Meeting Minutes of the 6th Meeting of the Office of the President Healthy Taiwan Promotion Committee

Date: Thursday, November 27, 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), 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), Advisor Lin Sheng-che (林聖哲), Advisor Chang Hong-jen (張鴻仁).

Committee Members: Yeh Chun-hsien (葉俊顯), Cheng Ying-yao (鄭英耀) (on leave), Yu Chong-jen (余忠仁), 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) (on leave), Li Yi-heng (李貽恒), Huang Jian-pei (黃建霈), 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), 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),

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 Deputy Minister Lue Jen-der (呂建德), MOHW Deputy Minister Chuang Jen-hsiang (莊人祥), MOHW Health Promotion Administration (HPA) Director-General Shen Ching-fen (沈靜芬), MOHW Taiwan Food and Drug Administration (FDA) Deputy Director-General Wang Der-yuan (王德原).

壹、主席致詞

I. Chair's Remarks

Today is the sixth meeting of the Healthy Taiwan Promotion Committee. I would like to thank all the advisors and committee members for their many valuable suggestions over the past year, helping the administrative team, civil society groups, and front-line healthcare personnel jointly promote Healthy Taiwan policies.

For example, at the third committee meeting in February this year, I mentioned that a Healthy Taiwan e-learning platform should be established to improve public awareness of various diseases by drawing on the knowledge of experts in various fields.

Now, the MOHW has set up a Taiwan e-Hospital website that incorporates 32 hospitals, covers 33 clinical departments such as internal medicine, obstetrics and gynecology, and dermatology, and includes a total of over 200 attending physicians, nutritionists, pharmacists, and nurses who provide free online medical consultations.

The "100 Doctors Forum" program, filmed with resources from the private Cih Yue Charity Foundation, also came online at the end of October. The program addresses the top ten causes of death in

Taiwan and other common diseases, inviting the top 100 physicians with the most public trust and clinical experience in the country to deliver accurate and practical health knowledge in a simple and easy-to-understand manner.

These advances crystalize the wisdom and efforts of all the advisors and committee members, and here I would like to thank the experts from various fields for their generous advice. I also want to thank the administrative team for actively implementing those initiatives, making our vision a reality.

In addition to a status report on items listed at the last meeting, today's agenda also includes two reports from the MOHW on the Long-term Care 3.0 Plan and the integrated national epidemic prevention policy.

Beginning in 2007, Taiwan began promoting the National Ten-year Long-term Care Plan. Over the past 18 years, that plan has upheld the principles of diversified accessibility and aging in place, broadly distributing service resources and expanding the number of services available so that the public can enjoy convenient and affordable services.

Especially after the Long-term Care 2.0 Plan was implemented in 2017, long-term care expenditures and caregiver workforce, as well as the number of patients served and long-term care service sites have all grown dramatically. Taiwan's long-term care system is now better, more affordable, and more accessible. The system has a service satisfaction rating of up to 90 percent and is widely praised by the public.

But we cannot let these achievements make us complacent. This year, Taiwan has become a super-aged society, and with a rapidly growing elderly population, long-term care programs face many

severe challenges. We will therefore proactively launch Long-term Care 3.0 next year to enhance all aspects of long-term care.

We will adopt a human-centered and community-based approach, and achieve our health promotion and active rehabilitation goals through various forward-looking, effective strategies. We will also introduce smart care, bolster family support, and increase the capacity of institutions, so that medical care can be more closely integrated.

Today we will hear a report presenting a complete plan to respond to the long-term care service needs and diversified challenges of the future, thereby achieving the Long-term Care 3.0 vision for healthy aging, aging in place, and dignified end-of-life care.

In addition to the challenges of a super-aged society, emerging infectious pathogens, climate change, and ecosystem changes in recent years have also impacted human, animal, and plant health. Avian flu, mad cow disease, COVID-19, and dengue fever are all familiar infectious diseases, and they are all closely connected to the ecosystem.

Faced with complex and ever-changing circumstances, we must start from the global governance context of One Health and propose an integrated national epidemic prevention policy that sees the health of humans, animals, plants, and the environment as a whole. We must combine cross-ministry and cross-domain expertise to form a “community of action,” integrate institutional frameworks, and propose integrated cross-departmental countermeasures. We must also be proactive to protect the health of the people of Taiwan and enhance societal resilience.

The Healthy Taiwan initiative requires the participation of all citizens. Once again, I want to thank all the advisors and committee

members for doing their utmost and contributing their expertise to enable the government to plan policies from a more diverse perspective. I would also like to thank the administrative team and civil society groups for actively implementing various policies through public-private cooperation, and working together for the health of the people of Taiwan. Thank you.

II. Confirmation of the Meeting Agenda

Decision: Meeting agenda confirmed.

III. Confirmation of the Meeting Minutes of the 5th Committee Meeting

Decision: Minutes of the 5th committee meeting confirmed.

IV. Report Items

1. Report on the progress of certain items listed in the fifth committee meeting (omitted)

(Presented by Executive Secretary Shih Chung-liang)

2. Report on the Long-term Care 3.0 Plan (omitted)

(Presented by MOHW Deputy Minister Lue Jen-der)

3. Report on the integrated national epidemic prevention policy (omitted)

(Presented by MOHW Deputy Minister Chuang Jen-hsiang)

V. Discussion Items

Report Items 2 and 3 are presented for discussion; written opinions will be included in the meeting minutes.

1. Committee Member Remarks (Non-government)

(1) Committee Member, Yu Chong-jen

1. The public has expressed a high level of satisfaction with Long-Term Care 2.0, and many years of implementation have led to a marked increase in manpower across care institutions, rehabilitation services, and home-based care services. The long-term care system currently relies on tax revenues for funding, including the tobacco tax and the integrated house and land tax. Following the launch of Long-Term Care 3.0 next year, the stability of funding sources may be a matter of concern.

2. The Netherlands has adopted a long-term care model that is fully funded by taxes, while Japan has implemented a long-term care insurance system; each approach has its own advantages. As Taiwan becomes a super-aged society, demand for long-term care will continue to rise, so a stable funding plan should be established. It is suggested that a model similar to the National Health Insurance (NHI) system be adopted, with government budget allocations and insurance operating in parallel.

3. Long-term care must also address the issue of older people living alone. Approximately 15–16% of individuals aged 65 and above require long-term care services. The Ministry of the Interior (MOI) estimates that there are 977,000 senior citizens living alone nationwide, but only 50,000 are registered by the MOHW as requiring care, which may underestimate the actual figure. It is suggested that the MOHW and the MOI collaborate to proactively and comprehensively identify needs to facilitate long-term care intervention services.

4. I support the integration of medical services and long-term care. Early identification of needs should begin at the time of hospitalization and be linked to the long-term care system so

that patients can receive care services at an earlier stage.

(2) Committee Member, Susan Shur-fen Gau

1. Although the Long-Term Care 3.0 policy is comprehensive, accessible environments still need to be improved. It is suggested that overall urban planning consider that existing covered walkways and public spaces often pose safety risks and restrict mobility for older people.

2. The concept of raising children so that they will take care of their parents in old age must change. Emphasis should be given to the physical and mental independence of older people, including daily living skills, physical fitness, work, and reentering the workforce. Clinical data shows that depression and cognitive decline often appear after retirement, so the Western emphasis on autonomy for older people should be emphasized to reduce long-term care needs.

3. Due to the increasingly complex social environment, citizens' mental health issues have proliferated. The government has provided assistance in areas such as juvenile delinquency and youth addiction, but this does not include psychological counseling. Currently, approximately 20,000 children and adolescents live in environments that are unsuitable for growth. I support the government's initiative to establish an administration to support children, youth, and families, and hope to incorporate assistance from child psychiatry teams.

4. Policy implementation must refocus on personnel cultivation, using the education system to gradually internalize concepts, accompanied by marketing and outreach efforts to increase support for policies.

(3) Committee Member, Chan Ding-cheng

1. It is suggested to flexibly pair hospital at home and outpatient parenteral antimicrobial therapy programs to enhance service effectiveness.

2. Thanks to the MOHW for allowing physicians to issue written opinions on the Family Physician Program 2.0 platform. However, the current reimbursement level is relatively low. That makes it challenging to increase the number of physicians who are willing to participate, so it is suggested to increase incentives.

3. Thanks to the government for providing incentives to assist nursing homes and long-term care institutions expand their facilities. Nevertheless, the current ceilings on bed fees make it difficult for institutions to enhance service quality due to cost considerations. It is suggested that raising the bed fee ceiling be discussed.

4. Regarding programs for the joint employment of care attendants in acute care wards and the sharing of associated costs, it is suggested to relax limits on nursing beds to increase the number of care beds and the number of people who benefit.

5. The specific implementation methods for post-acute care rehabilitation programs are still unclear, and clearer planning is needed to distinguish between the rehabilitation and reablement phases. In addition, it is suggested that a geriatric family physician system be planned.

6. Front-line personnel hope to be able to mutually query NHI and long-term care data. It is suggested that this be implemented over a two to three-year period to achieve seamless care.

(4) Committee Member, Chou Ching-ming

1. Shortages in caregiver manpower and talent attrition are critical issues. Although the government has proposed inter-ministerial measures to improve working conditions for nurses, overall incentives remain insufficient with respect to long-term care and community healthcare workforce supply, career development, and retention. It is suggested to move toward an integrated approach that combines case management, chronic disease management, and reablement coordination, and to adopt professional assessments and allowance incentives to implement improvements.

2. To strengthen the long-term care workforce, it is suggested to establish a minimum salary and seniority-based compensation, expand continuing education credits and advanced professional titles, and standardize training and language proficiency requirements for foreign care workers while simultaneously introducing clinical supervision and quality audits.

3. Regarding home-based medical care and telemedicine, eligibility criteria for home-based care could be relaxed and linked with the long-term care plan. Telemedicine outpatient services, pharmaceutical tracking, home nursing follow-up over video conference, and other health assessment and tracking services should be included in reimbursement coverage to reduce the need for follow-up visits and patient transfers.

4. In building an integrated long-term care medical database, data from NHI medical visits, long-term care services, assistive devices, medication use, and social welfare systems

could be de-identified and integrated. A unique, cross-system identifier should be established that supports regional alliance mechanisms and databases, thereby strengthening risk stratification, early warning systems, and resource allocation.

5. After setting up such an integrated long-term care medical database, a public long-term care indicator dashboard could also be launched that discloses concrete indicators such as aging in place, readmission rates, days of home-based care, outcomes in delaying functional decline, and family satisfaction levels in each city and county. Establishing a public inquiry platform would help foster positive competition.

(5) Committee Member, Huang Cheng-kuo

1. One Health, the integrated national disease prevention policy, is well planned. Examples such as the fipronil egg contamination and African swine fever cases demonstrate that upstream source management is far more effective than downstream control measures. Source control should therefore continue to be strengthened.

2. I endorse Long-Term Care Plan 3.0. Observations show that functional decline among senior citizens occurs more slowly when they remain at home, whereas the rate of decline is noticeably faster in institutional settings. Patient feedback indicates that after they participated in the 888 Program, their chronic diseases were well under control, but individuals living alone were lonely and unhappy. This highlights that physicians, in addition to looking after the public's health, must make caring for their physical and mental wellbeing equally important.

3. Regarding the current direction of amendments to the

Regulations Governing the Application of Specific Medical Examination Techniques and Medical Devices, it appears likely that family medicine has been overlooked. It is suggested that this issue be given further consideration.

(6) Committee Member, Ni Yen-hsuan

1. After experiencing the COVID-19 pandemic, we learned that proactive integration of resources is critical. At present, however, the One Health initiative is largely focused on the biomedical domain and should also encompass other disciplines such as the social sciences, law, and political science. In addition to the Ministry of Agriculture (MOA), Ministry of Environment (MOENV), and MOHW, lessons should be drawn from previous disease prevention experiences and other relevant ministries and agencies should also be included.

2. I approve of the government's plan to establish an administration to support children, youth, and families. However, its scope of responsibilities should be clearly defined, including whether it will cover medical and non-medical areas such as family support services, social work, and internet addiction issues. In addition, some children require long-term care services, including physical and psychological rehabilitation and speech therapy. At present, Long-Term Care 3.0 does not include provisions for children and youth. I request explanation as to whether these services will be incorporated into planning for such an administration.

(7) Committee Member, Li Yi-heng

1. In managing chronic diseases, positive results have already been achieved. The My Health Bank system has already

established links to cholesterol and blood glucose results, enabling patients to better understand their health status and discuss it with physicians. By contrast, however, blood pressure data is insufficient. It is therefore suggested to use the “722” protocol for at-home blood pressure measurement promoted by the HPA and evaluate the feasibility of linking that protocol with Health Coins to encourage the public to upload blood pressure readings to My Health Bank. Regarding cholesterol management, thank you to the National Health Insurance Administration (NHIA) for their upcoming announcement of new reimbursement regulations, which we will communicate to medical institutions on their behalf.

2. There are currently various mobile applications that can function as virtual case managers to assist patients in self-management of chronic diseases, and this approach has already been implemented in Japan and the United States. It is suggested that digital prescriptions for chronic disease management be included in NHI programs and reimbursement schemes.

3. The HPA, NHIA, and Taiwan Centers for Disease Control have promoted numerous chronic disease-related programs. Existing care networks, however, are mutually exclusive. It is suggested that they be integrated into a single care network and that shared care objectives be set.

4. Under the Family Physician Program 2.0 bidirectional referral mechanism, upward referrals usually present few problems. However, high-risk groups, such as patients with severe vascular occlusions, impose a heavy care burden, and are not easily referred downward. It is suggested that referral mechanisms be designed with disease risk stratification in

mind. Patients requiring relatively simple care can be actively referred to primary care institutions, while patients with more complex conditions could remain under hospital care.

(8) Committee Member, Huang Jian-pei

1. The low birth rate is a serious problem. It is estimated that there will be only approximately 110,000 newborns this year, a 20% decrease compared to last year. The key to resolving the low birth rate issue lies in couples' willingness to have children. Many young people feel that bearing children is not only costly, but is also a kind of disadvantage. The state should create an environment conducive to childbearing, including: improving educational opportunities for pregnant women and mothers, establishing family-friendly workplaces, and offering preferential mortgage terms, income tax reductions, and preferential loans. Successful practices in other places in the world can also be evaluated. For example, providing parents with an NT$20 million loan, with an interest subsidy of 1% for each child born, would result in a total repayment of only approximately NT$4 million over 20 years. By comparison, each additional newborn in Taiwan contributes approximately NT$7 million in lifetime tax revenue, making such measures a positive investment. In many European countries, parents who have three children are even exempted from income tax for life.

2. If we have fewer children, we should ensure better outcomes for those who are born. Thanks to the NHIA for previously promoting the midwife collaborative care system to create positive childbirth experiences. The HPA has also provided postpartum care services. Prenatal support, however, is still insufficient. Many hospitals have worked through the Healthy

Taiwan Cultivation Plan to improve these services, aiming to strengthen young parents' confidence and capacities and provide guidance on parenting skills.

3. Stabilizing manpower in obstetrics and gynecology is also critically important. This year, the fill rate for obstetrics and gynecology residents is only 80% of the number of open positions. Although I am pleased to see the promotion of a policy to regulate the trend toward medical graduates going straight to work in aesthetic medicine clinics instead of applying to hospital residency programs, young people must see viable career prospects to be willing to enter the field. It is suggested to adopt a total budget concept for obstetrics, invest a certain amount of funds, and implement value-based payment mechanisms to attract and retain talent over the long term.

(9) Committee Member, Liao Mei-nan

1.Taiwan currently has more than 700 home care nursing clinics and over 2,000 professional home care nurses who serve as a vital support force for long-term care, community care, and chronic disease prevention efforts.

2. With respect to Long-term Care 3.0, suggestions are proposed in three areas: community-based prevention, continuity of care, and family support.

(1) Community-based prevention: At present, functional assessments are only covered for 8.2% of older people, while the target set under Long-term Care 3.0 is 50%, so there is room for improvement. Increasing coverage will require greater investment in professional manpower, particularly in the areas of abnormality detection,

preliminary risk assessment, and service linkage. It is suggested that home care nurses support community care centers, or that A, B, and C service points for long-term care be utilized to introduce the integrated care for older people model, enabling older people to receive functional assessments and health promotion services within their daily living environments. Pilot implementation on a small scale may be adopted initially, followed by nationwide expansion.

(2) Continuity of care: The time required to connect discharged patients with long-term care services has been reduced from 51 days to 4 days, a vast improvement. Further efforts are still required to achieve two-day or even same-day linkage. At present, patients who become frail or disabled after their first hospitalization and require home-based care still cannot be connected to services immediately. It is suggested that, within 48 hours prior to discharge from the hospital, home care nurses coordinate with discharge planning teams to intervene early and make arrangements in advance, thereby reducing care gaps following discharge. In addition, the current uptake rate for PAC is only 11%. To increase participation, a wider range of institutions, such as nursing facilities, day care centers, and community care organizations should be allowed to undertake PAC services, with corresponding subsidies and quality standards established to expand services.

(3) Family support: Although small-scale multifunctional services currently exist, staffing remains insufficient, particularly for nighttime care and patients with unstable

conditions, for whom social workers often provide support with inadequate continuity. It is recommended to undertake a pilot program providing care-oriented, small-scale multifunctional services, and increase nursing staffing levels to support family care needs during early post-discharge periods, end-of-life scenarios, and periods of clinical instability.

(10) Committee Member, Huang Chin-shun

1. Following are suggestions regarding the fipronil egg contamination incident:

   (1) Strengthen upstream management by using AI-enabled management models to monitor poultry farms nationwide and block risks at the source.

   (2)Increase random sample testing.

   (3)Integrate MOENV, MOA, and MOHW efforts to strengthen poultry and livestock management, establish appropriate pesticide residue standards, and guide livestock and poultry industry upgrading to improve breeding environments.

2. The Sudan Red incident in cosmetics shows that crises can also create opportunities. Taiwan should conduct a comprehensive review of issues related to pharmaceutical and food management.

3. Medicines are strategic resources for saving lives, and core essential medicines and domestic medication demand can be projected in advance. It is therefore suggested to consolidate demand data from medical institutions and pharmacies, draft an

overall plan for domestic pharmaceutical production, and implement unified pricing and distribution mechanisms.

4. Last year, the National Defense Medical University and the Medical and Pharmaceutical Industry Technology and Development Center signed a letter of intent regarding cooperation to establish a pharmaceutical training plant with R&D capabilities. This model should be followed to build an integrated supply chain for military and essential medicines. In recent years, Taiwanese pharmaceuticals have gained international recognition for quality. A total of 144 manufacturers of Western medicines and 31 manufacturers of active pharmaceutical ingredients have obtained Pharmaceutical Inspection Co-operation Scheme Good Manufacturing Practice certification. If private-sector capacity is effectively leveraged, domestic demand can be met while also expanding into international markets.

(11) Committee Member, Kuo Su-e

1. Thanks to President Lai for making a Healthy Taiwan our vision, which has built a comprehensive care framework spanning prevention, disability onset delay, rehabilitation, and dignified end-of-life care, and expanding Long-Term Care 2.0's scope of services and age range for Long-Term Care 3.0 without increasing costs.

2. From disease prevention and PAC to rehabilitation, nutrition plays a crucial role. Evidence shows that nutritional interventions can reduce hospitalization rates and lower medical expenses. The following suggestions are therefore proposed for Long-Term Care 3.0:

(1) Because resources are limited, high-risk cases should be identified and subject to intervention early on. Community

Nutrition Promotion Centers and Integrated Care for Older People both use the Mini Nutritional Assessment – Short Form as a screening tool. The long-term care system, however, has not yet fully adopted it. It is suggested to incorporate it into baseline case assessments to facilitate risk stratification and early intervention.

(2) NHI reimbursement for nutritional consultations is currently limited to patients with diabetes, chronic kidney disease, and those in intensive care units, while patients with cancer or cardiovascular diseases must pay out of pocket. It is suggested that patients be provided with nutritional interventions and consultations prior to entering PAC, long-term care, or home-based care to ensure a seamless transition to follow-up care.

(3) I agree with Committee Member Chan that NHI and long-term care data should be interoperable to facilitate access by front-line personnel.

(12) Committee Member, Hung Te-jen

1. Long-term care policy must place special emphasis on support for family caregivers. Foreign care workers are an important workforce, but salaries in Taiwan are comparatively low. It is suggested that education and certification mechanisms be strengthened and working conditions improved. In the past, foreign care workers have been observed providing care services under adverse conditions. It is suggested that the government create a culture of friendliness and inclusion toward foreign caregivers, jointly advocate for them, and provide incentive mechanisms through communities, NGOs, and local governments with collaboration across disciplines and departments.

2. The One Health approach encompasses humans, animals, and the environment, and is influenced by factors determined by law and society. I look forward to the establishment of a national committee or promotion task force that adheres to the principles of “Health in All Policies” and “eliminate inequality,” gathers the relevant ministries and agencies, and steers governance toward greater equality.

(13) Committee Member, Ko Fu-yang

1. Policies promoted by the Healthy Taiwan initiative such as the integration of cycling paths and health for all citizens could be further promoted through diversified channels including online platforms, YouTube, and short-form videos to increase public awareness and have a tangible impact.

2. In the past under Long-Term Care 2.0, physician written opinions for long-term care did not include practitioners of Traditional Chinese Medicine (TCM). I’m grateful that adjustments will be made starting next year. TCM practitioners are also members of home-based integrated care and Family Physician Program 2.0 teams, yet the PAC component of Long-Term Care 3.0 does not include TCM. Current participation is largely limited to consultation-based involvement, subject to visit caps, and lacking treatment continuity. It is suggested that TCM practitioners be permitted to actively intervene and provide assistance.

3. Under Long-Term Care 3.0, services such as palliative care, advance care planning, and hospital at home can only be provided by specialist physicians. As the TCM system does not have specialists, it is effectively excluded. In practice, some individuals receive care exclusively from TCM practitioners,

and are therefore unable to access these services. This issue should be taken into consideration.

4. Thanks to President Lai for praising NRICM101, which has obtained prescription drug approval. It is suggested that funds be allocated from the general budget in the future to support domestically produced, affordable NRICM101 for those in the public with a confirmed diagnosis.

(14) Committee Member, Tsai Sen-tien

1. The strategy and goals for Long-Term Care 3.0 are well-planned and praiseworthy. Key priorities are integrating medical services and care, as well as enhancing institutional capacity. Some media reports indicating that hospital beds are in short supply are, in most cases, occasional and regional in nature. The number of approved and available beds and occupancy rates at individual hospitals should be analyzed to determine whether some institutions are operating with comparatively low bed availability or occupancy rates.

2. Hospitals with long-term bed occupancy rates below 50% should receive guidance and be encouraged to join regional healthcare alliances, cooperate with larger hospitals, accept referred inpatients, and participate in PAC programs. If these efforts are inadequate, idle wards could be consolidated and transformed into long-term care institutions, utilizing existing facilities and medical manpower. This would also help support NHI home-based medical services. Following such transformation, the released bed quotas could be reallocated to hospitals in the region that have the capacity to care for acute patients, thereby achieving a clearer division of responsibilities between medical care and long-term care.

(15) Committee Member, Chien Wen-jen

1. In accordance with President Lai's instructions, the design of the Healthy Taiwan Exercise Routine for a Happy Society has been completed, and will be led and promoted through the Executive Yuan Public Governance Coordination Meeting.

2. Under One Health, public health may be approached through three dimensions: bolster health before illness occurs, control potential illnesses, and treat existing illnesses. Medicine is a science, whereas health is rooted in human nature. Health promotion efforts should consider human nature. It is suggested to increase public awareness through credibility-based methods and honorary incentives, while emphasizing health literacy and empowerment. In particular, regular exercise habits should be cultivated. Statistics indicate that only approximately 35% of the population across all age groups engage in regular physical activity, with especially low participation rates among the working-age population aged 30 to 60 and among women. These figures urgently need to be improved.

3. Under Long-Term Care 3.0, senior citizens living alone and socially withdrawn individuals constitute high-risk groups. The household registration system should be utilized to conduct surveys and accurately identify those with genuine needs.

4. As the functions of the family gradually decline, the concept of "non-blood relatives" can be advocated. The current direction of legislative amendments concerning the compulsory share of inheritance for siblings is commendable, as it allows older adults greater flexibility in asset planning

and enables them to give back to society.

5. It is suggested to use walking to spur nationwide exercise habits, supported by technology-enabled record-keeping to promote health. Also, it is suggested to continue to advocate for the creation of the cultural trail and Taiwan sacred pilgrimage tour, and encourage enterprises to embody the ESG spirit by adopting trails. I look forward to the government leading the response.

(16) Committee Member, Shan Yan-shen

1. Current cancer reimbursement policies are still reasonable, and there is hope that the target of reducing cancer mortality by one-third by 2030 may be achieved ahead of schedule, possibly by 2028.

2. Home-based medical care involves enormous expenditures and should be led by the MOHW and integrated with Long-Term Care 3.0. This integration should include professional services such as nursing and physical therapy, promoting healthy aging and reducing unhealthy life expectancy. It is also suggested that medical policies be transformed into health policies, which could form the foundation of a second guardian mountain for our nation.

3. Deaths from motorcycle accidents among young people increased from 175 in 2016 to 248 in 2024. Even without considering cases of severe injury, this already constitutes a major problem. In the context of declining birth rates and changing life concepts among young people, it is hoped that the Ministry of Transportation and Communications will review the relevant policies to reduce mortality and injury rates from motorcycle accidents among younger populations.

4. Emerging infectious diseases are predominantly viral in nature. In addition to disease-prevention physicians, infectious disease policy should establish specialized training systems, particularly in the field of virus research, rather than relying solely on basic research personnel. Given Taiwan's long and narrow geography and significant north–south temperature differences, the prevalent viruses also vary by region. It is suggested that an additional virus repository be established in southern Taiwan (where dengue fever is prevalent) to collect viral strains as the basis for research and industrial development.

5. Currently, approximately 75% of in-hospital deaths are due to digestive system diseases. However, due to low NHI reimbursement for gastrointestinal surgical procedures, young physicians are unwilling to enter this field. In comparison with other countries, NHI reimbursement point values for procedures such as pancreaticoduodenectomy are approximately 60 times higher in the United States and six times higher in Japan than in Taiwan. It is suggested that the NHIA increase reimbursement for such procedures to prevent future shortages of surgeons capable of performing gastrointestinal surgeries.

(17) Committee Member, Su Kuan-pin

1. Considering the insufficient preventative healthcare measures under the NHI system, extended lifespans have led to an increase in unhealthy life expectancy, which inevitably intensifies financial pressure on long-term care services. More proactive and concrete strategies are needed to decrease unhealthy life expectancy, and these efforts should be promoted in collaboration with the relevant stakeholders.

2. Here is an explanation of promoting mental health amid a digital transformation:

(1) Government policies regarding the mental health of youth and psychological resilience have achieved good results. Digital healthcare is still in its early stages in Europe and the United States. Meanwhile, the Healthy Taiwan Cultivation Plan has already proposed numerous digital transformation initiatives for mental health, giving Taiwan an opportunity to become a leader in this area.

(2) The Taiwanese Society of Psychiatry will establish a committee on the digital transformation of psychiatric treatment, which will promote digital screening, diagnoses, and treatments, as well as related regulations, ethics, education, and training. However, Taiwan's online telemedicine services still lag behind international standards. In the US, fully online psychiatric diagnosis and treatment currently accounts for 27.8% of services, hybrid models account for 21.5%, and in-person care represents less than half, demonstrating that online diagnosis and treatment continues to become more common.

(3) Online diagnosis and treatment offer advantages such as destigmatization and high accessibility, and psychiatric care is primarily interview-based, making it suitable for promotion. In Taiwan, only about 20% of individuals with depression or anxiety seek medical care, and suicide is the second leading cause of death among youth. Online diagnosis and treatment could therefore provide important benefits. Taiwan already has a solid foundation for implementation, but many regulatory restrictions remain. Appropriate relaxation would greatly facilitate the

development of mental health and psychiatric care.

(4) Taiwan is gradually opening access to telemedicine, but online and remote delivery of mental healthcare still requires further strengthening. Using telehealth in the US as an example, reimbursements, regulations, and policies regarding mental health services generally are more open and flexible than other medical specialties. This advantageous position is largely attributable to federal regulatory safeguards and the inherent characteristics of mental healthcare services.

(18) Committee Member, Patrick Ching-ho Hsieh

It was previously suggested that the government increase the budget for biomedical research and development. Although the National Science and Technology Council (NSTC) responded that implementation has been good, the response did not address the crux of the matter. Therefore, here is a further explanation: Current treatment achievements for cancer, cardiovascular disease, and other conditions are the result of long-term investments in R&D. Biomedical research and development require stable funding in order to remain internationally competitive. I will explain this issue from three perspectives: funding, mechanisms, and salaries:

1. In 2000, Taiwan's total government budget for biomedical R&D was NT$1.5 billion. That same year, Singapore began allocating R&D budget funds, and designated biomedicine as a key focus of development, subsequently increasing its budget substantially each year. By 2025, Taiwan's biomedical R&D budget

reached approximately NT$7 billion, while Singapore's reached NT$16 billion, or 11 times higher than Taiwan on a per capita basis. Biomedicine accounts for 5% of Taiwan's total R&D budget, compared to 13% in Singapore.

2. NSTC research projects average approximately NT$1.2 million per year, with an initial approval rate of 45%, and most projects are limited to one or two years. By contrast, Singaporean research projects typically operate on four-year funding cycles of approximately S$1 million (about NT$6 million per year), with an approval rate of only 10%. This concentrated investment approach has led to a widening gap between the two countries in terms of R&D scale and depth.

3. In 2000, salaries at National Taiwan University and the National University of Singapore were comparable. Today, professors at National Taiwan University earn monthly salaries in the range of NT$110,000 to NT$120,000, while their counterparts in Singapore earn around NT$670,000—five to six times higher, clearly demonstrating Taiwan's urgent need to invest more resources.

(19) Committee Member, Ho Mei-shang

1. The Hualien whole-person whole-community care program's adoption of a capitation payment system represents a significant step toward transitioning medical insurance into a preventive health insurance model. It is suggested to incorporate scientific and third-party evaluation mechanisms. If the program's effectiveness is confirmed, it may then be

expanded. This is particularly relevant for young people and youth, for whom indicators such as the incidence of newly diagnosed “three highs” (high blood pressure, high cholesterol, and high blood sugar) or reductions in obesity rates can most promptly reflect the effectiveness of lifestyle interventions.

2. The key to the One Health approach lies in preparedness, while its true challenge lies in actions taken when a new epidemic occurs. It is suggested that drills be conducted over the next one to two years, including diagnostic exercises involving unknown pathogens (no sample scenarios) and the application of advanced sequencing capabilities to assess response speed. Each ministry and agency should establish rapid-response contacts for epidemiological investigations, integrate investigations across departments, and designate a single lead authority and external communication contact, thereby enhancing coordination and execution efficiency.

3. Food safety issues are complex, particularly in the context of e-commerce. Management should be strengthened for food products, whether domestically produced or imported. It is suggested that the Taiwan Food and Drug Administration be given greater enforcement authority, with assistance from relevant ministries including the Ministry of Digital Affairs, to determine and transparently disclose product origins and nutritional information, thereby enhancing public health literacy in identifying high-quality food products.

4. It is also recommended to strengthen public communication regarding long-term care by producing short promotional videos. Such videos would allow the public to clearly understand information regarding family caregiver support and respite care, and better understand policies and how to obtain

services.

5. It is also suggested that the Health Coin and Sports Coin programs be integrated and that long-term plans be formulated for them; also, they should be evaluated for incorporation into the NHI system. The Ministry of Sports has already invested funding to promote physical activity for all. Points accumulated through physical activity could be used to purchase foods defined as healthy, which would supplement micronutrient intake and improve overall health.

6. Taiwan has the world's highest prevalence of aldehyde dehydrogenase 2 deficiency, which is a major risk factor for cancer. This should be used to promote abstinence from alcohol, as well as abstinence from tobacco and drugs.

2. Government Representative Remarks

(1) Executive Yuan Secretary-General Chang Tun-han

1. The Executive Yuan has announced that, effective January 1 next year, unsweetened beverages will be exempt from the 15% commodity tax. This measure constitutes one part of the implementation of the Healthy Taiwan initiative. However, due to the central government's general budget not yet being passed and constraints under the Act Governing the Allocation of Government Revenues and Expenditures, the implementation of many emerging national initiatives may face difficulties.

2. For example, more than NT$1.8 billion has been allocated under the MOHW for the national pharmaceutical resilience preparedness program, which has already been approved by the Executive Yuan. The same applies to initiatives such as One Health and certain components of the Long-Term Care Plan

3.0. I hope that everyone present today, in their capacity as leading figures in the medical community, will help voice support and encourage the Legislative Yuan to back sound policies that enhance public welfare.

(2) MOHW Minister Shih Chung-liang

1. Regarding the implementation of the whole-person whole-community care program in the Hualien-Taitung region, other counties and cities are also currently promoting forms of regional collaboration. The capitation payment system is based on household-level data, under which the entire population of the designated area is included. This enables the establishment of health databases and the integration of health promotion and cultural elements, making it an innovative yet challenging NHI initiative.

2. With respect to the key implementation priorities of Long-Term Care Plan 3.0, I would like to provide the following supplementary remarks:

   (1) In addition to disability care, greater emphasis will be placed on health promotion, covering upstream prevention and frailty intervention. Community resources will therefore be integrated and mobilized, including long-term care service sites, cultural health stations, and community nursing services.

   (2) For older adults living alone, in addition to the long-term care budget, a special budget of NT$6.2 billion has been allocated for comprehensive home visits and assessments. Key integrated care for older people components will also be selectively introduced and linked with meal delivery services, smart assistive devices, emergency response

systems, and the social safety net.

(3) Through initiatives led by the HPA, age-friendly cities will be promoted to comprehensively create barrier-free environments for older adults and support healthy aging in place.

(4) Regarding the linkage between hospitalization and PAC, the inpatient integrated care program is expected to be expanded in scale next year. With respect to strengthening PAC in order to shorten hospital stays, a two-stage approach will be adopted. The first stage will focus on functional rehabilitation, while the second stage will aim at restoring daily living ability and reintegration into the community, with services provided by a diverse range of institutions.

(5) In addition, home-based medical care and hospital-at-home services will be further expanded to address indications such as infectious diseases and heart failure, and an early supported discharge model will be introduced.

3. Regarding Committee Member Li's interest in the "722" protocol for at-home blood pressure monitoring, the NHIA and the HPA are currently discussing information system integration and the use of graphical displays within My Health Bank.

4. Digital care initiatives are currently funded through public budgets, with pilot programs focusing on diabetes and hypertension. I would like to thank the medical community for its assistance in promoting the use of digital tools to enhance precision care and continuity of care. In the future, inclusion in NHI reimbursement will be subject to health technology assessments (HTA). The Family Physician Program 2.0 aims to integrate related programs and information, shifting from a

disease-centered approach to a health-oriented model, while incorporating AI-based risk prediction and tiered medical care.

5. In response to Committee Member Ni's concerns regarding the establishment of an administration to support children, youth, and families, this initiative represents a key directive from the president. It will integrate children's health and welfare policies, including issues such as obesity and vision care, and will also cover early intervention services. Mental health matters are currently overseen by the MOHW Department of Mental Health. The question of whether children's mental health services should be reassigned remains under deliberation.

6. A national drug resilience program is to be launched next year to accelerate access to new drugs, stabilize supply chains, and strengthen domestic manufacturing capacity. Following approval by the Executive Yuan, progress will be reported to this committee.

7. In response to Committee Member Su's concerns regarding telepsychiatry, telemedicine services are being gradually expanded, beginning with geographically hindered areas such as remote regions and offshore islands. The second phase has extended coverage to groups with mobility limitations, and the third phase will further include populations with barriers to seeking care, such as those with mental illness or dementia, who will be progressively covered under remote care.

8. The preventive medicine initiative that was raised by Committee Member Chien exactly aligns with the policy objective of promoting Health Coins. By assigning value to healthy behaviors and offering redeemable incentives, the program encourages data submission and participation in healthy activities. Once the

policy framework is finalized, a further report will be made to this committee.

9. Recommendations regarding differentiated remuneration under the NHI system, encouraging participation by TCM practitioners, and the adjustment of idle hospital wards are all currently being implemented, and progress will continue to be reported to this committee.

10. Hospital accreditation has been implemented for many years. Most hospital presidents regard it as a driving force for maintaining quality and as a mechanism for receiving external peer feedback. The Joint Commission of Taiwan (JCT) must also undergo accreditation by the International Society for Quality in Health Care. Based on relevant evidence and experience, a four-year accreditation cycle is considered appropriate and should not be excessively prolonged. The MOHW will further assess whether a selective extension to a six-year cycle is feasible, provided that it is accompanied by site visits and guidance. The focus should be on embedding quality maintenance into routine practice, while also optimizing and simplifying accreditation processes through technological solutions.

11. The nurse-to-patient ratio remains a focal concern. The key lies in establishing reasonable workload standards and staffing ratios, which are influenced by care intensity and workflows, such as the introduction of digital and smart care solutions. If excessive emphasis is placed solely on the numbers, it may hinder the adoption of technological innovations.

12. The Healthy Taiwan Cultivation Plan differs from the NHI reimbursement model in that the medical community proposes projects based on its own needs to enhance foundational

capacities. Options for simplifying reimbursement claims and related administrative procedures will be explored in the future, and any surplus funds will be appropriately utilized.

13. Regarding recommendations that incentive payments be distributed to implementing personnel at fixed proportions, current payment designs are already moving in this direction. For example, under the palliative care quality-based program, 80% of payments are allocated to team members; similarly, for the stroke thrombectomy assessment fee of 3,000 points, 80% must be distributed to the personnel performing the service.

14. Finally, the publicly funded medical student program operates through system-wide collaboration to address labor shortages in rural and remote areas.

(3) National Development Council (NDC) Minister Yeh Chun-hsien

1. With respect to the smart healthcare issues raised by committee members, the 10 New AI Infrastructure Initiatives include both smart applications and smart living environments for all citizens. The introduction of AI technologies into healthcare promotion will effectively address the related challenges.

2. In the area of preventive medicine, the NDC has partnered with the University of California to facilitate connections between Silicon Valley biomedical startups and Taiwan. Next year, Dean Michael Chunchi Lu (呂淳祺) of the UCBerkeley School of Public Health will visit Taiwan again, and committee members will be invited to participate in related exchanges.

3. Advisor Remarks

(1) Advisor, Wu Ming-shiang

1. I would like to thank President Lai and government agencies for their efforts in steering policies in the right direction. Both the 888 Program and cancer prevention initiatives have already demonstrated tangible results. However, in advancing Long-term Care 3.0 and One Health, human resources remain the primary challenge.

2. With the development of AI technologies, it is worth examining whether each medical specialty still requires large numbers of physicians. Some existing systems are no longer aligned with current needs and should be comprehensively reviewed. Effective use of AI can reduce human resource requirements.

3. On November 24, US President Donald Trump announced the Genesis Mission, modeled after the 1942 Manhattan Project. Its core objective is to build a national platform for science and security, supported by AI-enabled operations. Digital technologies have become deeply embedded in healthcare and daily life, driving progress, but they have also created new challenges, such as the impact of digital addiction on younger generations. In the future, digital technologies will redefine health, and healthcare will be integrated into everyday life. I recommend establishing a dedicated coordinating authority for digital health. Taiwan possesses sufficient capacity and should proactively prepare in advance.

(2) Advisor, **Lin Shinn-zong**

1. Xiulin Township has successfully implemented capitation payment for holistic care, integrating Western medicine, TCM, and dentistry, and incorporating collaborative medical-dental care. Over the past four years, satisfaction among both physicians and local residents has increased significantly. Services have

expanded from clinical treatment to include exercise, hepatitis C care, and preventive healthcare, while overall medical expenditures have indeed declined substantially, demonstrating positive outcomes.

2. I recommend that the NHI system not only insure against illness, but also cover health, and that the promotion of children's health be further strengthened.

(3) Advisor, Chen Wei-ming

1. Although Sweden provides generous childbirth subsidies, its birth rate continues to decline, indicating that high financial incentives alone may not be effective. Declining birth rates will lead to shortages in medical, nursing, and critical care personnel, making it difficult to fully implement health policies.

2. To address labor shortages, I recommend extending the hospital accreditation cycle from four years to six, and I hope that the government will engage in thorough communication with the medical community to simplify and optimize accreditation processes. Considering that the Healthy Taiwan Cultivation Plan has only recently been launched and hospitals are actively implementing it, I suggest temporarily suspending accreditation during this period. After some time, outcomes may then be reviewed. Accreditation was not conducted for seven years on account of the pandemic, yet the medical system continued to function smoothly. Extending the accreditation cycle would likely gain support from the medical community. In addition, frequent accreditation requires the submission of large volumes of paper-based documentation, which runs counter to the medical community's active promotion of ESG principles, including energy conservation and carbon reduction.

3. To address nursing personnel shortages, I recommend expanding the role of foreign care workers in acute care wards. At Taipei Veterans General Hospital, nursing students from nearby universities are allowed to work part-time in the hospital under registered nurses. This enables students to become familiar with the workplace, creates a safe practice environment, and provides them with reasonable compensation. Such measures help reshape the professional image of nursing and improve recruitment and retention, and are worthy of broader adoption.

4. With respect to nurse-to-patient ratios, Taiwan can leverage its strengths in information and communications technology (ICT) to explore care models in which nurses work in tandem with robots, develop "nurse-to-robot ratios," and simultaneously foster the development of the care robotics industry.

(4) Advisor, Cherng Wen-jin

A. The planning for Long-term Care 3.0 is already quite comprehensive. I offer the following observations with respect to its strategic objectives:

(a) Frontline personnel interpret the definition of "older adults" in the context of health promotion differently. This definition should therefore be clearly specified. In addition, the scope of promoting community-based prevention of oral frailty may be overly narrow. I recommend that, from 2026 to 2035, health promotion be elevated to the national level. According to the World Health Organization, health promotion should encompass physical function, mobility, cognition, mental health, social participation, and nutrition. Japan's experience may be referenced, with multidimensional frailty serving as the core framework for these efforts.

(b) In terms of the integration of medical and care services, the range of antibiotic options for physicians should be expanded, infusion device use should be incorporated, and clear usage guidelines should be established. These measures could also serve as the basis for the review and approval of home-based medical care, while expanding indications and adding early supported discharge models.

(c) I recommend integrating home-based medical care information platforms, interfacing them with the existing virtual private network, and adopting Fast Healthcare Interoperability Resources standards. At the same time, a "green channel" for adjusting long-term care plans should be established to respond to the rapid deterioration and rising risks associated with infections among older adults.

(d) In response to shortages of nursing and pharmacy personnel, referral platforms could be used to match primary or home care providers to handle hospital-at-home care, while establishing green channels for changes in patient conditions. Mutual learning through interdisciplinary workshops would further enhance service quality.

(e) To enhance institutional capacity, I recommend combining social housing initiatives with public–private partnerships to add affordable long-term care and short-term care beds in areas with insufficient long-term care resources. Given the limited bed availability, I also recommend requiring applicant institutions to reserve ventilator-equipped beds to facilitate patient admission.

(f) To strengthen family support, I suggest that the government and the public jointly share the cost of inpatient caregivers, expand nighttime temporary accommodation capacity, and promote

mutual-aid respite care. For home-based respite services, on-call respite teams could be established to provide in-home assistance as needed, while neighborhood stations could provide nighttime support.

(g) Regarding palliative and end-of-life care, I hope that service eligibility can be expanded to include cases of cancer-related disability.

B. Within the One Health policy, the role of the Ministry of Education is also critically important. Infection control knowledge should be incorporated into curricula at all levels, from elementary to senior high school, to create and institutionalize sustainable epidemic-resistant campuses. I further recommend incorporating dementia literacy and psychological resilience into general public education.

(5) Advisor, Yu Ming-lung

1. I agree that hospital accreditation should be adjusted to a six-year cycle, similar to university accreditation.

2. According to population projections by the NDC, university enrollment is expected to continue to decline and may fall to approximately 100,000 students in the next 18 years. This will affect both admissions and the workforce supply, so we must be prepared in advance.

3. Population aging will increase healthcare burdens. I agree with Advisor Chen that the development of care robotics should be a key national initiative and a niche for our ICT industry. Japan began planning in this area as early as 2017, initially targeting the year 2040, but has now accelerated its timeline to 2030. Taiwan should likewise strengthen early investment and R&D in medical and care robotics.

4. Healthcare delivery depends on adequate staffing. However, with the

future decline in the working-age population, foreign talent should be introduced and cultivated at an early stage. I recommend developing such talent at the university level, not only to enhance technical skills, but also to facilitate their integration into Taiwanese culture and understanding of local needs.

5. In view of continually rising healthcare demands, commercial insurance is an important complementary mechanism and contributes to the sustainability of the NHI system. I recommend that, in addition to integrating Health Coins, My Health Bank should also incorporate insurance policy information, thereby enhancing the accessibility and trustworthiness of commercial insurance.

6. As residential care institutions continue to increase, and given that many emerging infectious diseases and zoonotic diseases are related to air quality, I recommend that institutional management incorporate indoor air quality standards to strengthen the effectiveness of long-term care and epidemic prevention.

(6) Advisor, Chen Mu-kuan

1. I would like to thank President Lai for proposing policies such as precision wage increases and investment in national health. Changhua Christian Hospital has successively implemented salary adjustments, including increases for nurses (with raises of up to 9.8% for younger nurses), internal medicine residents (a 30% increase in on-call pay), physicians' consultation and ward-round fees for treating major illnesses (a 30% increase), and postgraduate year physicians (an average increase of 10%).

2. At present, many young physicians prefer specialties with shorter working hours and higher income. In my view, this is related to the fact that many hospitals have listed success in increasing the proportion of self-pay revenue as a management performance

indicator, which has led physicians to lose sight of their original motivation for entering the profession. I recommend that the MOHW monitor these practices or mandate their disclosure to prevent hospitals from over-promoting self-pay services and thereby steering physicians away from more demanding specialties such as internal medicine, surgery, obstetrics and gynecology, and pediatrics.

3. Regarding medical school admission pathways, I suggest referencing the model of the University of Queensland in Australia, which reserves 29% of places for students from rural backgrounds. This would increase enrollment from remote areas and economically disadvantaged groups, enabling students with genuine passion and empathy to enter the medical profession.

4. Currently, publicly funded physicians are often assigned to offshore islands and indigenous communities after training, but most leave immediately upon completion of their service obligations, resulting in limited long-term impact. Many secondary medical service areas in remote regions lack physicians, with the number of physicians per 10,000 people even lower than in offshore islands and indigenous communities, such as the areas served by Erlin Christian Hospital. I recommend that the MOHW implement region-specific and specialty-specific precision placement, including: (A) remote areas on Taiwan's main island; and (B) specialties with physician shortages, such as OB-GYN and pediatrics. These areas should be given special priority, and new public-private partnership mechanisms should be explored to enhance retention incentives. For example, publicly funded medical students could be assigned to designated specialties and placed in remote hospitals operated by foundations. Medical centers could provide continuing education, advanced training, and salary enhancements for publicly funded physicians serving in remote hospitals, thereby strengthening rural healthcare rather than limiting

such efforts solely to offshore islands and indigenous communities.

(7) Advisor, Chiu Kuan-ming

1. Unlike hospitals, which are centered on the mission of treating illnesses and saving lives, long-term care is fundamentally centered on daily living support.

A. Information flow:

(a) From civil affairs and social welfare perspectives, community-level data should be progressively refined to include age groups, severity of disability, residential density across communities, and care needs to facilitate more effective allocation and deployment of resources.

(b) We should facilitate the guidance and sharing of professional insights from medical institutions and various healthcare disciplines. Future iterations of the integrated home-based medical care program and physicians' written opinions should incorporate input from other healthcare professionals as well as family expectations, fostering constructive communication.

(c) AI-assisted collaboration should be leveraged to facilitate 24/7 guidance. For instance, the ChatGPT-based group chats and group services launched two weeks ago can process patient and family information at a doctoral level. Combined with precise geolocation, these can fulfill basic expectations for service matching.

B. Service content and logistics:

(a) A jigsaw approach should be adopted to gradually address all aspects. From a community mutual-aid perspective, we should envision the potential roles of 7,800 village chiefs and 12,000 temples. Medical institutions already have clearly defined objectives, and committee members have provided significant input. Nevertheless, there remains room to invest resources and

leverage existing trends to integrate services across employed and self-employed healthcare professionals from various disciplines.

(b) As Deputy Minister Lue noted regarding workforce development for Long-term Care 3.0, platforms should be created to enable tiered task assignment, integrate full-time and flexible labor, and match surplus local volunteer labor to encourage participation, particularly for the younger generation, to provide companionship, transport services, and daily care. The use of robots in various daily care settings should also be encouraged, using policy to lead the way and reduce the labor burden.

C. Financing: From a sustainability perspective, discussions on funding cannot be avoided. I hope that long-term care insurance can be placed on the agenda to avoid leaving financial burdens on future generations, and to ensure young people a more supportive future.

2. I recommend lengthening the hospital accreditation cycle. While accreditation helps maintain baseline quality, it is less conducive to fostering excellence.

(8) Advisor, Lin Sheng-che

1. Regarding potential budgetary challenges facing new initiatives, position papers could be provided to the committee members and advisors present to assist them in briefing the Legislative Yuan.

2. Local health bureaus conduct annual supervisory inspections and accreditations that often overlap. I recommend integrating inspection results and emergency and critical care certifications as reference materials to simplify the accreditation process. In addition, interviews with pharmacists, dietitians, and personnel at all levels should be strengthened to better reflect the on-the-ground reality of hospital operations.

3.One Health is a national project that is stringently implemented. However, for certain regional infectious diseases such as dengue fever, which has emerged across various southern counties and cities in recent years, prevention policies should be sustained, and the efforts of local personnel should be commended.

4.With respect to the use of project incentive funds, I recommend clearly specifying allocation rules for different categories of personnel and reserving a certain proportion for hospital administrative expenses.

5.Some hospitals not approved for the Healthy Taiwan Cultivation Plan have relatively outdated information systems. If surplus funds are available next year, I recommend adopting a reserved-quota mechanism to support regional hospitals with fewer than 100 beds.

(9) Advisor, Chang Hong-jen

1. Both reports presented today are comprehensive, and continued promotion will undoubtedly yield tangible results. The translation of 'One Health' into Chinese as '防疫一體' (integrated epidemic prevention) is highly apt. It will not only enhance international visibility, but also serve as a key policy highlight.

2. At present, hospital accreditation has become a formality. Pending simplification measures, the accreditation cycle should first be lengthened.

3. In response to nursing shortages, nursing staff should be oriented toward managerial roles, with smart healthcare technologies and robotics serving as auxiliary tools. Furthermore, to better leverage the foreign workforce, as suggested by Advisor Yu, training should begin at the student stage for caregiving and nursing levels, while local nursing personnel should be positioned in managerial roles. This approach should be integrated into future overall healthcare planning, with deliberations for implementation beginning as early as possible.

4. Deputy Convener Remarks

(1) Deputy Convener, Chen Shih-chung

1. The number of long-term care service sites and recipients has increased; however, integration remains insufficient. Long-term Care 3.0 seeks to build inclusive communities that provide diversified services within defined geographic areas to support aging in place.
2. The integration of medical and care services focuses on leveraging PAC to closely connect hospitals and care facilities, enabling timely patient transfers. However, PAC service locations remain insufficient, and we must deliberate on how regional hospitals can be transformed. The Inpatient Integrated Care Program can provide respite for caregivers while also reducing the medical labor burden.
3. Regarding financing sources for long-term care, each path carries its own risks. Long-term Care 2.0 is primarily funded by government budgets and follows an expenditure-based budgeting model, with fiscal balance projected to be sustainable until 2035. The financial structure of Long-term Care 3.0 is relatively more robust.
4. The One Health initiative integrates the programs of various ministries to address gaps and functions as a supplementary and connective framework. In response to the committee's inquiries, future operations will follow a problem-oriented approach to assess whether projects are robustly implemented and sufficiently beneficial.
5. Low fertility is an issue involving economic factors, time costs, housing, and workplace inclusivity. The Ministry of Labor and the MOHW are actively advancing relevant initiatives. Creating an environment that is friendly to foreign caregivers is an important issue related to national image, and has already been

discussed under the National Human Rights Action Plan.

6. Hospital accreditation should be simplified and should not become an arms race. Routine management data should be used to conduct 'unvarnished' evaluations; our current level of digitization is sufficient to support the entire process without the need for additional embellishment.
7. Guided by the president's directives, the Executive Yuan is promoting multiple initiatives related to national resilience, the social safety net, and social assistance, all of which require budgetary support. Maintaining national stability remains the top priority.

(2) Deputy Convener, Wong Chi-huey

1. The content of the Long-term Care 3.0 and One Health initiatives is comprehensive; however, I recommend the preparation of a one-page summary that will outline their objectives, methodologies, and targets to facilitate outreach.
2. AI can provide objective information to enhance cross-disciplinary and inter-ministerial communication, consolidate public feedback, and refine the quality of policy formulation and legislation. It would be beneficial to leverage Taiwan's AI capabilities in both long-term care and epidemic preparedness.
3. Global healthcare expenditure continues to grow faster than overall economic growth. By 2030, global healthcare spending is projected to reach US$15 trillion, approximately 12% of global GDP. Among these, early detection and prevention represent the fastest-growing segments, estimated at around US$4 trillion. Applying AI in preventive medicine and health promotion to expand the scope from treatment to prevention marks a new era of precision health. This presents a significant opportunity for Taiwan to enhance effectiveness and establish personalized precision healthcare.

4. The real-world deployment and execution of AI applications are critical, progressing from basic research to real-world applications. For instance, by utilizing big data, including NHI data, biobank data, the Taiwan Precision Medicine Initiative, the Cancer Moonshot Project, and years of data on infectious diseases and hepatitis prevention, algorithms can be developed to support future early disease detection and prevention. This represents an opportunity for Taiwan.

(3) Deputy Convener, Chen Jyh-hong

1. In 2023 and 2024, at the direction of the president, I engaged in discussions with various sectors on the Healthy Taiwan initiative. One of the most prominent concerns from primary care staff was the need to reform hospital accreditation. While highly necessary 30 years ago, medical quality has since improved significantly, and many accreditations have now become a formality, placing a heavy burden on primary care staff, especially nurses.
2. Many quality indicators, such as healthcare-associated infections and nurse-to-patient ratios, are already retrievable from the NHI Administration database. Accreditation content should therefore be optimized, not merely simplified, to avoid imposing an undue burden. The Taiwan Medical Accreditation Council model may serve as a reference. Under this model, top-performing institutions are evaluated every six years, while those with poorer performance undergo targeted follow-up every three years. I recommend that the MOHW, JCT, and medical community jointly discuss methods for improvement. Enhancing morale in primary care is as important as salary increases.
3. Previous feedback has indicated that difficulties in recruiting pediatric residents are related to postgraduate year training. I suggest

that the two-year training period allocate more time to pediatrics, providing role-model learning opportunities that would increase interest in the specialty. This approach is likely to yield greater long-term results than relying on heavy financial incentives. I recommend that Minister Shih assist in communicating this matter to the JCT.

5. Secretary-General to the President Pan Men-an

(1) To address nationwide healthcare information system issues, it is necessary to establish relevant obligations, responsibilities, and verification mechanisms. While small clinics and healthcare providers in remote areas may face staffing constraints, the MOHW must still ensure that they fulfill their cybersecurity responsibilities, including clinics, health centers, hospitals, and service vendors.

(2) Given the inconsistent quality among information system vendors, strict screening and management of software architecture and cybersecurity safeguards are essential. As future initiatives such as virtual NHI cards and electronic prescriptions also pertain to the information security of the healthcare system, I recommend that the MOHW conduct appropriate quarterly or annual reviews to mitigate cybersecurity risks.

6. Convener, Lai Ching-te

(1) Responses to committee members' and advisors' suggestions:

1. Regarding the integrated whole-person healthcare program promoted by Advisor Lin in the Hualien–Taitung region, I suggest that the initiative be named "People-centric NHI 3.0: Hualien–Taitung Pioneer Program." This title emphasizes health and a person-centered approach, distinguishing it from past disease-

centered care models.

2. In response to recent media reports concerning older adults living alone who have passed away at home, I ask Minister without Portfolio Chen to convene the MOHW and the MOI to propose practical and feasible systems, integrate social resources, and provide care for older adults living alone nationwide.
3. As suggested by Committee Member Tsai, idle hospital wards should be permitted for conversion into long-term care wards, thereby exiting the NHI system and releasing those beds to meet demand for institutional long-term care services.
4. Regarding the pedestrian trails and bicycle lanes proposed by Committee Member Chien, comprehensive planning is already in place. I ask Minister without Portfolio Chen to assist in coordinating with local governments to jointly promote these initiatives. The goal is to foster a nationwide cycling culture from north to south, and I invite all members of the committee to support this effort.
5. Salary increases and tax reductions for healthcare professionals have already been implemented. Regarding hospital accreditation, procedures must also be streamlined. I ask the MOHW and the JCT to deliberate on corresponding actions and supporting measures.
6. Regarding the issue of reducing alcohol consumption raised by Committee Member Ho, I ask the MOHW to promote the initiative prudently to avoid subsequent health risks and societal problems.
7. With regard to the gap between education and practice, I ask the MOHW to assist in promoting the successful experiences of Taipei Veterans General Hospital to other schools and hospitals. This may help retain more nursing graduates within the healthcare sector.
8. The government attaches great importance to the issue of essential

medicines raised by Committee Member Huang. This has been incorporated into the framework of whole-of-society defense resilience and remains under the continuous oversight of the National Security Council.

9. Regarding the issue of declining birth rates raised by multiple committee members and advisors, financial incentives are not the sole solution. The government has implemented two measures in response. For those deterred by financial costs, our national childcare policy for ages 0–6 has been introduced to reduce the burden. For those facing physiological challenges, subsidies for assisted reproductive technology are being provided. Since 2018, this has supported the birth of more than 30,000 newborns. However, annual investments of approximately NT$120 billion have yet to yield significant results. Recently, a friend from a community organization noted that the low birth rate is largely influenced by the broader social atmosphere. This reminded me of how Master Cheng Yen (證嚴) encouraged followers to donate their bodies to science, ensuring a stable supply of ‘silent mentors’ (anatomical donors). Today’s young people place greater emphasis on personal lifestyle, a shift from past social norms. The government may therefore consider establishing social mechanisms, leveraging opinion leaders and social climate, to foster cultural change and encourage marriage and childbearing. I ask NDC Minister Yeh to conduct a review and propose measures to encourage the public to marry and have children.

10. With respect to incentives for biomedical research and industrial development, Committee Member Hsieh has offered several recommendations which have been echoed by Advisor Chang. I ask the NDC to evaluate these suggestions and propose relevant programs to promote the development of the biomedical industry.

(2) Directives on the reports:

1. Address the challenges of a super-aged society through Long-term Care 3.0 and realize the National Project of Hope vision.

   In response to the arrival of a super-aged society, Long-term Care 3.0 will be launched ahead of schedule next year. This is a key government policy to address the challenges of an aging population. We must expand the scope and content of services, increase institutional capacity, and reduce the family care burden. We will also integrate technology and strengthen the links between medical and care services to provide more comprehensive support for caregivers.

   I ask the MOHW, in coordination with relevant agencies, to leverage greater private-sector participation and, through institutional innovation, technological applications, and community engagement, establish a comprehensive system of care spanning prevention, treatment, and palliative services. This will enable our citizens to age healthily and age in place, realizing the vision of living longer and better.

2. Strengthen the One Health joint action plan.

   One Health is a critical policy for safeguarding national security and public health; the nation must continue to invest resources to strengthen its operations. I ask Minister without Portfolio Chen to continue coordinating and overseeing the MOHW, MOI, MOENV, and MOA. These agencies should draw on their collective experience to accelerate the implementation of the One Health joint action plan. If necessary, participation by additional ministries should be expanded to enhance overall decision-making and response efficiency. The suggestion by Deputy Convener

Wong to integrate AI capabilities should also be incorporated into these deliberations.

Finally, I ask the administrative team to incorporate the valuable input and recommendations provided by the committee members and advisors today into policy deliberations. Let us continue our efforts to deliver long-term care services that meet the needs of our citizens and to build a more resilient disease prevention network.

VI. Extempore Motions: None.

VII. Chair's Closing Statement

In response to public interest regarding our fiscal capacity to support these various policies, I wish to report that Taiwan's current fiscal position is robust as a result of the collective efforts of all our citizens. During former President Ma Ying-jeou's tenure, the average annual economic growth rate was approximately 2%. During President Tsai Ing-wen's eight-year term, the average rose to 3.2%, while the stock market surged from 8,000 to 23,000 points – a 155% increase. Since the transition from President Tsai, growth reached 4.8% in the fourth quarter of last year, followed by 5.48% in the first quarter of this year, 8% in the second quarter, and 7.6% in the third quarter. Economic growth for the year is projected to reach up to 6%. Taiwan not only leads the Four Asian Tigers, but has also outperformed the US, Japan, the European Union, and China.

The era of global smart transformation has arrived, and Taiwan plays a critical role. I believe that a strategic position is more effective than brute force – Taiwan occupies a leading position, and as long as we remain united, our development will flourish. The Executive Yuan has advanced the Ten New AI Infrastructure Initiatives and has proposed

plans to support the transformation of small- and medium-sized enterprises, ensuring that Taiwan maintains its competitive edge for the next three decades. Economic growth has also resulted in increased tax revenue. In the later years of President Tsai's term, annual fiscal surpluses were recorded, with approximately NT$800 billion accumulated to date. Consequently, the special defense budget, increase in the NHI global budget, and infrastructure expenditures are all fully funded, enabling the government to provide even better care for the public.

Under President Tsai, the Hsing An Project invested NT$74.9 billion in the redevelopment of army barracks; including the air force and navy, total investment exceeded NT$100 billion. Since taking office, I have continued to move forward with the second phase of the project and have approved three rounds of salary increases for members of the armed forces this year. Furthermore, the central government's fiscal position is strong enough to sustain salary increases for civil servants and increases in professional allowances for healthcare personnel.

However, as Executive Yuan Secretary-General Chang noted, two factors could potentially strain the central government's finances:

First, under the opposition's proposed amendments to the Act Governing the Allocation of Government Revenues and Expenditures, the central government would be required to allocate more than NT$700 billion annually to local governments. This would necessitate over NT$500 billion in annual borrowing, exceeding the statutory debt limit set by the Public Debt Act. In addition, as funding for local governments increased by approximately 50% during President Tsai's tenure, supplemented by continuous central subsidies, local government finances should now be sufficiently resourced.

Second, measures such as increasing pension and survivor benefits for civil servants and waiving NHI premiums for individuals aged 65 and above involve broader considerations of national resource allocation and fiscal sustainability. The reasonableness of these measures should be carefully reviewed to avoid crowding out other important policies, such as initiatives addressing the declining birth rate.

Although the constitutional system currently faces challenges, the nation must remain on the correct path. I call for social unity and confidence in our future; Taiwan will undoubtedly continue to prosper. I also hope that the Legislative Yuan will move past partisan divides and work together to support policy advancement. Thank you. This meeting is adjourned.

VIII. Meeting End Time: 8:50 p.m.