clinical AI Impact Evaluation and the Center for Responsible AI in Healthcare is correct, but investment must be accelerated, because the information systems of most hospitals still need to be upgraded and require additional resources.
3. Regarding investment in information systems, promotion through medical center or hospital accreditation should be regarded as unnecessary. It is suggested that the government provide more incentives to help hospitals promote initiatives and resolve difficulties. Taiwan currently has a good ecosystem, but data integration concerns still exist, and the promotion and implementation of applications should be accelerated.

(2) Advisor, Lin Shinn-zong

1. In Taiwan, one of the difficulties in conducting R&D for new drugs is slow timelines for regulatory reviews. By contrast, through government-driven accelerated patent reviews, the US

has achieved speed and quality, offering a model that Taiwan could emulate. The review schedule for new drugs and stem cell therapies should be shortened, and dependence on foreign imports should be avoided. Take gene therapy as an example—it is extremely costly (for instance, spinal muscular atrophy treatments cost about NT\$50 million, and Parkinson's disease treatments cost as much as NT\$100 million), and may vastly increase NHI expenses. We should encourage local pharmaceutical companies to manufacture their own products. Taiwan has approved five kinds of mesenchymal stem cell therapies, and it is suggested that these treatment methods be developed into exportable medical technology to strengthen Taiwan's advantages, promoting those methods in the international market.

2. The BTC pointed out that precision medicine should be strengthened and AI applications should be promoted. Tzu Chi Hospital is already using AI and big data to invest in developing gene drugs, with good results. It is suggested that national resources be integrated to accelerate promotion.
3. For the most part, current discussions about resilient medicine only involve Western medicine. However, traditional herbal medicines such as red sage (*Salvia miltiorrhiza*) also have developmental potential. The MOA has indicated that in 2025, it will amend the relevant laws and regulations to promote local plants and the development of traditional herbal medicines and medical technologies, thereby increasing industrial resilience.

(3) Advisor, Chen Wei-ming

1. Research and development for AI should avoid redundant investments and promote sharing. For example, National Taiwan University (NTU) developed a computed tomography image interpretation system for pancreatic cancer that reduces

diagnostic errors. If that system could be reasonably priced and shared domestically, it would help improve the quality of medical care. Similarly, Taipei Veterans General Hospital's digital pathology AI application has achieved high-quality reporting and can stabilize physician workforce needs. Each healthcare system in Taiwan has its own strengths, and we should cooperate across institutions. The MOHW's three major AI centers should be able to promote the implementation of relevant R&D products to benefit various medical systems. It is also suggested that the domestic market be given preferential prices, while overseas markets be given appropriately higher prices.

2. I agree with Committee Member Liao, and suggest establishing a national-level health education platform, with the Joint Commission of Taiwan and the HPA providing credible public data to reduce the burden on medical personnel. Many existing health education materials are commercial advertisements, whereas such materials should be written according to evidence-based medicine. Having such materials initiated by the government would also resonate with the public.
3. I support the suggestion made by Committee Member Chou to assist primary care clinics in adopting AI. Having AI assist in the interpretation of medical images and referral timing can prevent patients with mild symptoms from flooding into medical centers, helping implement the national tiered healthcare policy.
4. I support the policy on generic pharmaceuticals, but urge hospitals to jointly support the domestic biotech industry to prevent discrepancies in policy execution among hospitals that could affect patient choices.
5. I would like to express my gratitude to President Lai for

promoting the “different pay for different jobs” policy. NHI point values are currently stable, and I hope this policy outcome will continue.

6. The Healthy Taiwan Cultivation Plan showcases the administration’s good governance, but it is suggested that funding allocations be more flexible. For example, it is difficult to station personnel in some hospitals because of their inconvenient geographic location, so during holiday periods there is a shortage of emergency room physicians on duty. Therefore, it is suggested to provide higher incentives to attract talent and thereby alleviate rural healthcare shortages and reduce emergency room congestion.

(4) Advisor, Cherng Wen-jin

1. The application of AI in medical records and thesis writing is becoming increasingly common. While such applications should not be prohibited, their scope should be limited. In clinical applications, AI use should be encouraged, but a national certification and quality monitoring mechanism should be established.
2. Regarding Committee Member Ho’s remarks about policies that resonate with the public such as promoting a citizen health venue program, maps showing health promotion venues in the vicinity and their operating hours in real time should be provided. The primary healthcare platform should increase clinical, financial, and administrative incentives. The electronic prescription process also needs to be optimized. According to regulations, prescriptions must be stamped by a pharmacist, and the public must therefore use paper copies, so there is an urgent need for improvement.
3. It is suggested that NHI claim data from various healthcare institutions, including diagnoses and treatments, be integrated

and then de-identified for big data analysis to identify high-risk groups and understand resource needs. The platform could also be set up to provide personalized feedback in the form of preventive suggestions to improve health awareness, instilling a preventive-oriented attitude among the public.

4. A vendor certification mechanism and data exchange standards need to be established for smart assistive devices for long-term care. Regarding data governance issues, it is suggested that the promotion of FHIR standards for data interoperability be included in the Healthy Taiwan Cultivation Plan. In addition, it is suggested that the NHI cloud query system also be included to fully integrate the various systems.
5. It is suggested that biomedical industry development set medium and long-term KPIs, such as the number of new pharmaceutical approvals and international licensing cases. Laws and regulations governing medical services should simultaneously strengthen monitoring mechanisms for pharmaceuticals after they reach the market. Hospital test results should be linked to subsequent applications, connecting scientific research, clinical practice, and industry, and incorporate ESG requirements to establish a resilient national-level infrastructure. Marketing should be expanded internationally. Current pharmaceutical reviews are relatively strict and time-consuming. It is suggested that specific quantitative, effective, and verifiable indicators be set.
6. Regarding deepening industrial links, we should ensure that innovative achievements can be implemented in the healthcare industry while accelerating cross-agency integration and funding coordination.

(5) Advisor, Yu Ming-lung

1. I am pleased to see that phase two of the bikeway construction

plan is underway. However, we need to pay attention to problems regarding route breakpoints and poor connections. With comprehensive planning, there is an opportunity to create a world-class national bikeway network, enhance the brand image of Taiwan sports, and improve citizens' health and cycling safety.

2. The next-generation plan promoted by the MOHW has successfully eliminated the problem of data fragmentation and data islands. However, small- and medium-sized hospitals do not have sufficient capabilities and human resources to cooperate, and need the continuous promotion of national-level strategies. It is suggested to launch a cross-agency national medical information industry project. That project would integrate the relevant plans of the NSTC, the Ministry of Digital Affairs, and the Ministry of Economic Affairs (MOEA) to rapidly strengthen the foundation of Taiwan's healthcare industries, and could also be upgraded to a project supervised by the Executive Yuan to promote smoother coordination.
3. Although the government has launched a health data service company and invited medical centers to participate, the current equity participation regulations impose limitations. It is suggested that the nation appropriately ease the original investment restrictions on the biotechnology industry.
4. Regarding the medical talent gap phenomenon, current taxation and on-call duty system calculations based on the Labor Standards Act are unfair. It is suggested to ease the tax burden for physicians performing emergency and critical care duty to increase the willingness of young physicians to stay. In addition, the current system that calls for six years of medical education and two postgraduate years of general medical training was created with good intentions, but it does not stipulate that

postgraduate years and specialist training be completed before a physician can practice. To ensure quality, it is suggested that physicians receive complete training before they can practice.

(6) Advisor, Chen Mu-kuan

1. It is suggested that the government establish a major healthcare information plan at the national level to integrate systems and solve the problem of disparities in information infrastructure among hospitals at different levels and between urban and rural areas to ensure that technologies such as NTU's early pancreatic cancer diagnosis system can be deployed nationwide.
2. This plan should establish a nationwide information security monitoring center to strengthen information security resilience, and prevent personal data leaks and cyberattacks. It is suggested that the government create a unified platform and monitor information security to avoid information security gaps caused by the outsourcing of information systems by small hospitals.
3. Regarding funding sources for the plan, it is suggested that funding be obtained through government budget allocations, or through an NHI information security payment mechanism (similar to consultation fees charged by physicians for seeing patients), or through self-financing using each hospital's own funds.
4. In order to resolve emergency room congestion during the Lunar New Year period, it is suggested that the MOHW provide additional inpatient reimbursement during the nine-day holiday to encourage hospitals to open up beds and alleviate emergency room congestion problems.
5. The administrative team is working very hard, and civil society should support the government. We should use engaging, high-visibility topics to connect with policy communication efforts, and thereby resonate with the public.

4.Deputy Convener Remarks

(1) Deputy Convener, Chen Shih-chung

- 1.Regarding biomedical industry innovation and development, the NDC has already introduced strategies that increase pharmaceutical sector resilience, and help stabilize and expand domestic supply chains for both domestically manufactured pharmaceuticals and active pharmaceutical ingredients.
2. The NHI Administration should do more to publicize its use of AI in healthcare applications. The NHI system has long performed well in public opinion polls, and integrating advanced AI technology into the system will help increase public trust and support.
- 3.Efforts to establish a TCM development park, with resource integration led by the minister, should be able to be implemented smoothly. We expect to continue promoting the development of TCM and its combination with science to enhance quality and international competitiveness.
- 4.The Executive Yuan continues to discuss a plan to integrate units devoted to children. Care, protection, and medical services are currently distributed among multiple units, covering a broad range of services, but the level of specialization needs further consideration. The current approach is to integrate the protection and care functions while maintaining an independent medical component. Discussions regarding consolidation proposals are still ongoing, and we hope to substantially enhance effectiveness.
5. The relevant issues regarding commercial insurance and NHI have been discussed with the Financial Supervisory Commission (FSC). It is difficult to change the terms and conditions of current contracts. As to whether to develop a

new insurance model in the future, it is suggested that social responsibility should be taken into account and moral risks should be avoided to enhance the overall soundness of the insurance system.

6. If only one or two hospitals support domestically manufactured pharmaceuticals, it will have limited effect, so we should promote joint use by medical institutions. The use of domestically produced pharmaceuticals by hospitals, driven by individual total expenditure amounts, can help hospital operating profit and protect domestic pharmaceuticals. These are things that current hospital directors are encouraged to consider.
7. The initial results of nursing staff examination reforms show that they are helping to increase the nursing workforce supply.

(2) Deputy Convener, Chen Jyh-hong

1. The key to smart healthcare is integration. The Healthy Taiwan Cultivation Plan has recently completed its review, and medical centers, as leaders in the field, need to vertically integrate hospital and clinical teams, including these four areas: optimizing the healthcare work environment, cultivating talent, promoting smart healthcare, and fulfilling social responsibility.
2. Regarding talent cultivation, it is hoped that all physicians can receive domestic and foreign training, which can then be used to train AI talent. Regarding smart healthcare, it is suggested that when medical centers take the lead in implementing healthcare infrastructure, the MOHW can implement that infrastructure at the same time to avoid working toward different goals, and allow funds to be used effectively. Regarding the information platform, it is suggested to establish a public system to avoid having stakeholders act independently.

3. The Healthy Taiwan Cultivation Plan has six review panels, each with one convener who cooperates with the relevant departments, and plans monthly visits to medical institutions in various places to understand the results of Healthy Taiwan policy implementation, helping frontline personnel understand the policy while also promoting the government's achievements. In addition, benchmarking can be carried out, helping applicant units implement their plans and carry out MOHW policies. One example is Changhua Christian Hospital's impressive plan to help Nantou County integrate medical care. I invite everyone here today to participate in these efforts.
4. There have been many discussions about salary increases and tax reduction measures for public sector medical personnel. In April 2025, an increase of 7% to 11% in the professional allowance for physician-level public hospital personnel was approved, providing great encouragement. However, it seems that many staff members do not understand this policy. The many hospital directors and representatives of professional groups here today should take advantage of their positions to help publicize the concrete policy achievements of Healthy Taiwan initiatives. Following the passage of the Healthy Taiwan Cultivation Plan, it will be necessary to assist, guide, and monitor the implementation results.
5. For the biomedical industry, including the food, pharmaceutical, and medical device sectors, patient safety is a great concern, and certification must be based on scientific evidence. For product categories that are already well-established internationally, review timelines should be shortened to enhance international credibility.

5. Convener, Lai Ching-te

- (1) Responses to committee members' and advisors' suggestions:
 1. In response to the proposals from Committee Member Tsai and Committee Member Shen regarding improving medical institutions' information systems through applications to the Healthy Taiwan Cultivation Plan, and Advisor Wu's suggestion that such systems should be interoperable and standardized, I ask the MOHW to assess the feasibility of convening a joint consultation with medical institutions to develop a more comprehensive and forward-looking project. We may also consider a funding model where the central government provides partial funding and medical institutions cover the remainder through installments or annual deductions from NHI reimbursements. This would enable us to resolve national healthcare information system challenges all at once. I have also asked Minister Shih to continue coordinating with the relevant ministries and agencies to advance this initiative.
 2. Over the past year or so, through our collective efforts to promote the Healthy Taiwan initiative, recruitment for physicians in internal medicine, surgery, and obstetrics and gynecology has improved, with some specialties achieving over 90% of their intake target. However, pediatrics still faces challenges, and we must continue working to address them. Regarding the recruitment of nurses, after contacting the Examination Yuan for discussions to address this issue, 2025 saw an increase in the number of accepted candidates.
 3. I ask that the FSC require insurance companies to ensure that general commercial insurance benefits are not contingent on hospitalization in order to align with current healthcare models.
 4. I ask that Minister Chen call together the relevant units to

integrate existing bikeways in all counties and cities to form a national bikeway network spanning north to south and east to west so that we can promote cycling activities.

5. I want to thank Committee Member Chien for designing the Healthy Taiwan – Exercise Routine for a Happy Society. To follow up, we should consider how to promote this program to the public, perhaps by having this committee convene a press conference to make a public announcement.

(2) Directive on the reports:

Smart healthcare is a key component of building a Healthy Taiwan. From today's reports, we can see that domestically, we have gradually built the relevant smart healthcare infrastructure. I ask that the MOHW, building on this foundation, continue to promote next-generation digital healthcare platforms, assist the digital transformation of primary healthcare institutions, and fully implement the primary healthcare platform, thereby accelerating healthcare system reforms and development. I also ask that the MOHW, ministries and agencies, and local governments continue to strengthen cooperation and review whether laws and regulations are adequate to allow smart technologies to be implemented across different domains. Examples include promoting physical activity for all, monitoring and reporting international epidemics, and applying smart technologies to long-term care services, thereby promoting citizens' health.

Innovation in the biomedical industry is the key to national competitiveness. In recent years, various ministries and agencies have achieved concrete results through cross-domain cooperation in streamlining the review of new pharmaceuticals and medical devices, building stable and

high-quality pharmaceutical supply chains, strengthening early-stage R&D investment platforms, and facilitating market linkages. Suggestions raised by committee members, including leveraging TSMC's semiconductor development niche, drawing lessons from India's generic drug model, developing super donor stem cell therapies, and promotion based on TCM, can all become advantages for Taiwan's biomedical development. I ask that the administrative team further strengthen coordination among government agencies and provide policy support so that a sound regulatory environment accelerates the commercialization of new pharmaceuticals and medical devices, while also continuing to advance emerging AI and digital healthcare technologies.

I also ask that the NDC and the MOEA continue to encourage more enterprises to invest in innovative R&D through policies, such as our program for investment in smart healthcare innovation and entrepreneurship with its NT\$10 billion budget, as well as tax incentives, thereby expanding investments and reinforcing Taiwan's international links.

(3) Outline of the Ten New AI Infrastructure Initiatives

Four Infrastructure Development Projects:

1. Sovereign AI and Data Governance: Data centers must be established with a sovereign AI framework belonging to Taiwan and prioritize the medical, financial, and legal sectors.
2. Increase Computational Power: Our goal is to become one of Asia's top two and the world's top five computing centers; infrastructure will be completed within a few years.
3. Talent Cultivation: Train 500,000 AI professionals with an

NT\$100 billion investment.

4. Balance Regional Development: With the arrival of the AI era, regions with underdeveloped infrastructure will find it difficult to compete. The government will strive to improve the regional development imbalance that has existed for decades.

Three Key Technology Projects:

1. Maintain global leadership in silicon photonics technology by increasing optical conduction speeds while also saving energy.
2. Invest in quantum computing and strongly support the development of domestic quantum research centers.
3. Strengthen AI robotics research and development teams.

By strengthening the promotion of these three key technologies, we hope to create a trillion-dollar software industry and promote platform service software integration exports. In addition, I hope that all industries can effectively use AI to upgrade and transform to improve competitiveness.

As the infrastructure is completed, key technologies continue to develop, and smart applications become more widespread, smart spheres of living will be formed for everyone, and food, clothing, housing, transportation, education, entertainment, and national defense will all integrate AI technology. Taiwan has a unique global ICT, semiconductor, and communications industrial base, and I am confident that our nation will maintain a leading position over the next 30 to 50 years and become a hub for global AI development.

VI. Extempore Motions: None.

VII. Chair's Closing Statement

Through the collective efforts of society as a whole, whether in the field of medical care, public health, or health promotion, the goal is to achieve health for all. Based on the needs of our people and the nation, and with everyone's joint efforts, we have already seen results in the past year, and the issues that everyone has raised have been resolved one by one. I have full confidence in this committee, and am also deeply confident that in the future, we will achieve the goals of the Healthy Taiwan initiative. Thank you.

This meeting is adjourned.

VIII. Meeting End Time: 8:25 p.m.