

立法會 *Legislative Council*

LC Paper No. CB(3)475/2025(01)

Ref : CB3/BC/6/25

Bills Committee on Electronic Health Record Sharing System (Amendment) Bill 2025

Background brief

Purpose

This paper provides background information on Electronic Health Record Sharing System (Amendment) Bill 2025 (“the Bill”) and summarizes major views and concerns raised by Members of the Legislative Council (“LegCo”) on the Bill and related matters.

Background

2. The “Electronic Health Record Sharing System” (“eHealth System”), which was launched in 2016, was an information infrastructure established and maintained under section 5 of the Electronic Health Record Sharing System Ordinance (Cap. 625) for keeping specified records of healthcare recipients (e.g. their personal particulars and health data (including information relating to their health conditions)), and sharing and using data and information contained in those records. The Chief Executive announced in the 2023 Policy Address the Administration’s initiative to roll out a five-year eHealth+ development plan to build a comprehensive healthcare information infrastructure. According to paragraph 3 of the LegCo Brief, the Bill is introduced to provide for the legal basis to support the Administration’s future development of the eHealth System and complement the healthcare reform, including primary healthcare and cross-boundary healthcare development.

The Bill

3. The Bill was gazetted on 21 March 2025 and introduced into LegCo on 26 March 2025. It seeks to: **(a) amend the Electronic Health Record Sharing System Ordinance (Cap. 625) to expand the functions of the eHealth System**; including: (i) renaming the eHealth System and

expanding the purposes for which it is maintained; (ii) revising the scopes of health data, sharable data, and the consents under the eHealth System; (iii) recognizing non-Hong Kong healthcare providers and information infrastructures for the operation of the eHealth System; (iv) facilitating the use of electronic medical documents; (v) requiring certain healthcare providers to provide certain health data to the eHealth System; (vi) expanding the purposes for which data and information contained in electronic health records may be used; and **(b) make consequential amendments to other Ordinances.**

Members' major views and concerns

4. The Administration briefed Members on the legislative proposals relating to the eHealth System at the meeting of the Panel on Health Services on 20 February 2024. Whilst **a majority of Members supported** the relevant proposals, Members had expressed views and raised concerns on the following issues.

System security and data confidentiality

5. There were concerns about the **system security and data confidentiality** of eHealth+. In response, the Administration pointed out that access to any data in the eHealth System was based on patient's consent and the Personal Data (Privacy) Ordinance (Cap. 486). Members of the public could make informed and free choices about whether to share their medical records with individual healthcare providers. "eHealth+" would also enhance security measures to protect the security of information systems and data.

Enhancing the participation rate of private healthcare organizations

6. Expressing concern that **the number of electronic health records currently uploaded by private healthcare organizations accounted for less than 1%**, some Members asked the Administration **what incentives were in place to increase participation, or whether uploading such records could even be made mandatory.**

7. The Administration advised that it would provide technical support to strengthen the connection between the eHealth System and the clinical management systems of private healthcare organizations; and gradually require private healthcare organizations to participate in all government-funded healthcare programmes by uploading patients' electronic health records to the eHealth System. If the progress of storing electronic health records in the private sector was unsatisfactory, the

possibility of mandating private healthcare organizations to upload electronic health records through legislation could not be ruled out.

Mobile application that integrates different health records and connects Chinese and Western medicine medical records

8. Some Members suggested **integrating the functions of eHealth and HA Go, a mobile application of the Hospital Authority, and linking Chinese medicine (“CM”) and Western medicine medical records in eHealth**. The Administration advised that it would integrate the functions of eHealth and HA Go. In addition, a clinical management system for CM clinics called “EC Connect” had been developed for the CM sector, which could be linked to HA Go, with the target of first sharing with the CM sector at this stage and sharing among different sectors thereafter.

Portability of electronic health records

9. An enquiry was raised as to **whether eHealth+ could meet the needs of the public for cross-boundary healthcare services in the Guangdong-Hong Kong-Macao Greater Bay Area to achieve the objective of “data following the patient”**. The Administration advised that the proposed new “Portable eHealth Record” function would allow members of the public to access electronic medical records, including radiological images, through the eHealth mobile application, so as to facilitate them in receiving cross-boundary healthcare services.¹

10. According to the Government’s reply to a Member’s question on 26 March 2025, the Government proposed in the Bill to empower the Commissioner for the Electronic Health Record to recognize individual healthcare providers and public health record systems outside Hong Kong,

¹ The Government in 2024 introduced the “Cross-boundary Health Record” (“CBHR”) and “Personal Folder” functions in the eHealth mobile application (“eHealth App”) at the University of Hong Kong-Shenzhen Hospital (“HKU-SZH”) and seven medical institutions under the Elderly Health Care Voucher (“EHCV”) Greater Bay Area Pilot Scheme. The CBHR function enables eligible Hong Kong elderly persons using EHCV at specified healthcare institutions to apply for a copy of their electronic health records in eHealth over the past three years through the eHealth App in advance. Healthcare professionals of the specified healthcare institutions can then access and browse the relevant electronic health records by scanning the QR codes presented by the elderly person at the time of consultation to assist in diagnoses and treatment. The “Personal Folder” function enables citizens to deposit electronic health records obtained during consultations within and outside Hong Kong to their personal eHealth accounts on their own to facilitate storage and use of electronic health records, including access by Hong Kong healthcare providers authorized by users through the eHealth system during follow-up care.

subject to sufficient protection of data privacy and system security as well as due compliance with specified requirements and conditions.

Latest situation

11. At the House Committee meeting on 28 March 2025, Members agreed to form a Bills Committee to scrutinize the Bill.

Relevant papers

12. The relevant papers are in the **Appendix**.

Council Business Divisions
Legislative Council Secretariat
9 April 2025

**Bills Committee on
Electronic Health Record Sharing System (Amendment) Bill 2025**

List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	20 February 2024	Agenda Item III: “eHealth+” Development Minutes
Finance Committee	12 July 2024	Agenda Item II: CAPITAL WORKS RESERVE FUND HEAD 710 – COMPUTERISATION Government Secretariat : Health Bureau New Subhead “Transformation of the Electronic Health Record Sharing System (eHealth) into a comprehensive healthcare information infrastructure (eHealth+)” Minutes Follow-up paper
Bills Committee on Electronic Health Record Sharing System (Amendment) Bill 2025	-	The Bill Legislative Council Brief Legal Service Division Report

Council meeting	Paper
26 March 2025	Question 21 : Electronic Health Record Sharing System