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'Regulate healthcare costs'

Proposal for ministry to oversee private hospital welcomed

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PETALING JAYA: The Public Accounts Committee's (PAC) proposal for the Health Ministry to regulate private hospital charges shows that market forces alone are unable to control escalating private healthcare costs, it was pointed out.

Federation of Malaysian Consumers Associations (Fomca) chief executive officer Dr T. Saravanan said government action would actively protect consumers through effective regulation, failing which Malaysians would continuously suffer from rising medical costs.

He said the Health Ministry should regulate major cost components such as medicines, consumables, medical devices, room charges, diagnostic tests and hospital service fees, as these accounted for a significant portion of a patient's final bill.

"Secondly, private hospitals should be required to publicly disclose and publish standardised pricing information for common procedures, treatments, medicines and services.

"Thirdly, any significant increase in hospital charges should be subject to regulatory review and supported by evidence-based cost justifications. Effective monitoring, auditing and enforcement mechanisms must be established," he said.

Saravanan said patients were often vulnerable with little bargaining power, making regulatory intervention necessary to protect the public interest.

"Ultimately, stronger regulation will help restore public confidence that healthcare charges are fair and that patients are not being subjected to unreasonable costs during times of illness and vulnerability," he said.

The Association of Private Hospitals Malaysia (APHM) said as a consultative member of the Joint Ministerial Committee on Private Healthcare Costs (JMCPHC), it backed the Health Ministry and Finance Ministry initiatives to address medical cost inflation.

It said this includes addressing key pain points highlighted in the PAC's report, many of which were already being actively deliberated and addressed through JMCPHC.

"APHM continues to support broader efforts of the JMCPHC to manage rising healthcare costs by contributing industry data and providing constructive input to inform policy development.

"APHM remains committed to the best care for patients, and this includes working closely with the government at the national level through the JMCPHC to develop evidence-based, transparent, and sustainable solutions that ensure the long-term affordability and quality of healthcare in Malaysia," it said in a statement.

> "Patients have the right to understand what they are paying for."
>
> Datuk Dr Thirunavukarasu Rajoo

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo said the proposal provided an important opportunity to address factors contributing to increasing healthcare costs.

"MMA notes the PAC's findings on billing practices that may affect patients, including unbundled charges and differences in pricing.

"Patients have the right to understand what they are paying for. Transparency is important in maintaining public trust in the healthcare system," he said.

Dr Thirunavukarasu said the proposed Diagnosis-Related Group (DRG) model was intended to address hospital facility and service charges and did not involve doctors' professional fees, which were regulated under the Private Healthcare Facilities and Services Act 1998 (Act 586).

"While the PAC report focuses on hospital and insurance costs, we should not lose sight of the importance of primary care.

"A strong primary care system helps detect disease early, manages chronic illnesses effectively and reduces avoidable hospital admissions," he added.

On Wednesday, PAC chairman Datuk Mas Ermieyati Samsudin said the body found that medical inflation was mainly driven by escalating non-professional charges imposed by private hospitals that include medicines, medical supplies, laboratory tests, advanced medical technologies and rising hospital operating costs.

The committee also found that the absence of a standardised billing structure in private hospitals made it difficult for patients to determine the actual cost of services and basic items.

Costly mental health crisis

Experts warn of effects on economy

By KHOO JIAN TENG
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PETALING JAYA: Malaysia's rising mental health burden is increasingly being viewed not only as a public health concern, but also as a looming economic risk.

Economists say the issue is already shaping labour productivity, workforce participation and long-term growth prospects.

Their response followed a statement by Parliament's Special Select Committee on Health chairman Suhaizan Kaiat on Monday that the economic cost and burden arising from mental health issues is expected to hit RM25.3bil by 2030 if no effective intervention measures are taken to deal with the situation.

He told the Dewan Rakyat that the prevalence of depression among Malaysians aged 16 and above rose from 2.3% in 2019 to 4.6% in 2023.

When contacted, Universiti Teknologi Mara senior lecturer in economics and financial studies Dr Mohamad Idham Md Razak said the RM25.3bil projection reflects a deeper productivity loss problem rather than just healthcare spending.

"The larger and more persistent cost comes from reduced workforce efficiency. Mental health conditions affect cognitive function, decision-making and motivation."

He said the impact is felt through absenteeism, presenteeism and early workforce exit.

"Absenteeism leads to immediate output loss, while presenteeism can be even more damaging because workers are present but underperforming. Early exits from the workforce reduce the effective labour supply."

Dr Idham warned that the long-term implication is weaker GDP growth as human capital is not fully utilised.

He also said rising mental health challenges among youths could weaken Malaysia's human capital pipeline.

Bank Muamalat chief economist Dr Mohd Afzanizam Abdul Rashid said mental health issues should also be seen as a symptom of broader economic and social pressures.

"It could stem from rising cost of living, indebtedness, family issues and social pressures. If we do not identify the root causes, we will only treat the symptoms."

He added that rapid technological change, job displacement and social media influence are adding new layers of stress on society.

"This is a multipronged issue that requires a whole-of-nation approach involving economic, social and institutional responses."

He cautioned against overly narrow definitions of success, noting that societal expectations can add to mental strain.

"Success should not only be defined by income. It also involves dignity, knowledge and respect."

Nicotine vape tax hinges on court ruling

ANY government decision on duties or taxes on vape products containing nicotine liquid or gel will be made in line with the Court of Appeal's decision, the Dewan Rakyat was told.

The Finance Ministry said it had taken note of the Kuala Lumpur High Court's ruling on May 15 regarding a judicial review of the exemption order for nicotine liquid or gel from the Poisons List under the Poisons Act 1952.

"Given that the Health Ministry, through the Attorney-General's Chambers, has filed an appeal against the High Court's judgment, any government decision on the matter, including the collection of duties or taxes on vape products containing nicotine liquid or gel, will be made in line with the Court of Appeal's decision," it said in a parliamentary written reply.

The ministry was responding to Datuk Dr Ahmad Yunus Hairi (PN-Kuala Langat) on tax implications involving nicotine vape products following the ruling.

On May 15, the High Court ruled that the government's decision to remove liquid nicotine used in vape and e-cigarette products from the poisons list was irrational and made without proper consultation with the Poisons Board.

Judge Datuk Aliza Sulaiman allowed a judicial review application by three non-governmental organisations (NGOs) challenging the exemption introduced through the Poisons (Amendment of Poisons List) Order 2023.

The applicants were the Malaysian Council for Tobacco Control, the Malaysian Green Lung Association and Voice of the Children.

They filed the suit in July 2023, naming Datuk Seri Dr Zaliha Mustafa and the government as the first and second respondents.

They are seeking a court order declaring the Health Ministry's directive to remove nicotine from the Poisons Act null and void.

On April 1, 2023, the Health Ministry published a gazette notice stating that nicotine liquids and gels used in e-cigarettes and vape products had been granted exemption from poisons control.

PAC flags private hospitals' 'unbundling' practices

THE Public Accounts Committee (PAC) has found evidence of "unbundling" in private hospitals, where patients are charged separately for basic items that should normally be included in room fees.

It also found that patients using guarantee letters were, in some cases, charged higher than those paying cash or through pay-and-claim arrangements.

Dr Halimah Ali

PAC member Dr Halimah Ali said there were evidence that private hospitals imposed separate charges for clinical waste disposal, pillowcases and alcohol swabs, which should have been included under room or standard service charges.

"The billing structure is less than ideal and does not accurately reflect actual costs," she said when tabling the PAC report in the Dewan Rakyat yesterday.

"Charges for medicines and medical supplies are often marked up significantly, in some cases by as much as 300 per cent, to cover operational expenses that are either not charged directly or subsidised."

She said the committee also identified weaknesses in the insurance sector, including the practice of maintaining "closed pools" to offer lower premiums to new policyholders.

Dr Halimah said this could disadvantage long-term policyholders as rising claims in ageing pools lead to sharp premium increases for those remaining.

She added that investment-linked policies transfer the risk of rising cost of insurance as policyholders age directly to consumers.

"Cyclical repricing models have resulted in financial shocks, with premium increases reaching between 40 and 70 per cent in a single adjustment."

She said the main driver of medical inflation was not doctors' professional fees, which is regulated under the Private Healthcare Facilities and Services Act 1998, but rising non-professional charges imposed by private hospitals.

These include medicines, medical supplies, diagnostic and laboratory tests, medical equipment and advanced technologies that currently remain outside direct regulatory control.

As such, PAC proposed 17 recommendations to the government, particularly the Finance Ministry, Bank Negara Malaysia and Health Ministry, to tackle rising premiums and private hospital charges, including introducing an independent governance structure for private healthcare.

The committee also recommended the Health Ministry work with the Domestic Trade and Cost of Living Ministry to introduce price control mechanisms for medicines and equipment.

"The ministry should also explore direct procurement from manufacturers, with priority given to local producers, to reduce dependence on dominant suppliers and potential cartels."

She said PAC also proposed that the rollout of the Diagnosis Related Group system in the private healthcare sector be sped up and amendments to the Private Healthcare Facilities and Services Act 1998 hastened, so that hospital charges beyond doctors' consultation fees can be regulated.

Dr Sim: Sarawak short of 2,000 doctors, needs more cardiologists for satellite heart centres

Marilyn Ten

Dr Sim (second right) and Dr Ong make a stop at an exhibition booth held in conjunction with the conference. — Photo by Roystein Emmor

KUCHING: Sarawak needs another 2,000 doctors under the Ministry of Health's (MoH) staffing standards, including at least three to four cardiologists required for each planned satellite heart centre in the state, said Datuk Amar Dr Sim Kui Hian.

The Deputy Premier said adequate manpower was crucial to ensure the new cardiac centres could provide round-the-clock specialist care once they become operational.

"Cardiology is a 24-hour service. Heart attacks happen during the day, at night and on weekends.

"If you only have one cardiologist, eventually the cardiologist will also get a heart attack," he told a press conference after officiating the Borneo Cardiology Conference (BCC) 2026 here yesterday.

Dr Sim, who is Public Health, Housing and Local Government Minister, said Sarawak's overall shortage of doctors reinforced the need for greater healthcare autonomy to enable the state to better plan and train its own medical workforce.

He cited the case of a doctor from Miri who had wanted to specialise in cardiology in preparation for the future Miri Satellite Heart Centre, but her application for specialist training was rejected by the ministry.

"I told the (Health) director-general that whether we like it or not, the Miri Satellite Heart Centre will be ready. The infrastructure may have been delayed, but it is expected to be completed in about three years.

"We don't want the building to be completed only to find that there are no doctors to serve there," he said.

Meanwhile, Sarawak General Hospital Clinical Research Centre head Dr Alan Fong said Sarawak currently has about 20 cardiologists out of Malaysia's 420 registered heart specialists.

He said based on the state's population, Sarawak should ideally have around 50 cardiologists to match the ratio in Peninsular Malaysia.

"Half of our cardiologists are already in the private sector, while the other half serve at Sarawak Heart Centre," he said.

Dr Fong said a new batch of cardiologists would begin training at the Sarawak Heart Centre from August to prepare for the opening of the satellite heart centres in Miri and Sibu.

He said the additional heart centres were necessary given Sarawak's geographical size, noting that unlike Peninsular Malaysia, the state currently has only one heart centre in Kuching.

"Sarawak is almost the same size as Peninsular Malaysia, but Peninsular Malaysia has eight heart centres while the whole of Sarawak has only one.

"That is why the next two are going to be in Sibu and Miri, while the satellite service in Bintulu has already started," he said.

Dr Fong added that decentralising cardiac services would improve access to treatment for patients living outside Kuching, as transferring heart attack patients over long distances by air could be risky and was not always feasible, particularly during adverse weather conditions.

Also present at the press conference were Sarawak Heart Centre head of Cardiology Department Dr Ong Tiong Kiam, who is also BCC 2026 organising chairman.

Kutipan duti, cukai produk vape

Kerajaan tunggu keputusan Mahkamah Rayuan

Langkah ambil kira pelbagai aspek selaras ketetapan yang akan diterima

Kuala Lumpur: Kementerian Kewangan (MOF) menegaskan kerajaan perlu menunggu keputusan Mahkamah Rayuan sebelum membuat sebarang ketetapan termasuk keputusan melaksanakan kutipan duti atau cukai ke atas produk vape mengandungi cecair dan gel nikotin.

MOF mengambil maklum keputusan Mahkamah Tinggi Kuala Lumpur pada 15 Mei lalu, berhubung dengan semakan kehakiman terhadap perintah pengecualian cecair atau gel nikotin daripada Senarai Racun di bawah Akta Racun 1952 (Akta 366).

"Memandangkan Kementerian Kesihatan (KKM) melalui Jabatan Peguam Negara (AGC) sudah memfailkan rayuan terhadap penghakiman Mahkamah Tinggi Kuala Lumpur, maka sebarang keputusan kerajaan berhubung dengan isu yang berbangkit termasuk dari aspek kutipan duti/cukai ke atas produk vape yang mengandungi cecair atau gel nikotin akan dibuat selaras dengan keputusan Mahkamah Rayuan kelak," katanya dalam jawapan bertulis disiarkan di laman web Parlimen.

Penjelasan itu bagi menjawab pertanyaan Datuk Dr Ahmad Yunus Hairi (PN-Kuala Langat) meminta Menteri Kewangan menyatakan implikasi percukaian membabitkan produk vape bernikotin susulan keputusan Mahkamah Tinggi Kuala Lumpur berkaitan semakan kehakiman terhadap perintah pengecualian cecair atau gel nikotin daripada Senarai Racun di bawah Akta Racun 1952.

Pada 15 Mei lalu, Mahkamah Tinggi Kuala Lumpur memutuskan tindakan Menteri Kesihatan mengeluarkan nikotin cecair yang digunakan dalam produk vape dan rokok elektronik daripada senarai racun, adalah tidak rasional dan dibuat tanpa berunding secara sewajarnya dengan Lembaga Racun.

Hakim Datuk Aliza Sulaiman memutuskan demikian selepas membenarkan permohonan semakan kehakiman tiga pertubuhan bukan kerajaan (NGO) untuk membatalkan sebahagian daripada Perintah Racun (Pindaan Senarai Racun) 2023 yang mengecualikan cecair dan gel vape daripada Senarai Racun.

Keputusan bertentangan

Mahkamah mendapati keputusan mengeluarkan nikotin cecair yang digunakan dalam produk vape dan rokok elektronik daripada senarai racun, adalah *ultra vires* (bertentangan) Seksyen 6 Akta Racun 1952.

Pada 14 Oktober 2023, Majlis Kawalan Tembakau Malaysia (MCTC), Pertubuhan Malaysian Green Lung (MGLA) dan *Voice of the Children* (VOC) sebagai pemohon mendapat kebenaran daripada mahkamah untuk memulakan semakan kehakiman terhadap Menteri Kesihatan dan kerajaan sebagai responden pertama dan kedua.

Peguam K Shanmuga yang mewakili ketiga-tiga pemohon sebelum ini menghujahkan pengecualian itu secara berkesan membenarkan rokok elektronik dan produk vape bernikotin dijual secara bebas tanpa sekatan, termasuk kepada individu berusia bawah 18 tahun.

Ketiga-tiga NGO itu memfailkan permohonan semakan kehakiman pada 30 Jun tahun sama, untuk membatalkan sebahagian daripada Perintah Racun (Pindaan Senarai Racun) yang dibuat responden pertama pada 31 Mac 2023 dan memohon perisytiharan bahawa arahan itu sebagai tidak sah.

Mereka memohon perintah mahkamah untuk mengisytiharkan arahan Kementerian Kesihatan bagi mengeluarkan nikotin daripada Akta Racun sebagai terbatal dan tidak sah.