Chapter

05

創新給付　數位升級

Innovative Payments and
Digital Enhancement

▎創新給付　數位升級

新藥與新科技給付改革

醫療科技評估提升健保給付效益

隨著醫療科技日新月異，新藥及新醫材不斷推陳出新，2024年健保支出藥品費用約2,500億點，特材費用約408億點，在健保資源有限的情況下，如何決定新醫療科技的臨床經濟效益納入健保給付，需要一個良好的評估工具。

健保署為精進健保給付效益之管理，並與國際接軌，自2008年起導入醫療科技評估管理（Health Technology Management, HTM）中之醫療科技評估（Health Technology Assessment, HTA），就新藥物進行人體健康、醫療倫理、醫療成本效益及健保財務等面向評估，以輔助新藥物納入健保收載之決策，並於2020年起循環式管理，透過前瞻式評估（Horizon Scanning, HS）瞭解新藥物上市到健保決定收載前之臨床使用情形與需求，並蒐集真實世界實證資料（Real World Data），對於健保已收載品項就臨床療效、成本效益、安全性及財務影響等面向進行醫療科技再評估（Health Technology Reassessment, HTR），作為健保持續給付或調整給付條件之依據，又為將醫療科技再評估機制納入常規運作，將規劃建立公開透明之作業程序。透過從健保給付前至給付後之成本效益循環式管理，增進低效益的醫療科技轉移到高效益的新醫療科技，使健保資源有效合理配置，進而提升健保給付效益。

NGS 納入健保給付

隨著分子醫學之進步，癌症治療已朝向個人化精準醫療發展，健保現已給付多項癌症標靶治療及免疫療法之生物標記檢測，如EGFR、ALL-RAS、ALK及PD-L1等檢測，而次世代基因定序（Next Generation Sequencing，下稱NGS），是一種新開發出的高通量定序技術，能快速偵測大量基因變異，提升檢測效益。

健保署2021及2022年委託財團法人醫藥品查驗中心進行醫療科技評估（Health Technology Assessment，HTA），針對各國NGS給付現況及對健保整體財務衝擊進行研究報告，賡續邀集各領域專家凝聚給付共識，配合「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」於2024年落地，於同年5月1日將NGS納入健保給付，針對檢測結果有對應治療藥物且效果明確之癌別優先給付，以BRCA panel、小panel（≦100個基因）、大panel（＞100個基因）定額給付，並收載檢測結果，結合申報資料及臨床真實數據資料，評估基因檢測準確性及標靶藥物之治療成效以精準給付政策，協助高風險族群精準投藥，減輕民眾財務負擔，合計給付12種癌症之NGS檢測，預估每年約2萬多名病人受惠，挹注經

Innovative Payments and Digital Enhancement

Payment Reform for New Drugs and Technologies

Raising NHI Payment Efficiency via Health Technology Assessment

Given the rapid advances in medical technologies, new drugs and medical devices are constantly emerging. In 2024, around 250 billion NHI convert points and 40.8 billion convert points were spent on drugs and special medical materials, respectively. In light of NHI's limited resources, it is crucial to have a robust assessment tool to determine the clinical and economic benefits of including new medical technologies in NHI coverage.

To better manage NHI payment and align with international standards, the NHIA introduced health technology assessment (HTA), a key component of health technology management (HTM) in 2008. HTA evaluates new drugs from various aspects, including human health, medical ethics, cost-effectiveness, and financial impact. It assists in the decision-making process on the inclusion of new drugs for NHI coverage. Under the cyclical management approach adopted in 2020, horizon scanning (HS) is used to understand the clinical usage and demand of new drugs before their inclusion in NHI coverage. Real-world data is collected, and health technology reassessment (HTR) is conducted for NHI coverage items to reassess their clinical efficacy, cost-effectiveness, safety, and financial impact. Through this cyclical management approach, from pre-coverage assessment to post-coverage evaluation of cost effectiveness, the efficient and rational allocation of NHI resources is achieved, enhancing the effectiveness of NHI coverage.

NHI Coverage Policy for NGS Testing

The advancement of molecular medicine has led to more precise and individualized treatments for cancer. NHI covers multiple biomarker tests such as EGFR, ALL-RAS, ALK and PD-L1 for targeted therapy and immuno-oncology. Next Generation Sequencing (NGS) is an innovative deep sequencing method that enables rapid examination of genetic mutation in large quantities, increasing examination efficiency.

Commissioned by the Center for Drug Evaluation, NHIA conducted Health Technology Assessment (HTA) in 2021 and 2022. A research report was conducted on the payment situation of NGS overseas and its effect on the financial impact of health insurance, and opinions and consensus were reached among different types of professionals. Also, the Regulations Governing the Application or Use of Specific Medical Techniques, Examinations, laboratory testing, or Medical Devices went into effect in 2024. On May 1st of the same year, NGS was incorporated into National Health Insurance (NHI) coverage. Priority coverage was given to cancer types with available targeted therapies and clear evidence of clinical efficacy based on test results, Fixed-payments were established for the BRCA 1/2 gene panels, small panels (≤100 genes), and large panels (>100 genes). Test results are collected and integrated with claims data and

費約3億元。另於同年12月1日再納入7類癌症單基因檢測，預估每年約1萬人受惠，挹注經費約1億元。

實施新（癌）藥暫時性支付制度

為推動賴總統健康台灣政策，臺灣癌症死亡率在2030年降低三分之一及為滿足病人用藥需求，健保署致力加速新藥納入給付，包含優化核價流程與管控、精進新藥預算預估模式、建立多元風險分攤模式及強化廠商與審查專家溝通等，2025年1月1日由公務預算50億元挹注全民健康保險基金，用於「癌症新藥暫時性支付專款」，並於2025年2月25日公告「癌症新藥暫時性支付專款作業原則」，適用之藥品為領有藥品許可證，臨床療效證據明確，但受總額預算限制尚未收載之癌症新藥或新適應症者，以及其他經健保署認定有必要者。 推動暫時性支付制度後，可加速引進新藥，提升病人使用具治療潛力之新藥可近性，並可降低病人經濟負擔。

以暫時性支付制度收載之項目，將搭配風險分攤模式，並依需要建置登錄系統，期間蒐集臨床試驗數據、真實世界實證資料，評估其療效及成本效益，以利健保再評估是否納入常規健保給付。截至2025年6月，已有11項新藥及5項擴增給付以暫時性支付收載，其中癌藥癌症新藥9項及擴增給付4項，包含用於治療肺癌、乳癌、大腸直腸癌、神經纖維瘤、多發性骨髓瘤及細胞治療產品CAR-T等。

透過暫時性支付機制及專款使用，以縮短新（癌）藥給付時程，讓病友及早取得突破性新藥，提升新藥可及性及減輕民眾治療負擔，有效照顧經濟弱勢病友。

健保癌症治療數位治理

健保署推動數位轉型，結合「國家癌症防治計畫」精準數位醫療之基礎建設，藉由採用快捷式健康照護可互通性資源（Fast Healthcare Interoperability Resources, FHIR）國際標準格式，實現病人資訊有效互通（Interoperability），並整合癌症病人從篩檢、診斷、治療到成果追蹤的完整癌症歷程資料，建立以病人為中心之全人全程真實世界資料，以利醫師更精準之診斷與處方，提升癌症治療效率及醫療品質。自113年起規劃NGS申報資料收載、癌症重大傷病申請、癌藥事前審查申請及癌症個案療效追蹤等癌症治療資訊。

real-world data (RWD) to evaluate the accuracy of genetic testing and the therapeutic effectiveness of targeted therapies. These evaluations aim to refine payment policies, support precision medicine for high-risk populations, and reduce the financial burden on the public. A total of 12 cancer types are covered under NGS testing, with an estimated 20,000+ or more patients benefiting annually supported by approximately NT$300 million in the NHI budget. Furthermore, on December 1st of the same year, single-gene testing for 7 additional cancer types was included, with an estimated 10,000 patients benefiting annually, supported by approximately NT$100 million in the NHI budget.

Implementing the Provisional Payment System for New (Cancer) Drugs

To promote President Lai's Healthy Taiwan policy regarding Taiwan's cancer mortality rate reduction by one-third by 2030 and meet patient needs, the NHIA strives to speed up the inclusion of new drugs, including optimizing the procedure, supervising the budget for new technological products or techniques, establishing a model of risk diversification, and strengthening communication between pharmaceutical companies and review experts. On January 1st, 2025, a total of NT$5 billion from the government budget was allocated to the National Health Insurance Fund for cancer drugs. On February 25th, 2025, the "Operation Directions on Provisional Payment Funds for New Cancer Drugs" were announced. The applicable drugs are those with drug permits and clear clinical efficacy evidence. They are specifically new cancer drugs or new indications which have not yet been included due to global budget limitations. Such applicable drugs also include

these deemed necessary by the National Health Insurance Administration. The implementation of the provisional payment can expedite new drug introduction, enhance patient access to potentially therapeutic new medications, and alleviate patients' financial burden.

The items included under the conditional reimbursement system will be paired with a risk-sharing model and, as needed, a registration system will be established. During this period, clinical trial data and real-world evidence will be collected to assess efficacy and cost-effectiveness, facilitating NHI's re-evaluation of whether to include them in routine NHI coverage. As of June 2025, a total of 11 new drugs and 5 expanded coverage items have been listed under the provisional payment, including 9 cancer drugs and 4 expanded coverage items for treating lung cancer, breast cancer, colorectal cancer, neurofibromatosis, multiple myeloma, and cell-based therapeuticalproducts (e.g., CAR-T).

Through the provisional payment and special fund usage, the timeline for new (cancer) drug coverage is shortened, allowing patients to obtain breakthrough new drugs earlier, improving new drug accessibility and reducing the public's treatment burden, effectively caring for economically disadvantaged patients.

Digital Governance in Cancer Treatment Under National Health Insurance

The National Health Insurance Administration (NHIA) is advancing digital transformation by integrating with the "National Cancer Control Program" to enhance digital healthcare infrastructure. By adopting the Fast Healthcare Interoperability Resources (FHIR) international standard format, the NHIA aims to achieve

於114年啟動醫院均得以FHIR送件，期能達到資訊數位化、系統自動化及標準一致化等三大目標，讓雙盲審查機制得以實現，提升審查公正性。展望未來，健保署將繼續擴展數位轉型範圍，強化數據整合與AI技術應用，提升癌症病人的照護品質與治療精準度，實現以病人為中心的全面照護。

成立國家級健康政策及醫療科技評估中心

健康政策與醫療科技評估中心（Center for Health Policy and Technology Assessment，簡稱CHPTA）於2024年1月1日正式運作，協助健保進行新醫療技術、藥品及醫材給付審查，提供藥物經濟學評估及政策評估、人才培訓外，扮演與國際HTA組織間資訊交流及經驗分享之重要角色，加速新藥收載，並擷取國際HTA組織發展經驗，奠定我國醫療科技評估之發展基礎。未來朝向設立行政法人為目標。

推動平行審查新措施

自2024年1月1日起，健保署推動平行送審新措施，廠商申請新藥查驗登記時，符合特定條件者，得同時向健保署申請建議給付，縮短等待許可證審查及健保核准給付時間，預估藥品於取得許可證後6個月內公告生效。截至2025年6月，共有15項藥品提出申請，其中2項藥品已於2025年5月1日及6月1日生效，可用於治療復發性或難治性多發性骨髓瘤成人病人及肺動脈高壓病人。

擴大新藥預算

2024年已於健保總額預算編列相關預算，包括新增新藥預算、藥品給付範圍改變預算及暫時性支付專款預算，共計60.49億元，為2023年的兩倍。2025年編列藥品相關預算共約101.27億元，包含以公務預算挹注50億元設立之「癌症新藥暫時性支付專款」；另亦爭取公務預算20億元挹注罕病藥費。將積極爭取多元財源挹注健保新藥預算，並視財源及醫療需求，滾動檢討逐步擴大癌症新藥暫時性支付專款。

interoperability of effective patient information. It also integrates the complete cancer care data journey from screening, diagnosis, and treatment to outcome tracking, creating patient-centered, real-world data for holistic care. This also enables more precise diagnoses and prescriptions by doctors, improving cancer treatment efficiency and healthcare quality.

Starting in 2024, the plan includes collecting NGS (Next-Generation Sequencing) claim data, major illness applications for cancer, prior authorization applications for cancer drugs, and treatment outcome tracking for individual cancer cases. In 2025, all hospitals will be able to submit documents using the FHIR format, aiming to achieve three major goals: digitalization of information, system automation, and standardization. This will enable a double-blind review mechanism, enhancing review fairness and impartiality.

Looking ahead, the NHIA will continue expanding the scope of digital transformation, strengthening data integration and AI technology applications to improve care quality and treatment precision for cancer patients, realizing comprehensive patient-centered care.

Setting up the Center for Health Policy and Technology Assessment

The Center for Health Policy and Technology Assessment (CHPTA) started operation on January 1st, 2024. In addition to assisting in new medical technology, medication and review for payment of medical materials in the NHI, offering assessments for medicine economics and policies, personal training, the CHPTA has an important role in communicating with international NHA organizations and sharing experiences. The

CHPTA also uses the experiences of international HTA organizations as a basis for health policy and technology assessments. The goal is to set up an incorporated administrative agency.

Launching Parallel Review Methods

On January 1st, 2024, the NHIA launched the parallel submission review system. When a company submits a drug licensing request, a request for NHI payment can be made at the same time, reducing waiting time between permit review and payment approval. Following receipt of the license, the drug should go into effect within six months. As of June 2025, a total of 15 drugs have submitted applications, of which 2 drugs took effect on May 1st, 2025 and June 1st, 2025, respectively, for the treatment of adult patients with relapsed or refractory multiple myeloma and patients with pulmonary arterial hypertension.

Expanding the Budget for New Drugs

The new drug budget was allocated in global budget. In 2024, a total of NT$6.049 billion is allocated for the addition of new drugs, budget for medication payment change and budget for provisional payment, doubling the amount allocated for 2023. The 2025 budget allocation for drug-related expenses totals approximately NT$10.127 billion, including NT$5 billion from the government budget to establish a cancer drug fund. Additionally, NT$2 billion from the government budget has been secured for rare disease drug expenses. Diversified funding sources to support the NHI budget for new drugs will be sought. Rolling reviews will be conducted to gradually expand the cancer drug budget for provisional payment mechanism and designated funds.

國際合作與醫療科技評估人才培訓

健保署除了和英國國家健康暨照護卓越研究院（National Institute for Health and Care Excellence，簡稱NICE）於2023年5月18日共同簽署醫療科技評估合作協定，以醫療科技評估趨勢、真實世界資料應用、創新藥品基金和癌藥基金財務運作等面向為合作重點，更進一步與法國國家健康管理機構（Haute Autorité de Santé，簡稱HAS）於2025年2月7日簽署合作協議，未來將持續聚焦數位醫療之科技評估，深化雙方在HTA領域的交流與能力建構，涵蓋專業人才培訓及高層互訪與經驗交流等，為臺灣在新醫療科技與政策發展上之挑戰，持續提供國際化視野與專業支持。

健保署於2025年5月28日及29日舉辦第3屆「臺英醫療科技評估合作協議工作坊」，邀請英國NICE專家來臺，以癌症藥物基金（Cancer Drugs Fund, CDF）之制度設計與執行為主軸，針對給付協議（Managed Access Agreements, MAA）之設計邏輯、執行架構、資料蒐集協議與再評估機制等議題進行系統性探討。

未來健保署與CHPTA將透過研學合作，借鏡國外標竿機構審查給付運用經驗，建構教、訓、用三合一機制，建立一套完善國內醫療科技評估人才來源及培訓制度，強化我國醫療科技評估管理實力。

醫療資訊上雲端　調閱分享無弗屆

健保醫療資訊雲端查詢系統

全民健保累積30年的健保申報資料，堪稱是全國最大的個人資料庫，近年來大數據（Big Data）觀念興起，健保署在資安確保下，開始逐步彙整各域資料，透過雲端運算技術提供醫師臨床專業判斷或將健保資料回饋給民眾。2013年7月健保署建置完成以病人為中心的「健保雲端藥歷系統」，提供特約醫事服務機構於診療需要時，可即時查詢病人過去6個月的用藥紀錄，作為醫師處方開立或藥事人員用藥諮詢參考，以提升民眾就

International Cooperation and Medical Technology Assessment Personnel Training

Beyond signing a medical technology assessment cooperation agreement with the United Kingdom's National Institute for Health and Care Excellence (NICE) on May 18, 2023, focusing on medical technology assessment trends, the application of real-world data, innovative drug funds, and the financial operation of cancer drug funds, the NHIA has further advanced international collaboration by signing a cooperation agreement with France's Haute Autorité de Santé (HAS) on February 7, 2025. Going forward, the partnership will continue to focus on technology assessment in digital healthcare, deepening bilateral exchanges and capacity building in the HTA field, including professional personnel training, high-level mutual visits, and experience sharing. This provides Taiwan with an international perspective and professional support to address challenges in new medical technology and policy development.

The NHIA held the 3rd "Workshop for Partnership Agreement between Taiwan and the United Kingdom on Health Technology Assessment" on May 28th-29th, 2025, inviting UK NICE experts to Taiwan. Centered on the institutional design and implementation of the Cancer Drugs Fund (CDF), the workshop conducted systematic discussions on topics including the design logic of Managed Access Agreements (MAA), implementation frameworks, data collection protocols, and re-evaluation mechanisms.

The NHIA will work in cooperation with CHPTA and establish a mechanism based on payment review in other countries, constructing a three-in-one human resource system of education, training and employment, to enhance our health technology assessment and management capabilities.

NHI MediCloud System for Sharing Information Anytime, Anywhere

The "NHI MediCloud System"

The NHIA has accumulated 30 years of health insurance reimbursement claim data. With big data technology improvement, the NHIA began to gradually compile data from various fields, and to use cloud technology to provide doctors necessary data for clinical judgments under secure environment. In July 2013, the NHIA established the patient-centered "NHI PharmaCloud System," allowing contracted medical institutions to immediately access patients' medication records of the previous six months for diagnostic or treatment purposes. Such information can be of great value to doctors in making out prescriptions or to pharmacists in providing medication counseling to patients, thereby enhancing healthcare quality and reducing the redundant consumption of medical resources. By integrating information from the NHI PharmaCloud System with in-hospital information systems, contracted medical institutions gradually established their own dedicated in-hospital medication management mechanisms, thereby enhancing medication safety.

Based on the NHI PharmaCloud System, since2016, the NHIA has developed the expanded "NHI MediCloud System" after referring to users' feedback and clinical needs. The "NHI MediCloud System" incorporates 12

醫品質，減少不必要之醫療資源重複使用。特約醫事服務機構整合健保雲端藥歷資訊及院內用藥管理系統，紛紛建置院內專屬之用藥管理機制，強化用藥安全環境。

基於前述推動基礎，健保署參考使用者回饋意見及臨床實務需求，自2015年起擴大發展「健保醫療資訊雲端查詢系統」，增建中醫用藥紀錄、檢查檢驗紀錄、檢查檢驗結果（含醫療影像、國民健康署成人預防保健及篩檢結果）、手術明細紀錄、牙科處置及手術紀錄、過敏藥物紀錄、特定管制藥品用藥紀錄、特定凝血因子用藥紀錄、復健醫療紀錄、出院病歷摘要及疾病管制署預防接種紀錄等共12類主題式資料。

2018年起「健保醫療資訊雲端查詢系統」陸續發展跨院重複用藥/檢查檢驗、西藥交互作用及過敏藥、中西藥交互作用、高風險腎臟病病人非類固醇抗發炎口服藥用藥等多項主動提示功能，提醒醫師於處方時留意病人藥品使用情形，節省醫師於診間需閱讀大量資訊時間，提升醫療效率及品質，保障病人安全。為提供使用者更友善之使用介面與客製化、視覺化功能，健保署2024年4月推出健保醫療資訊雲端查詢系統2.0，除優化介面及擴充客製化功能外，整合西醫用藥、檢查(驗)紀錄與結果【包含電腦斷層（CT）、磁振造影（MRI）、超音波、X光、胃鏡及大腸鏡等醫療影像】、手術紀錄、牙科處置及手術、出院病摘、中醫醫療、復健醫療、過敏紀錄、特定管制用藥及特定凝血因子用藥、疾病管制署預防接種、特材紀錄等13類病人跨院就醫資訊與預防接種資料，提供醫師、藥師、護理師等9類醫事人員使用，涵蓋基層社區精神復健、物理治療所、職能治療所、居家護理機構、醫事檢驗所、放射所、呼吸照護所、助產所等醫事機構，以創造健康大數據資訊共享，協助醫療團隊推動全人全程健康照護，讓健保資源能更加有效運用。

基層院所 HIS 雲端轉型

因應國際數位轉型，為提升醫療院所系統因應醫療政策變動敏捷度，本署規劃優先推動轉換基層醫療院所現行使用之本地端系統，階段式移轉至雲端服務，醫療模式透過雲端傳遞服務及資料交換，更利於醫療資料整合，進而提高醫療院所系統韌性。

健保署強化健保數位基礎建設的資安韌性和效能，鼓勵基層診所升級雲端系統並導入接軌國際的醫療資料交換標準（FHIR），提升資訊效能與安全。

電子處方箋，銜接就醫數位流程

響應ESG永續發展，本署以民眾需求及提升醫療可近性為出發，2024年9月起規劃推動電子處方箋，邀集花蓮縣各層級院所執行試辦，試辦過程因應臨床使用者及醫療資訊廠商相關意見優化整體資訊流，朝向足以普及於各醫療院所應用之推動方向。經前開試辦驗證可行，並於2025年7月起各區擇點推動中。

types of thematic data, including medication records, traditional Chinese medicine records, examination and test records and results (including medical imaging, adult preventative care services, colorectal cancer screening, oral cancer screening, breast cancer screening and cervical cancer screening conducted by the Health Promotion Administration, MOHW), surgical records, dental treatment and surgical records, drug allergy records, records on use of specific controlled drugs, records on use of drugs for specific coagulation factors, rehabilitation records, hospital discharge summaries, and vaccination records provided by the Taiwan Centers for Disease Control.

Since 2018, the NHIA has gradually developed active reminders for duplicated orders, drug interaction, drug allergies, and nonsteroidal anti-inflammatory drugs usage for high-risk kidney disease patients. With the technology, the NHI MediCloud System could remind the doctors to pay attention to drug prescriptions in a more active way for improving the quality and efficiency of healthcare services and ensuring the safety of patients. To offer more customized, visualized interface for users, the NHIA has launched the 2nd-generation NHI MediCloud system in April, 2024. In addition to optimize interfaces and expanding customized functions, the system integrates 13 categories of cross-institutional patient medical information and vaccination data, including medication records, examination records such as medical imaging, computed tomography (CT), magnetic resonance imaging (MRI), ultrasound, X-rays, gastroscopy, and colonoscopy), surgical records, dental treatments records, discharge summaries, traditional Chinese medicine, rehabilitation medicine, allergy records, specific

controlled drugs and coagulation factor medication records, Taiwan Center for Disease Control's vaccination records, and special material records. The system serves 9 categories of healthcare professionals including physicians, pharmacists, and nurses, covering medical institutions such as community mental health rehabilitation facilities, physical therapy clinics, occupational therapy clinics, home nursing institutions, medical laboratories, radiology centers, respiratory care facilities, and midwifery centers, creating shared health big data to assist healthcare teams in promoting comprehensive lifelong healthcare and enabling more effective utilization of NHI resources.

HIS in Community Hospitals

In response to international digital transforma-tion, the NHIA plans to transform the on-premise system used by community hospitals to a cloud-based system. Using Cloud technologies, hospitals will be able to integrate medical information, improving system resilience.

By enhancing the resilience and efficacy of digital health insurance infrastructure, promoting the Cloud system at community levels, and aligning with FHIR, the NHIA increases the safety and efficacy of digital health information.

Electronic prescriptions connect the digital medical process

In response to ESG, the NHIA plans to promote electronic prescriptions starting in 2024, driven by public demand and the goal of enhancing healthcare accessibility. Since September 2024, medical institutions at all levels in Hualien County have been invited to participate in pilot programs. During the trial process, feedback

雲端加值　精進健保快易通 App｜健康存摺運用

為避免不必要的檢驗檢查，健保署自2015年起，鼓勵醫療院所上傳病患各項檢驗檢查結果。2018年1月起，鼓勵醫療院所上傳CT、MRI、超音波、胃鏡、大腸鏡及X光檢查之醫療檢查影像，其他的院所即可透過健保醫療資訊雲端查詢系統調閱影像及報告內容。對民眾而言，至同層級醫院尋找第二醫療意見或在居家附近基層院所接受後續照護，只要由雲端調閱資料，就可看到檢驗檢查報告，節省等待醫院作業流程與金錢花費，也降低重複檢查的潛在健康風險。藉此落實分級醫療「社區好醫院，厝邊好醫師」的理念，提升病患就醫品質及方便性，也減少醫學中心壅塞的問題。

另外，健保署個人化雲端服務的「健康存摺」系統提供已註冊健保卡的民眾免插卡即可登入系統查詢的服務，運用視覺化資訊圖表，讓民眾快速瞭解個人最近的就醫紀錄、檢驗檢查結果及預防保健資料，直接掌握本身的健康狀況，進行自我健康管理。民眾也可以下載個人健康存摺資料加值運用或利用行動裝置登入「全民健保行動快易通｜健康存摺App」之「健康存摺」，隨時查詢個人就醫資料，或於就醫時提供醫師參考，縮短醫病間醫療資訊的不對等，提升醫療安全與效益。

健康存摺自2014年截至2024年12月31日止，健康存摺使用人數約1,191萬人，使用人次已達4億6,133萬人次。約9成使用者認同透過健康存摺可了解個人就醫情形，有助於掌握自我健康情形，顯示健康存摺對於促進民眾自我健康照護有正向幫助。健保署於2019年3月開發健康存摺資料介接服務(Software Development Kit, SDK)，為公部門首創的資料開放服務模式，截至2025年11月共12個單位24支App介接完成提供民眾服務。

隨著行動裝置的普及化，民眾運用行動裝置紀錄個人生理量測數據（包括血壓、血糖、心率等）已成趨勢潮流，2023年健康存摺連結Google Fit（2025年起改為Health Connect）及Apple Health將行動裝置紀錄個人生理量測數據載入健康存摺，讓民眾可以透過單一健康管理工具（健康存摺）查閱個人就醫及量測數值，便利管理個人健康；另健康存摺提供公費癌症篩檢結果異常主動推播功能，提醒癌症篩檢結果異常個案回診接受後續診療服務，積極主動照顧民眾健康。

from clinical users and healthcare IT vendors has been incorporated to optimize the overall information flow, aiming to establish a system that can be widely adopted across medical institutions. The program has been expanded to all regions, starting with selected pilot sites in July 2025.

Value-Added Cloud Services: Application of My Health Bank

The NHIA has encouraged hospitals and clinics to upload patients' testing and examination results since 2015 to avoid unnecessary tests, examinations, and medications. Beginning in January 2018, after patients have undergone CT, MRI, ultrasound, gastroscopy, colonoscopy, and x-ray examinations at a large hospital, other primary care hospitals and clinics can use the NHI MediCloud System to view patient images and reports. As a result, when people wish to obtain a second opinion from a hospital at the same level, or receive follow-up care at a primary care hospital or clinic near their home, medical personnel need only obtain their data from the cloud, and can then view the patients' testing and examination reports. This saves patients' money and time spent waiting for hospital procedures, and also lessens the potential health risk of multiple examinations. This also realizes the hierarchical healthcare ideal of "a good hospital in the community, a good doctor nearby," boosting the quality and convenience of healthcare, and easing congestion at medical centers.

Furthermore, the NHIA's individualized cloud service—My Health Bank—enables people who have registered their NHI cards to log into the system and make queries. With easy-to-understand charts and tables, My Health Bank allows users to quickly view and understand

their recent healthcare records, testing and examination results, and preventive care data, helping them monitor health status and perform health management. People can also download My Health Bank data for other applications or use a mobile device to log into the App and access their personal healthcare data for the reference of physicians during visits. This goes a long way toward improving the information asymmetry between doctors and patients and enhancing medical care safety and effectiveness.

From its launch in 2014 through December 31st, 2024, My Health Bank has reached approximately 11.91 million users, with usage exceeding 461.33 million times. Roughly 90% of users agree that My Health Bank can help them understand their healthcare situation and monitor their state of health. It is fair to say that My Health Bank effectively promotes improved health self-management among the public. In March 2019, the NHIA developed the My Health Bank SDK (Software Development Kit, SDK), a pioneering new data-sharing service model for the public sector. As of November 2025, a total of 24 apps developed by 12 institutes provide services to the public.

With the popularity of mobile devices, their use in recording vital signs such as blood pressure, blood sugar and heart rate has become a trend. My Health Bank has connected with Health Connect and Apple Health to record vital signs to My Health Bank App. With a single health management tool (My Health Bank), people can search for personal medical records and vital signs to manage personal health. Moreover, My Health Bank App alerts users to abnormalities in cancer screenings so they can seek further medical attention if necessary.

為弭平健康不平等，本署積極推動「全民健保行動快易通｜健康存摺App」健康數位無障礙服務，自2023年起與身障團體進行App無障礙需求訪談，經改善功能、使用者介面及操作流程，完成無障礙功能開發，於2023年12月20日正式改版上線，新增友善就醫查詢專區、導覽列視覺化、精進報讀功能及外開視窗提醒，保障身心障礙者與其他人在平等基礎利用資訊及通信。

健保卡資料上傳格式 2.0　精進醫療資訊串接

為提升民眾就醫便利性，自2004年1月1日起，健保IC卡全面正式上線，整合原有的健保紙卡、兒童健康手冊、孕婦健康手冊和重大傷病證明卡4種卡冊的就醫紀錄，並將原本卡冊上明示之登記事項，以隱性及代碼方式，登記於晶片內，除具便利性，同時保障就醫隱私。

為提高健保卡就醫資料之正確性及完整性，減少紙本處方箋重複調劑、重複檢查的情形，健保署2023年9月1日實施「就醫識別碼（健保卡資料上傳格式2.0）」（以下簡稱健保卡2.0），藉由民眾就醫當下，產生一組就醫時之人、時、地特定編碼即就醫識別碼，作為各項就醫資料的唯一鍵值，以串聯就醫後各項檢查/驗結果、醫療影像、出院病歷摘要、醫療費用申報、醫療資訊雲端查詢系統及健康存摺系統等資料，並進一步推動電子處方箋，藉由就醫資訊的整合，即時管理監控異常就醫紀錄。亦訂定「健保卡資料上傳格式2.0改版獎勵」提供院所改版誘因。實施初期採申請制逐步推動，上線後因應各界使用後之回饋意見，持續精進系統功能，歷經二年積極宣導及推動，健保卡2.0已於2025年9月1日全面單軌上線。

To reduce inequality in health, the NHIA is actively promoting the "My Health Bank App" to cater to the needs of physically challenged individuals. Discussions on the needs of physically challenged individuals began in 2023, followed by improvements in function, user interface, and operating procedure. The updated version was launched on December 20th, 2023. Physically and mentally challenged individuals can access information using this version, which features a visualized navigation bar, advanced reader function and a reminder of the external window.

NHI Card 2.0: Identification Code for Medical Treatment and Connection of Information in Precision Medicine

Smart NHI cards were formally introduced on January 1st, 2004 to make people's access to medical care more convenient. These IC cards integrate the medical records and information originally contained in paper NHI cards, children's health booklets, maternal health booklets, and catastrophic illness certificates. The information has been originally recorded on the NHI cards' chips in encrypted and encoded form. Apart from offering greater convenience, the IC cards also better protect medical privacy.

To increase the accuracy and integrity of medical records in the NHI card and to reduce the possibilities of repeat prescription and examination, the NHIA implemented the identification code for medical treatment (2.0 version of the NHI card). As a person seeks medical treatment, an identification code will be generated based on the information regarding the person, the time, and the place of treatment. The code serves as reference for a range of examination records, medical imaging, discharge medical record summary, declaration of medical expenses, MediCloud, My Health Bank App and digital prescription. The abnormalities can be monitored immediately with the integration of medical records. Incentives for upgrading the NHI Card to 2.0 version were also set to encourage hospitals to upgrade the system. In the initial stage, the new system can be approached via application. Subsequent advancement of the system will base on later users' feedback on the version. After two years of active promotion and implementation, the NHI Card 2.0 has been fully launched on a single-track system as of September 1, 2025.

多重機制縱深防禦確保資訊安全

健保卡不僅確保民眾個人隱私，也代表臺灣醫療網路的資訊平台聯繫更加順暢，健保卡在安全管理上也多次獲得國際肯定。為保障資訊安全，健保卡採取多重防偽處理，晶片採多重相互驗證機制，以確保資料安全。

在網路系統上，則採用健保資訊網封閉性專屬網路，設有多道防火牆，可降低駭客入侵系統或盜取資料之風險；健保卡紀錄均以代碼登載及亂碼傳輸，有效保障個人隱私。

為強化健保卡和健保資料的安全管理機制，健保署自2003年8月即成立「資通安全小組」，負責相關工作及推動認證，另外，健保署為落實資訊安全工作，全面推動資訊安全管理系統（ISMS）建置作業，讓資訊安全確實向下扎根。對外網路採單一入口並建構縱深防禦機制，布建各式偵測及防禦機制（如SOC、防火牆、郵件過濾、入侵偵測、應用系統防火牆、防毒防駭軟體、進階持續性威脅攻擊防禦措施），以進行全年無休之網路及電子郵件安全監控作業，於資料庫內可資識別個人資料之欄位加密方式儲存，以確保健保署整體資通安全。

Multiple Mechanisms for Ensuring Information Security

NHI cards can not only protect personal privacy but also facilitate the smooth flow of information in Taiwan's medical information system. NHI card security safeguards have earned international recognition on numerous occasions. To maintain information security, NHI cards employ multiple security measures, and the card chip uses several mutual authentication mechanisms to ensure data security.

NHI information is transmitted through the NHIA's closed VPN system, with multiple firewalls to reduce the risk of hackers breaking into the system or stealing data. In addition, to protect personal privacy, NHI card records are entered in encoded form and transmitted after encryption.

To further strengthen NHI card and health insurance data security, the NHIA established an information security task force in August 2003 to be responsible for relevant tasks and promote certification. In addition, the NHIA has established an information security management system (ISMS). The NHIA's information security measures also include the establishment of a single network entry point, in depth defense mechanisms, and various detection and defense mechanisms (such as SOC, firewalls, email filters, intrusion detection, application system firewalls, anti-virus/anti-spyware software, and advanced continuous threat and attack prevention measures). There are constant network and e-mail security monitoring. Personal information fields in databases are stored in encrypted form, ensuring the NHIA's overall information security.

Chapter
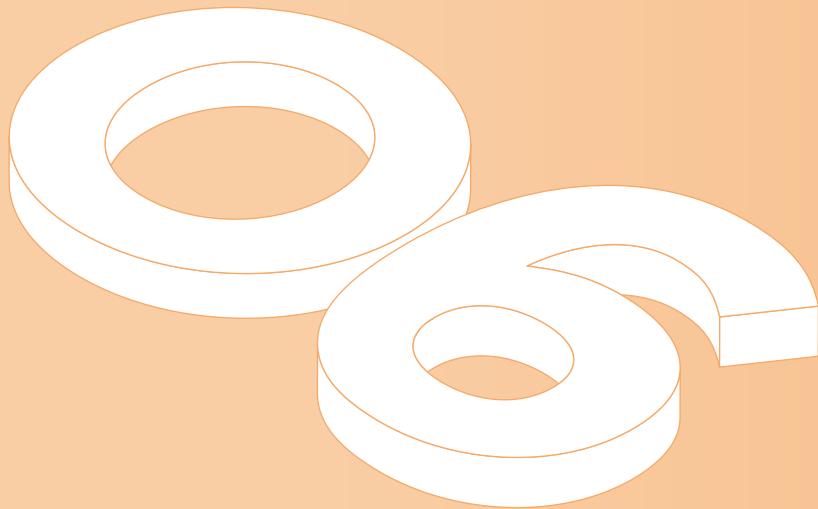
照顧弱勢　守護偏鄉

Care for the
Disadvantaged and
Watch over Isolated Areas

照顧弱勢　守護偏鄉

對經濟弱勢民眾的補助措施

全民健保採強制納保，社會上難免有一部分繳不起保險費的低收入戶及經濟邊緣人口，如何貫徹全民納保政策，有賴多項協助措施，以確保社會安全網的穩固，更彰顯自助互助的精神。為了照顧癌症、洗腎、血友病、精神病等重大傷病患者，以及經濟困難弱勢民眾的就醫權益，健保署提出多項協助繳納保險費的措施。另外，對於罕見疾病、重症患者及偏遠地區民眾，亦提供醫療及經濟上的協助。現行的協助措施包括保險費補助、紓困貸款及分期繳納等，執行成果請見表6-1。

表6-1	繳納健保費之協助措施成效
Table 6-1	Results of Premium Payment Assistance Measures

項目 Item	對象 Assistance recipients	年度 Year	人（件）數 Number of persons/ cases	金額（新臺幣） Amount (NT$)
保費補助 Premium subsidies	政府對特定弱勢者補助健保費，包括低收入戶、中低收入戶、無職業榮民、失業勞工及眷屬、身心障礙者、未滿20歲及55歲以上之無職業原住民 The government provides premium subsidies for members of underprivileged groups, including low income households, near-poor households, unemployed veterans, unemployed workers and their dependents, the physically and mentally disabled, and unemployed indigenous citizens who are under the age of 20 or over the age of 55.	2023	394.5 萬人 3.945 million persons	344.6 億元 NT$ 34.46 billion
		2024	401.2 萬人 4.012 million persons	361.7 億元 NT$ 36.17 billion
紓困貸款 Relief fund loans	符合衛生福利部所訂經濟困難資格者 Persons meeting economic hardship requirements set by the MOHW	2023	1,598 件 1,598 cases	1.52 億元 NT$ 152 million
		2024	1,276 件 1,276 cases	1.29 億元 NT$ 129 million
分期繳納 Installment payment plans	欠繳保險費無力一次償還者 Persons who are unable to immediately repay owed premiums in one go	2023	7.2 萬件 72,000 cases	22.20 億元 NT$ 2.22 billion
		2024	7.1 萬件 71,000 cases	22.26 億元 NT$ 2.226 billion
愛心轉介 Referral to charities	無力繳納健保費者 Persons who are unable to pay premiums	2023	5,963 件 5,963 cases	5,107 萬元 NT$ 51.07 million
		2024	5,609 件 5,609 cases	6,005 萬元 NT$ 60.05 million

資料時間：2023年1月1日至2024年12月31日。
Data period: January 1st, 2023 to December 31st, 2024

Care for the Disadvantaged and Watch over Isolated Areas

Subsidies for the Economically Disadvantaged

NHI enrollment is mandatory. However, some low-income households and people on the margins of society cannot afford to pay their premiums. To fully implement the government's blanket enrollment policy, the NHIA has taken a number of assistance measures to strengthen the social welfare net and realize the spirit of mutual help. In addition, the NHIA has also introduced premium payment assistance measures to help care for patients suffering from cancer, hemophilia, or severe mental illness or receiving dialysis, as well as underprivileged persons in need of medical attention against economic difficulties. Medical and economic assistance is also offered to persons with rare or critical illnesses and those living in isolated areas. Such assistance measures include premium subsidies, relief loans, and installment payment plans. Refer to Table 6-1 for the results of implementation.

弱勢群體保費補助

各級政府對特定弱勢者補助健保費，包括低收入戶、中低收入戶、無職業榮民、失業勞工及眷屬、身心障礙者、未滿20歲及55歲以上之無職業原住民，2022年全年補助人數約365.3萬人，補助金額約322.7億元。2024年全年補助人數約401.2萬人，補助金額約361.7億元。

紓困貸款

提供經濟困難的民眾，無息申貸健保費用及應自行負擔而尚未繳納之醫療費用，以保障就醫權益。2023年全年共核貸1,598件，金額1.52億元。2024年全年共核貸1,276件，金額1.29億元。

分期繳納

對於不符合紓困貸款資格，但積欠健保費達2,000元以上，因經濟困難無法一次繳清者，2023年全年辦理分期繳納共7.2萬件，合計22.2億元。2024年全年辦理分期繳納共7.1萬件，合計22.26億元。

轉介公益團體補助保險費

對於無力繳納健保費者，健保署提供轉介公益團體、企業及個人愛心捐款，以補助其健保費。2023年全年轉介成功個案計5,963件，補助金額共5,107萬餘元。2024年全年轉介成功個案計5,609件，補助金額共6,005萬餘元。

保障弱勢民眾就醫權益

為落實醫療平權之普世價值，健保署2016年6月7日起實施「健保欠費與就醫權脫鉤（全面解卡）案」，推動健保全面解卡，給予國人就醫權益的公平性保障，民眾只要辦理投保手續，均可安心就醫。健保全面解卡象徵著醫療人權更上一層樓，受惠對象絕非過去欠費遭鎖卡者，而是藉著廢除鎖卡制度，才能夠真正去除弱勢民眾心中恐懼欠費而無法就醫的枷鎖，更加落實政府照顧弱勢，保障全民就醫權益之宗旨。

惟為健全全民健保制度，健保署依據健保法第37條，於2018年起陸續針對長期出國及有經濟能力之欠費者，經查證後先通知輔導繳納欠費，如仍未繳納健保欠費者始予鎖卡，目的在促請保險對象善盡健保費繳納之義務。

全民健保對弱勢民眾積極提供各種保障措施，建構完整的健保經濟困難民眾保護傘，排除民眾參加健保之經濟障礙，使經濟困難民眾隨時享有妥適之醫療照護，協助其辦理投保、健保費紓困、轉介、分期繳納等。

爭取公益彩券回饋金協助弱勢族群

為落實照顧弱勢族群，保障其就醫權益，健保署除既有分期繳納、紓困貸款及愛心專戶等協助措施外，自2008年起爭取公益彩券回饋金協助弱勢族群減輕就醫負擔，主動篩選並發函通知符合資格的民眾，協助其繳納健保相關欠費等。迄2024年12月底，累計補助金額已達52.20億元，累計補助人數達27萬1,828人（表6-2）。

Premium Subsidies for Underprivileged Groups

Governments at different levels provide premium subsidies to various underprivileged groups, including low-income households, middle-to-low-income households, unemployed veterans, unemployed workers and their dependents, the physically and mentally disabled, and unemployed indigenous citizens who are under the age of 20 or over the age of 55. A total of NT$34.46 billion in such subsidies was provided to 3.945 million people in 2023, followed by a total outlay of NT$36.17 billion that benefitted 4.012 million people in 2024.

Relief Fund Loans

To protect people's right to healthcare, the NHIA provides interest-free loans to members of the public in economic difficulties so that they can pay their premiums and cover unpaid copayments. A total of NT$152 million went toward such loans granted to 1,598 cases in 2023, and NT$129 million was loaned to 1,276 cases in 2024.

Installment Payment

For people not eligible for relief loans, the NHIA offers installment payment plans to persons who owe premiums totaling more than NT$2,000, but due to economic hardship, cannot repay this debt in one go. Installment payment plans for a total of NT$2.22 billion were provided in about 72,000 cases during 2023, followed by NT$2.226 billion in nearly 71,000 cases in 2024.

Referral to Charitable Groups for Premium Subsidies

For persons who are unable to pay their premiums, the NHIA also provides referral to charitable groups, companies, and individuals for premium subsidies. Such referrals were made in 5,963 cases involving total subsidies of NT$51.07 million in 2023, and NT$60.05 million in 5,609 cases in 2024.

Protecting the Right to Healthcare of the Underprivileged

The NHIA proactively upholds the universal value of equal access to healthcare. The "decoupling of the right to healthcare from unpaid NHI premiums and fees" policy was launched on June 7th, 2016. As long as individuals have completed their subscription procedures, they can enjoy access to NHI-covered healthcare. The unblocking of all NHI cards represented a significant milestone in safeguarding the right to healthcare, ensuring that beneficiaries will not have their cards blocked due to unpaid premiums or fees. The abolition of the card blocking system has alleviated the concerns of individuals who previously feared being denied essential health care due to outstanding payments. This further demonstrates the government's commitment to caring for the underprivileged and protecting the healthcare rights of citizens.

However, to maintain the integrity of the National Health Insurance system, the NHIA has, since 2018, gradually implemented measures under Article 37 of the National Health Insurance Act targeting long-term overseas residents and financially capable delinquent payers. After verification, these individuals are first notified and

| 表6-2 | 最近2年公益彩券回饋金補助成果表 |
| Table 6-2 | Public Welfare Lottery Contributions during the Last Two Years |

年度 Year	計畫名稱 Program	人數 Persons	金額 （新臺幣） Amount (NT$)
2023	協助中度以上身心障礙者及貧戶家庭脫離健保欠費困境計畫 Plan to Help Persons with Moderate or More Severe Physical or Mental Disabilities and Low-income Households Obtain Relief from Unpaid NHI Premiums and Fees	7,662	2.14 億元 NT$ 214 million
2024	協助中度以上身心障礙者、未成年及貧戶家庭脫離健保欠費困境計畫 Plan to Help Persons with Moderate or More Severe Disabilities, Minors, and Low-income Households Obtain Relief from Unpaid NHI Premiums and Fees	8,269	1.79 億元 NT$ 179 million
2008/1~2024/12 總計 Total		271,828	52.20 億元 NT$ 5.220 billion

註：資料時間截至2024年12月底。　Note: The data period ends in December 2024.

減輕特定病患就醫部分負擔費用

對於領有「身心障礙證明」者，門診就醫時不論醫院層級，門診基本部分負擔和藥品部分負擔費用均按診所層級，較一般民眾為低。

對於包括癌症、慢性精神病、洗腎、罕見疾病及先天性疾病等領有重大傷病證明的病患，免除該項疾病就醫的部分負擔費用。另為保障罕見疾病患者權益，凡屬於衛生福利部公告的罕見疾病必用藥品，健保均以「專款專用」方式給付，實質減輕其就醫經濟負擔。

對疾病弱勢族群照護

身心障礙者

健保署自2002年起施行「牙醫門診總額特殊醫療服務計畫」，以醫療服務加成支付方式服務，鼓勵醫師提供先天性唇顎裂患者及特定身心障礙者牙醫醫療服務。

至2006年起放寬可由各縣市牙醫師公會或牙醫團體組成醫療團，定期至身心障礙福

利機構服務、支援未設牙科之精神科醫院或特殊教育學校提供牙醫特殊巡迴醫療服務。2011年7月1日起，更進一步針對特定身心障礙類別且符合居家照護條件者，提供到宅服務。2013年1月1日起，新增提供入住身心障礙機構之長期臥床者牙醫服務。2014年1月1日起增加政府立案收容發展遲緩兒童機構者機構服務。2015年1月1日起進一步提供衛生福利部所屬老人福利機構內，長期臥床者牙醫診療服務。2016年1月1日新增提供重度以上重要器官失去功能者牙醫服務。2020年1月1日起新增出院準備個案及經衛生福利部護理及健康照護司擇定之一般護理之家牙醫服務。2021年1月1日起新增腦傷及脊髓損傷之中度肢體障礙者牙醫服務。2024年1月1日起調高特定身心障礙者加成，極重度身心障礙病人、自閉症及失智症得加11成、重度病人得加9成、中度病人（含發展遲緩兒童）及中度以上精神疾病病人得加5成、輕度病人（含失能老人）得加3成。

guided to pay their outstanding premiums. Only those who still fail to pay their NHI arrears will have their cards suspended, with the purpose of urging insured persons to fulfill their obligation to pay NHI premiums.

The NHIA implements multiple measures to support underprivileged individuals, establishing a healthcare safety net for citizens experiencing economic hardships. By eliminating barriers to NHI coverage, the NHIA ensures that individuals in financial difficulties can access necessary medical care whenever needed. Furthermore, the NHIA provides assistance to these individuals by offering support in NHI enrollment, premium relief, referrals to aid programs, and flexible installment payment plans.

Seeking for Public Welfare Lottery Contributions to Help the Disadvantaged

To ensure healthcare access for underprivileged groups and safeguard their right to healthcare, the NHIA implements various assistance measures, including installment payment plans, relief loans, and referrals to charitable programs. Since 2008, the NHIA has also utilized contributions from the Public Welfare Lottery to alleviate the medical financial burdens of eligible underprivileged individuals. Proactively identifying qualified persons, the NHIA notifies them about available assistance for paying NHI premiums and fees. As of the end of December 2024, a cumulative NT$5.220 billion in subsidies had been disbursed to support 271,828 individuals (Table 6-2).

Easing Copayment Burden on Specific Patients

Persons who have received a disability certificate need only pay a clinic-level outpatient copayment when seeking care at any level of hospital or clinic. This copayment is lower than that paid by the general public.

For patients with conditions such as cancer, chronic mental illness, dialysis needs, rare diseases, or congenital disorders who possess a major illness/injury certificate, there is no requirement for copayment when they are seeking medical care specifically related to these conditions. To safeguard the rights of patients with rare diseases, the NHI covers the costs of all medications necessary for the treatment of rare disorders, as designated by the MOHW, through a fund for a specified purpose. This initiative has substantially alleviated the financial burden on individuals with rare diseases.

Caring for the Medically Vulnerable

Persons with disabilities

Initiated in 2002, the NHIA's "Dental Outpatient Global Budget Special Medical Service Plan" provides services under a medical service markup payment system. Dentists are encouraged to serve patients with congenital cleft lip and palate and other specific disabilities.

In 2006, the NHIA expanded to allow local dentist associations or groups to establish dental teams catering specifically to institutions providing care for individuals with disabilities. These dental teams are authorized to offer regular services, including mobile health dental

重大傷病患者

現行健保署公告的重大傷病範圍有30類，包括癌症、慢性精神病、洗腎及先天性疾病等，這些疾病醫療花費極高，凡領有重大傷病證明的保險對象，因重大傷病就醫便可免除該項疾病就醫之部分負擔費用。

截至2024年12月底，重大傷病證明有效領證數約有106萬餘張（人數為99萬7千餘人，約占總保險對象的4.2％），而2024年全年重大傷病醫療費用約2,629億餘元（占全年總醫療支出的28.4％），健保藥品費用中，每年約有903億元（約3.5成）用於重大傷病，顯示重大傷病的醫療費用支出比重高，全民健保的確為他們提供實質的協助。

罕病患者

罕見疾病屬重大傷病範圍項目，就醫時可免除部分負擔，截至2024年12月衛生福利部公告的罕見疾病種類有245項，截至2024年12月底止，重大傷病罕見疾病項目領證數共1萬5,398張。經統計2024年罕見疾病之藥品費用約為109億元。

為照顧罕見疾病患者，凡經通過列為罕見疾病患者治療藥品，皆加速收載於「全民健康保險藥物給付項目及支付標準」列入給付，使罕見疾病患者受到應有的照顧，減輕醫療照護的負擔。

care, to psychiatric hospitals without dental departments and special education schools for individuals with special needs. Since July 1st, 2011, dentists from these teams have provided in-home dental services to individuals with designated disabilities who meet the criteria for home health care. On January 1st, 2013, the dental teams expanded their services to include bedridden patients at institutions dedicated to the care of individuals with disabilities. From January 1st, 2014, these teams began providing dental care at government-registered institutions catering to children with developmental delays. The scope of their services was further extended to include bedridden individuals at elderly care facilities under the MOHW from January 1st, 2015. Further services to persons suffering from severe loss of major organ functions on January 1st, 2016, as of January 1st, 2020, dental care has been made available to individuals preparing for hospital discharge and general nursing homes selected by the MOHW's Department of Nursing and Health Care. Furthermore, dental services have been extended to individuals with moderate functional disabilities caused by brain and spine injuries since January 1st, 2021. Starting January 1st , 2024, the premium subsidies for specific persons with disabilities were increased: patients with the most severe disabilities, autism, and dementia receive an 110% increase; patients with severe disabilities receive a 90% increase; patients with moderate disabilities (including children with developmental delays) and those with moderate or above mental illnesses receive a 50% increase; patients with mild disabilities (including elderly with functional impairments) receive a 30% increase.

Persons with catastrophic illnesses and injuries

The NHIA currently recognizes 30 types of catastrophic illnesses and injuries, including cancer, chronic mental illness, conditions requiring dialysis, and congenital disorders. These illnesses often incur substantial medical expenses that pose financial challenges. To alleviate the burden on the insured, the NHIA has implemented a policy of waiving copayments for the treatment of these catastrophic illnesses and injuries for all those who possess a major illness/injury certificate.

As of the end of December 2024, more than 1.06 million valid catastrophic illness/injury certificates had been issued (to more than 997,000 persons, who accounted for roughly 4.2% of all insureds). Total medical expenditures for catastrophic illnesses and injuries exceeded NT$262.9 billion in 2024 (accounting for 28.4% of all NHI medical expenditures for the year). Of the annual expenses for NHI-covered drugs, about NT$90.3 billion (nearly 35%) is spent on those meant for catastrophic illnesses and injuries each year. It is clear that catastrophic illnesses and injuries account for a very large share of medical expenses, and the NHI consequently is a godsend for patients with these conditions.

Persons with rare diseases

Since rare diseases are considered catastrophic illnesses and injuries, copayments are waived when patients seek treatment. As of December 2024, the MOHW had recognized 245 rare diseases, and 15,398 major illness/injury certificates had been issued for rare diseases accordingly. NHI's drug expenditures for rare diseases totaled NT$10.9 billion in 2024.

多重慢性病患者

多重慢性病患乃是我國醫療照護系統中最重要的資源使用者，隨著我國人口結構的逐年老化，多重慢性病的盛行率逐年升高，其醫療照護課題也將愈趨重要。為使多重慢性病的民眾可以獲得整合性照護服務，避免重複不當用藥或處置等，影響病人安全，健保署自2009年12月1日起，推動「醫院以病人為中心之整合照護計畫」，提升醫療照護品質。

本計畫執行多年，每年收案照護對象平均就醫次數較上年同期呈現減少，施行成效良好。2024年12月參與照護，提供整合服務之醫院共134家。

對山地離島、偏鄉及醫療資源缺乏地區族群的照護

依據健保法第43條暨施行細則第60條，經公告之醫療資源缺乏地區就醫之門診、急診與居家照護服務，減免20％部分負擔，除此之外，健保署亦實施下列計畫以提升山地離島地區或醫療資源缺乏地區之醫療服務：

全民健康保險山地離島地區醫療給付效益提昇計畫

山地離島地區因地理環境及交通不便，醫療資源普遍不足；因此健保署規劃由有能力、有意願之醫療院所以較充足的醫療人力送至山地離島地區，自1999年11月起，陸續在山地離島地區實施「全民健康保險山地離島地區醫療給付效益提昇計畫（Integrated Delivery System, IDS計畫）」，鼓勵大型醫院至該地區提供專科診療、急診、夜診等定點或巡迴醫療服務。

目前全國公告之山地離島鄉計有50鄉鎮區，共26家特約院所承作30項計畫，其中，自2022年起花蓮縣秀林鄉由IDS計畫轉型為「山地鄉全人整合照護執行方案」，2025年起於宜蘭縣、連江縣、桃園市、南投縣、嘉義縣、高雄市、花蓮縣的9個山地離島地區擴大辦理「全民健康保險偏鄉地區全人整合照護方案（全人整合照護方案）」。2024年IDS計畫及山地鄉全人方案服務山地離島鄉民眾服務民眾達48萬餘人，當地民眾對計畫平均滿意度為96％。

To care for patients with rare diseases, payments for all drugs needed in the treatment of these diseases are quickly added to the "National Health Insurance Drug Dispensing and Fee Schedule." This has ensured that persons with rare diseases receive the care they need while easing their healthcare burden.

Persons with multiple chronic conditions

Individuals with multiple chronic conditions represent the highest utilization of healthcare resources in Taiwan's healthcare system. With the country's aging population, the prevalence of multiple chronic conditions is steadily rising, making the care of these individuals an issue of concern. To ensure that people with multiple chronic conditions receive comprehensive and coordinated care services, while also minimizing the risks associated with repeat or incorrect medications or treatments, the NHIA introduced the "Patient-Centered Hospital Integrated Care Program" across local hospitals on December 1st, 2009.

Since its implementation, the program has demonstrated effectiveness, as evidenced by a steady decline in the average number of medical visits among program participants over the years. As of December 2024, a total of 134 hospitals participated in the program.

Providing care in medically underserved isolated areas

According to Article 43 of the National Health Insurance Act and Article 60 of its enforcement rules, persons seeking outpatient, emergency, and home care services in areas officially recognized as lacking in medical resources

receive a 20% discount on copayments. In addition, the NHIA has also implemented the following programs to enhance healthcare services in mountain areas, on offshore islands, and in other medically underserved areas:

NHI Integrated Delivery System for mountain areas and offshore islands

Due to the geographical constraints and inconvenient transportation, mountain areas and offshore islands often face difficulties in accessing healthcare services. In response, the NHIA has planned for capable and willing medical institutions with relatively sufficient medical personnel to be dispatched to these regions. In November 1999, the NHIA has implementedthe Integrated Delivery System (IDS) program for mountain areas and offshore islands. This program encourages large hospitals to offer specialized medical services, emergency care, and evening clinics either at fixed locations or through mobile healthcare services, ensuring that residents in these areas receive the necessary healthcare support.

Currently, there are 50 townships and districts in mountainous and outlying island areas have been officially designated nationwide, with 26 contracted medical institutions implementing 30 projects. Among these, Xiulin Township in Hualien County has transformed from the IDS program into the "Mountain Township Integrated Holistic Implementation Plan" since 2022. In 2025, the "National Health Insurance Remote Area Integrated Holistic Implementation Plan" (hereafter referred to as Holistic Integrated Care Program) has been expanded to 9 mountain and outlying island areas in Yilan County, Lienchiang County, Taoyuan City, Nantou County, Chiayi

醫療資源不足地區改善方案

2024年投入9.22億元，持續辦理醫療資源不足地區改善方案，以「在地服務」的精神鼓勵中、西、牙醫醫師至醫療資源不足地區執業，或是以巡迴方式提供醫療服務。2024年共有667家特約院所至醫療資源不足地區巡迴，服務民眾達75.4萬餘人次。

醫療資源不足地區之醫療服務提升計畫

一、任務型補助：2012年起實施「全民健康保險醫療資源不足地區之醫療服務提升計畫」，對象為離島、山地鄉及醫療資源不足或相鄰鄉鎮提供24小時急診及內、外、婦、兒科服務之醫院（不限地區醫院），以專款預算給予點值保障，2024年計有99家醫院參與。

二、基本營運保障：燈塔型地區醫院（2024年開始）符合本計畫對象條件之地區醫院，且符合離島醫院、急救責任醫院及該鄉鎮（區）僅有一家醫院者，補助該等醫院收入或予以點值保障，2024年計符合補助條件計33家醫院。

全民健保遠距醫療給付計畫

遠距會診（不限西醫專科）或急診遠距會診（不限科別），提升偏鄉地區專科門診可近性。2024年專科門診遠距會診服務人次計12,651人次，急診遠距會診服務人次計3,050人次。

County, Kaohsiung City, and Hualien County. In 2024, the IDS program and Integrated Holistic Care Implementation Plan served over 480,000 residents in mountain and outlying island townships, with an average satisfaction rate of 96% among local residents.

Improvement Project for Regions Deficient in Medical Resources

The NHIA allocated NT$922 million for the 2024 Improvement Project for Regions Deficient in Medical Resources. Dentists and Traditional Chinese Medicine (TCM) and medicine physicians are encouraged to demonstrate their commitment to serving local communities by starting practices in areas that lack sufficient medical resources or providing mobile healthcare services. In 2024, a total of 667 contracted hospitals and clinics conducted mobile healthcare services, benefiting over 754,000 individuals in medically underserved areas.

Medical Service Improvement Program for Medically Underserved Areas

1. Task-based subsidies: Since 2012, the "National Health Insurance Medical Service Improvement Program for Medically Underserved Areas" has been implemented. The program targets hospitals (not limited to regional hospitals) that provide 24-hour emergency services and internal medicine, surgery, obstetrics and gynecology, and pediatric services in outlying islands, mountain townships, and medically underserved or adjacent townships and districts. These hospitals receive point value guarantees through dedicated budget

funding. In 2024, a total of 99 hospitals participated in the program.

2. Basic operating subsidies: Lighthouse-type regional hospitals (starting in 2024) are regional hospitals that meet the criteria of this program and qualify as outlying island hospitals, designated emergency hospitals, and hospitals that are the sole medical facility in their township or district. These hospitals receive revenue subsidies or guarantees. In 2024, a total of 33 hospitals met the subsidy criteria.

Medicare Telemedicine Benefit Plan

Remote consultation (not limited to any western medicine specialty) or emergency remote consultation (not limited to any specialty) were set up to improve the accessibility of specialized outpatient services in remote areas. In 2024, specialized outpatient remote consultation services totaled 12,651 person-times, and emergency remote consultation services totaled 3,050 person-times.

Chapter

03
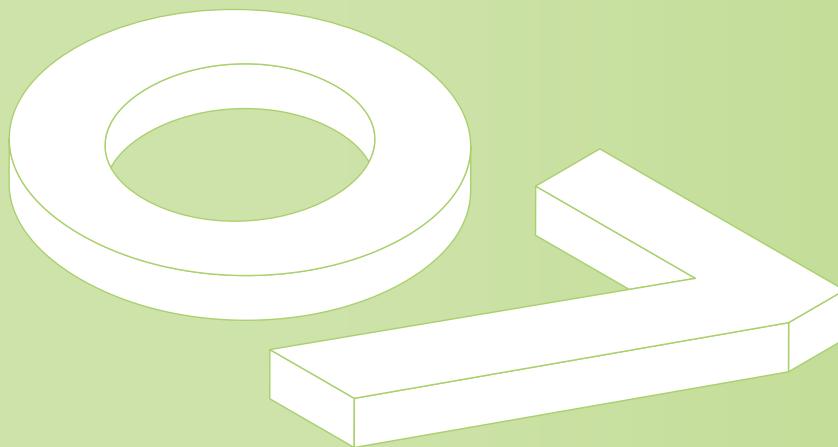
民眾滿意　國際肯定

**Public Satisfaction and
International Recognition**

民眾滿意　國際肯定

健保經驗　蜚聲國際

　　全民健康覆蓋（Universal Health Coverage）為聯合國永續發展目標的重要項目之一，其宗旨是為了保障每個人都能獲得基本的醫療照護服務，而我國自1995年開辦健保至今，即是為了讓全體國民均享有平等就醫的權利，提供民眾高可近性且低負擔的就醫環境。根據CEOWORLD雜誌（世界著名商業雜誌），2025年全球資料庫網站Numbeo公布的健康照護指標（Health Care Index），臺灣連續第七年排名第一，展現我國醫療衛生軟實力。

　　近年因癌症治療方式日新月異，明顯衝擊健保有限資源。為加速取得先進癌症藥品，並兼顧健保永續發展，時任本署石崇良署長、時任國民健康署吳昭軍署長及時任財團法人醫藥品查驗中心（CDE）林時宜執行長等人，於第76屆世界衛生大會(WHA)會前赴英國，拜訪英國國家健康暨照護卓越研究院（National Institute for Health and Care Excellence, NICE）及英國國民健康服務署（National Health Service, NHS）官員，就創新藥品基金（Innovative Medicines Fund, IMF）及癌藥基金（Cancer Drugs Fund, CDF）運作模式、醫療科技評估（Health Technology Assessment, HTA）、多元財務管控機制等議題進行交流，並與英國NICE於2023年5月18日共同簽署合作協定，以深化

雙方資訊交流及人員訓練，以提升健保新藥給付評估及財務管理機制。為達成具體效益，自2023年起至2025年，每年辦理臺英醫療科技評估合作協議工作坊，邀請英國NICE來臺交流，探討癌症藥物基金的運營經驗與流程。

　　為更進一步優化我國醫療科技評估機制以強化健保財務，並與國際HTA組織建立合作關係，提升評估品質與決策透明度，2024年本署與法國國家健康管理機構（Haute Autorité de Santé, HAS）啟動雙邊交流，並於2025年2月7日正式簽署合作協議（Partnership Agreement, PA）。雙方將透過高層互訪、專業培訓及數位轉型經驗分享，深化HTA在創新醫療與財務永續，透過雙方經驗分享及合作，共同因應新醫療科技發展之挑戰，及提升兩國醫療服務品質。

　　在國際組織方面，亞太經濟合作會議（Asia-Pacific Economic Cooperation, APEC）為我國參與之重要國際組織之一，衛生議題亦是我國積極參與之領域，為強化與APEC經濟體之交流網絡及分享我國經驗實例，本署自2019年起，辦理APEC健保議題相關會議，並從2022年每年辦理會議至今。2024年9月3日舉行「APEC醫療科技評估與永續全民健康覆蓋工作坊」（APEC Workshop on Advancing Health Technology Assessment for Sustainable Universal Health Coverage），邀請美國、加拿大、新加坡、

Public Satisfaction and International Recognition

Global Recognition of Taiwan's NHI Achievements

A key component of the UN's sustainable development goals is universal health coverage, which aims to ensure that each individual has access to essential health care. Taiwan's NHI launched in 1995, was designed to guarantee equal rights to health care for all citizens while providing accessible, affordable services. According to the Health Care Index published by the internationally renowned CEOWORLD magazine, Taiwan has ranked first among for seven consecutive years through 2025, further underscoring the soft power of Taiwan's healthcare system.

In recent years, rapid advances in cancer treatment has placed increasing, pressure on the limited NHI resources. Ahead of the 76th World Health Assembly in 2023, Dr. Chung-liang Shih, then Director General of the NHIA, Dr. Chao-Chun Wu, then Director General of Health Promotion Administration, and Shyr-Yi Lin, Executive Director of The Center for Drug Evaluation, visited the UK's National Institute for Health and Care Excellence (NICE) and National Health Service (NHS) officials to explore ways of ensuring timely access to advanced cancer therapies while safeguarding NHI sustainability. During the visit, discussions covered the Innovative Medicines Fund (IMF), Cancer Drugs Fund (CDF), Health Technology Assessment (HTA), and multiple financial management mechanisms. On May 18th, 2023, NHIA also signed a collaboration agreement with NICE. Efforts will focus on strengthening

personnel training, refining the assessment of NHI reimbursement for new drugs, and enhancing financial management mechanisms. To achieve concrete benefits, from 2023 to 2025, Taiwan's NHIA has annually hosted Workshop for Partnership Agreement between Taiwan and the UK on Health Technology Assessment, inviting experts from the UK's National Institute for Health and Care Excellence (NICE) to Taiwan to exchange and share operational experiences regarding the mechanisms and processes of cancer drug funds.

To further optimize Taiwan's health technology assessment (HTA) mechanisms, strengthen the financial sustainability of the National Health Insurance, and establish cooperative ties with international HTA organizations to enhance assessment quality and decision-making transparency, the NHIA launched bilateral exchanges with France's Haute Autorité de Santé (HAS) in 2024. On February 7, 2025, the two sides formally signed a Partnership Agreement (PA). Both parties will deepen HTA collaboration in innovative healthcare and financial sustainability through high-level visits, professional training, and the sharing of digital transformation experience. By exchanging expertise and fostering cooperation, Taiwan and France will jointly address the challenges of emerging health technology development and improve the quality of healthcare services in both countries.

Regarding international organizations, the Asia-Pacific Economic Cooperation (APEC) forum is a leading international organization in which

馬來西亞、菲律賓、泰國、越南、印尼、澳洲及秘魯等12國APEC經濟體衛生部官員以及包含英國及貝里斯等國內外產、官、學、研等各界專業人士100餘人與會，攜手亞太區域夥伴深化HTA能力，建構全民健康覆蓋，藉此更進一步促進我國與亞太區域外合作交流契機，深化國際聯繫網絡。2025年主辦台灣全球健康福祉論壇，以「健保30 共創永續未來」（Taiwan National Health Insurance at 30: Toward Sustainable Success in the 21st Century）為主題，探討全民健保制度實踐健康平權與面對高齡化社會的創新思維，例如運用智慧醫療與全人整合性照護制度，促進全體國人健康與邁向健保永續。論壇吸引13國25位衛生部長、次長級高階衛生官員出席，及10國40位國際重量級專家學者到訪演講交流。

為推動健保資訊系統升級並與國際標準接軌，並驅動國內各醫療體系加速數位轉型，進而提升醫療品質與效率，健保署和美國醫療資訊暨管理系統協會（Healthcare Information and Management Systems Society, HIMSS）於2023年11月13日共同簽署合作備忘錄，未來將深化雙方資訊交流及人員訓練，以加強我國醫療體系資訊管理系統、強化資訊安全韌性，並接軌國際醫療資訊標準，加速醫療體系成功數位轉型。

Taiwan actively participates, with health as a key area of engagement. To strengthen the APEC economic network and share Taiwan's practical experiences, the NHIA has been organizing APEC health insurance-related meetings since 2019, and has held them annually since 2022. On September 3rd, 2024, we hosted the "APEC Workshop on Advancing Health Technology Assessment for Sustainable Universal Health Coverage," which brought together health ministry officials from 12 APEC economies, including the United States, Canada, Singapore, Malaysia, the Philippines, Thailand, Vietnam, Indonesia, Australia, and Peru, along with more than 100 experts from industry, government, academia, and research sectors from Taiwan and abroad, including the United Kingdom and Belize.

By working hand in hand with Asia-Pacific partners to strengthen HTA capability and advance universal health coverage, the workshop also enhanced the application of digital health information and explored solutions for building a resilient health care system in the region, thereby strengthening Taiwan's international collaboration. The event served as an important platform for showcasing Taiwan's National Health Insurance system and policy experience, attracting 25 ministers of health and senior health officials from 13 countries, as well as 40 internationally renowned experts and scholars from 10 countries visited Taiwan to deliver keynote speeches and engage in in-depth policy dialogues and knowledge exchange.

To upgrade the NHI information system, align with international standards, and accelerate the digital transformation of Taiwan's healthcare systems, efforts are being made to further improve health quality and efficiency, on November 13th, 2023, the NHIA and the Healthcare Information and Management Systems Society (HIMSS) signed an agreement to deepen personnel training, promote information exchange, strengthen domestic health information management and cybersecurity resilience, align with international health information standards, and advance digital transformation.

全民健保　民眾滿意

全民健保實施曾面臨諸多困難，從一開始的滿意度不到4成，到目前持續成長至8成以上，顯見民眾十分肯定。其中曾因2002年度保險費率及部分負擔調整，以及2005年度開始進行多元微調，導致民眾對全民健保的滿意度稍有下降，但隨後即快速回升至7成以上。2013年1月起二代健保實施，針對所得收入高者加收補充保險費，滿意度曾一度下滑後隨即回穩至8成左右，自2020年起民眾對健保的滿意度連續5年超過9成（圖7-1），我國因有全民健保，對經濟弱勢民眾的健康照護更能提供完善的醫療保障。

充分發揮　互助功能

全民健保的核心價值在於透過社會互助，以「社會保險」的形式，來分擔保險對象罹病時的財務風險。重大傷病人口占全體保險對象人數的4.2%，醫療費用卻高達健保總醫療支出的28.4%。其中，癌症、洗腎及血友病等重大傷病之平均醫療費用是一般人的5.5倍到76.3倍不等，顯示健保充分發揮了社會保險互助的功能，使重大傷病患者不致因病而貧（表7-1）。

百分比 %

滿意 Satisfied
不滿意 Dissatisfied

健保雙調
Premium & Copayment Hikes

部分負擔調整
Copayment Hikes

二代健保實施
Launch of Second-Generation NHI

年度 Year
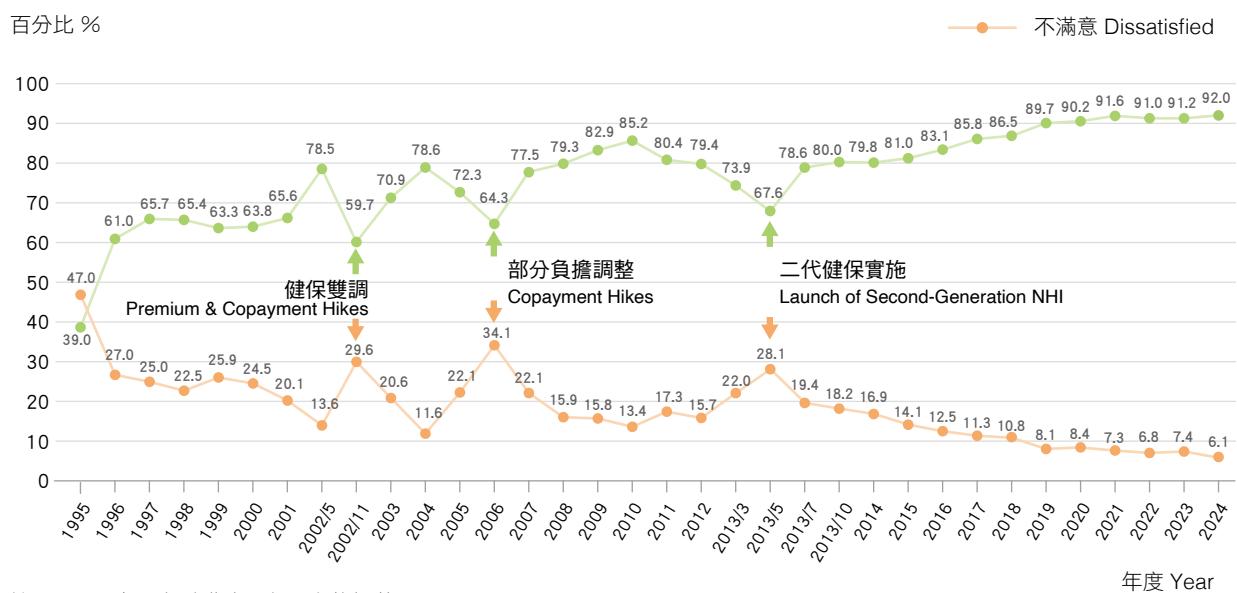
註：1.2002年，保險費率及部分負擔調整。
　　2.2005年，投保金額上限、軍公教人員投保金額及菸品健康捐金額等調整。
　　3.2013年，二代健保實施。
Notes:1. The premium rate and copayments were increased in 2002.
　　　2. The upper limit of payroll brackets, payroll brackets for military, civil service, and teaching personnel, and the amount of tobacco health and welfare surcharges were adjusted in 2005.
　　　3. Second-Generation NHI was implemented in 2013.

圖7-1　　全民健保滿意度趨勢圖
Chart 7-1　Public Satisfaction with NHI

High Satisfaction with NHI

NHI has endured quite a few difficulties over the years. However, NHI has come to enjoy a high level of public satisfaction, with an over 90% approval rate in comparison with a low of less than 40% in the early days. Indeed, public satisfaction with NHI sustained a slight decrease due to increases in the premium rate and copayments in 2002 and some further fine tuning of the system in 2005, but a rebound to over 70% soon followed. Likewise, another decrease following Second-Generation NHI's imposition of supplementary premiums on high income households in January 2013 was soon followed by a recovery to around 80%. For five straight years (since 2020), public satisfaction with NHI stayed above 90% (Chart 7-1). Thanks to NHI, Taiwan is able to provide comprehensive medical protection to even the economically underprivileged.

Maximizing the Power of Mutual Assistance

NHI's core value lies in drawing from a social insurance mechanism in which the financial risk of illness is dispersed among the insured through mutual assistance. For instance, although persons with catastrophic illnesses and injuries account for only 4.2% of all patients, they also account for as much as 28.4% of all NHI medical outlay. In particular, such catastrophic illnesses as cancer, conditions requiring dialysis, and hemophilia incur medical expenses 5.5-76.3 times average spending. This clearly attests to NHI's playing the crucial role of mutual assistance in social insurance, ensuring that patients with major illnesses are not driven into poverty (Table 7-1).

表7-1　　　健保醫療資源利用情形
Table 7-1　Utilization of NHI Medical Resources

類別 Category	醫療費用（點） Medical expenses (points)	平均值倍數 Multiple of average
全國每人平均 Nationwide average	38,855	1.0
每一重大傷病患者 Each catastrophic illness patient	245,050	6.3
每一癌症患者 Each cancer patient	214,824	5.5
每一罕病患者 Each rare disease patient	861,799	22.2
每一洗腎患者 Each dialysis patient	654,905	16.9
每一呼吸器患者 Each ventilator patient	819,790	21.1
每一血友病患者 Each hemophilia patient	2,965,380	76.3

註：以2024年重大傷病年度統計資料為例。
Note: Based on 2024 statistics for catastrophic illnesses and injuries.

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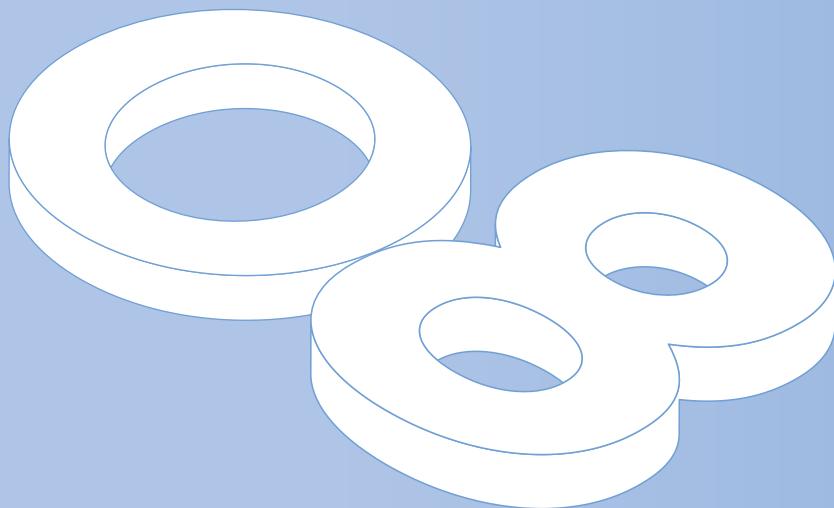
跨步精進　展望未來

Progress and Prospects
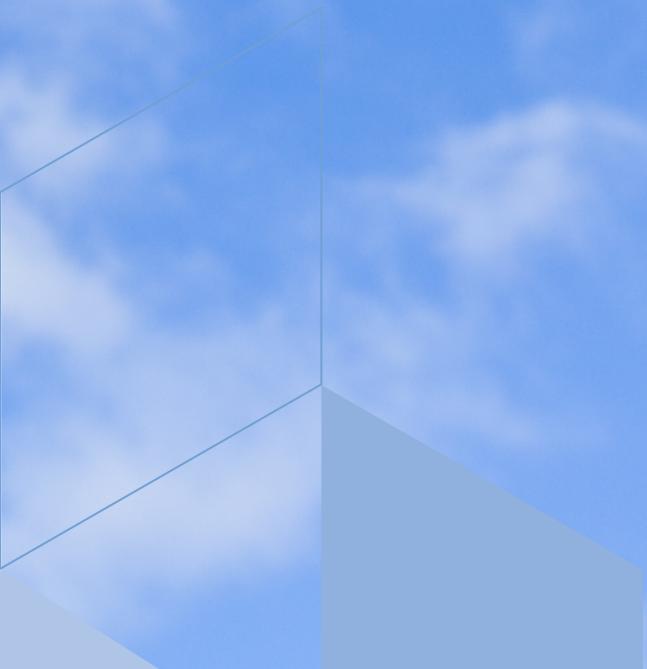
跨步精進　展望未來

我國全民健保落實WHO Universal Health Coverage之重要社會制度，走過從前、邁向未來，在人口高齡化及醫療資源有限情形下，為健保永續發展，將以「體系、財務、科技、法治、社會溝通」五大面向，以發展全人照護、力推數位醫療，推動各項革新措施，並規劃遠景藍圖：

以人為本　建構全人全程照護體系

健保署推動人本健康，賦能民眾健康管理，逐步將家醫計畫與論質計酬等方案整合，以糖尿病、初期慢性腎臟病為首要目標，期藉由家醫醫療群進行慢性病個案健康管理，多重慢性病門診整合，協助處理安排病人轉診及追蹤治療結果，以提升慢性病人照護品質。透過提升服務涵蓋率、數位化追蹤管理、支付制度調整、精進醫療品質等四大面向，打造大家醫計畫，以家庭醫師為平台，向前延伸居家醫療整合照護計畫、代謝症候群防治計畫等政策，透過健康存摺獲得個人化的整合性照護，提供相關衛教，提升民眾自我照護的能力，落實初期照護精神。向後銜接病人出院後持續性照護，推動出院準備服務、急性後期照護，銜接居家安寧及長照服務，解決高齡化社會引發的醫療需求問題，持續以民眾健康為導向，落實全人、全家、全社區的整合照護。

Progress and Prospects

NHI is an important social system for implementing the WHO's Universal Health Coverage. As we reflect on the past and move towards the future, with the challenges posed by an aging population and limited healthcare resources, NHI sustainability efforts will be made on five key fronts: system enhancement, financial stability, technological advancements, legal governance, and social communication. Developing holistic care, promoting digital healthcare, and undertaking various reforms will be our blueprint for the future:

Creating a People-Centered Continuous Holistic Care System

The NHIA promotes people-centered healthcare and empowers individuals to manage their health. By gradually integrating the NHI Family Physician Plan and Pay-for-Performance scheme, we target on patients with diabetes and early-stage chronic kidney diseases. The aim is that family doctors can manage each patient's case to give a referral and keep track of patients' development with the integration of multiple chronic disease clinics. By expanding service coverage, digitizing tracking and management, adjusting the payment system, and enhancing healthcare quality, the NHIA Grand Family Physician Plan uses family physicians as the platform to undertake home health care integration and metabolic syndrome prevention and treatment, among other programs. My Health Bank acts as the foundation for delivering personalized and integrated home care with

health education to enhance people's self-care capability to implement the spirit of initial care. Emphasis is placed on offering continuous care for patients after hospital discharge. High on the list are discharge preparation services and post-acute care for seamless integration with home hospice and long-term care services. As society ages, a people-centered approach will prove crucial to providing continuous, holistic and whole family and community healthcare to the entire population.

Promoting NHI Digitization and Healthcare Transformation

The NHIA launched the NHI Digitalization and Health Equity Program in 2024. This program leverages the cloud system to promote health equity, empowering individuals to access their health information and manage their own health. It employs four key strategies to achieve the goal: empowering individual health, advancing the MediCloud system, overcoming health boundaries, and establishing an information ecosystem. The revision of the Rules for Medical Diagnosis and Treatment by Telecommunications makes telemedicine more expanded. Furthermore, NHIA promotes measures such as integrating electronic prescriptions with the NHI virtual cards and NHI-related plans to make medical resources more accessible, affordable, and equitable.

In addition, the "My Health Bank App" also doubles as an interface for mobile payments to help promote a truly intelligent mode of seeking

健保數位升級　推動醫療轉型

健保署推動人本健康，賦能民眾健康管健保署自2024年起推動「健保醫療平權數位升級計畫」，透過「民眾健康賦能」、「雲端系統效率精進」、「打破圍牆的醫療照護」及「資料生態系」四大策略，以健保雲端服務推動醫療平權，賦權民眾健康管理與資料自主觀念與能力。也配合「通訊診察治療辦法」修正，持續擴大遠距醫療服務，並積極推動電子處方箋搭配虛擬健保卡、全民健康保險相關計畫等措施，以提升民眾就醫可近性、可負擔性及公平性。

另外，透過全民健保行動快易通｜健康存摺App介接行動支付，完善智慧化就醫模式；利用健康存摺資料介接服務（Software Development Kit, SDK）開放結合產業，在民眾的授權使用下，體驗更完整的數位照護，並於2024年3月12日公告修訂「健康存摺系統軟體開發套件使用管理要點」，精進個人資料安全管理。

另外，在賴政府所提「三高防治 888 計畫」讓 80% 慢性病患納入以病人為中心的全人整合照護之目標下，本署運用健康數據管理優勢，結合學研團體研究量能，開發疾病嚴重度分級及分流管理機制，並將利用AI模型生成個人化糖尿病風險智能衛教資訊。

強化資料治理　健保永續發展

配合憲法法庭2022年憲判字第13號對健保資料應用與個人資料保護法相關疑義判決，衛生福利部著手制定專法予以規範，立法院已於2025年12月通過「全民健康保險資料管理條例」。未來健保署對於全民健康保險法所定原始特定蒐集目的外之利用，將依循該專法於保護個人隱私及符合資安規範下，加值健保資料之應用價值，以強化支援決策及增進學術研究量能。

健保署以民眾為中心，為發展醫療研究，精進全民健康照護，未來持續強化健保資料目的外利用之管理機制及法制規範，在保障個人資訊隱私權益前提下，提升資訊安全及創造資料運用價值，並導入創新科技，透過客服中心、全球資訊網、FB、LINE@、IG等服務管道，提升為民服務品質，強化與各部會、醫界及民眾溝通，透過多元管道宣導珍惜醫療資源，促進醫療服務效率，使健保效益極大化，共創健保永續發展。

medical attention. The My Health Bank Data Interface Service (Software Development Kit, SDK) is also now available to further expand My Health Bank's applications. With the authorization of citizens, these initiatives will provide them with more complete digital care. Moreover, on March 12th, 2024, the revised Use Directions for My Health Bank Software Development Kit were announced to enhance personal data security management.

In addition, under the Lai administration's "Three Highs Prevention 888 Plan," which aims to include 80% of chronic disease patients in patient-centered holistic integrated care. The NHIA is leveraging its strengths in health data management and collaborating with academic and research institutions to develop a disease-severity stratification and triage management mechanism. It will also utilize AI models to generate personalized, intelligent diabetes-risk health education information.

Refining Data Governance Mechanisms for NHI Sustainability

In response to the 2022 ruling by Taiwan's Constitutional Court (Judgment 111-Hsien-Pan-13), which raised concerns about the application of NHI data in relation to the Personal Data Protection Act, the MOHW has enacted the "National Health Insurance Data Management Statute." Passed by the Legislative Yuan in December 2025, this law will regulate the NHIA in safeguarding individual privacy and ensuring compliance with information security policies. Moving forward, the NHIA will adhere to this law to enhance the use of NHI data, strengthen decision-making processes, and improve academic research capabilities.

Always placing people first, the NHIA will continue to strengthen the mechanisms and legal regulations for managing NHI data beyond its original purposes, protect personal information and enhance information security, and create value from data utilization. Innovative technologies will be introduced to enhance the quality of services through such channels as its customer service center and website, Facebook, Line@ and IG. The NHIA will also strengthen communication with various government agencies, the medical community, and the general public to promote awareness of the importance of treasuring healthcare resources, enhance efficiency in healthcare services, and maximize NHI benefits, ensuring NHI's sustainable development.
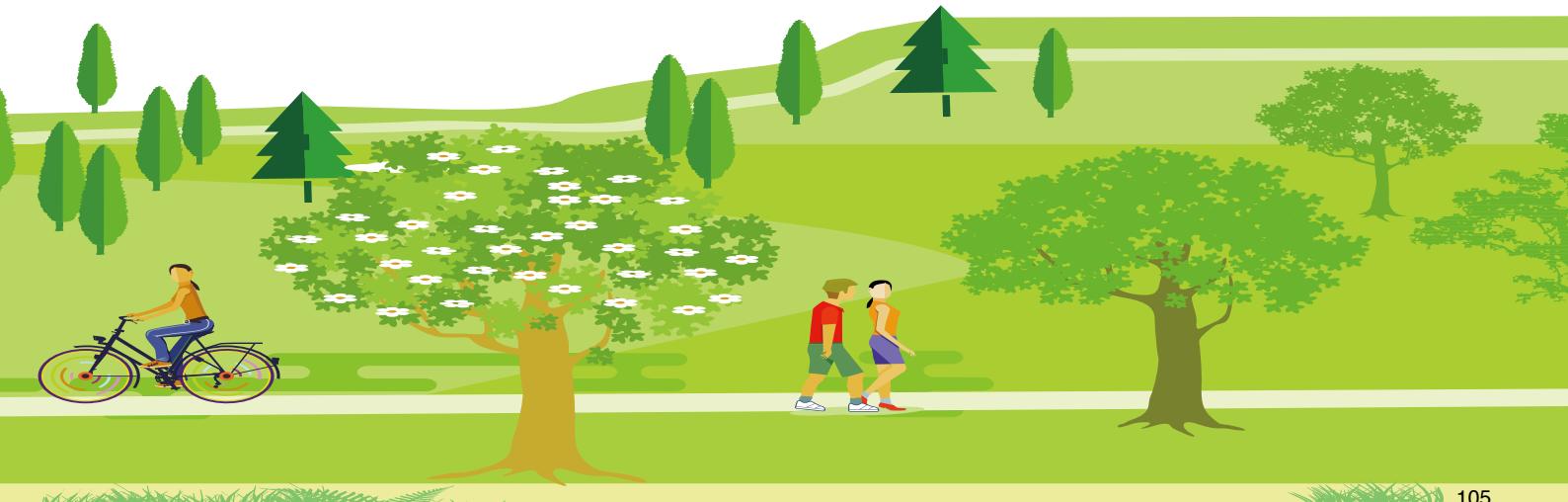
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