



MMA pans plan to mandate medicine price display in private clinics, hospitals

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The Malaysian Medical Association says the policy would be a burden and will increase operational costs.



The quality of the doctor-patient relationship would be affected by shifting focus from healthcare to price comparisons, MMA said. (Freepik pic)

PETALING JAYA: The Malaysian Medical Association (MMA) has poured cold water on the government's plan to mandate the display of medication prices in private healthcare facilities in 2025, saying it is not practical.

MMA president Dr Kalwinder Singh Khaira said the association supports improving patient access to cost information, but the policy could have serious and unintended consequences for private general practitioners (GPs) who play a critical role in providing primary healthcare services.

“GP clinics provide professional healthcare services, not retail transactions, and displaying a full list of medication prices at the counter would be administratively burdensome and significantly increase operational costs,” he said in a statement.

Kalwinder said these added costs, along with the stagnant GP fee schedule and steadily rising expenses, would strain clinic operations and could even lead to closures, ultimately reducing patients’ access to essential healthcare.

“Furthermore, turning clinics into retail-like spaces risks eroding the quality of the doctor-patient relationship, shifting focus from healthcare to price comparisons,” he said.

Yesterday, Malaysiakini reported that the government will mandate the display of medication prices in private healthcare facilities to enhance price transparency.

Health minister Dzulkefly Ahmad was quoted as saying that the policy will come into effect starting next year as the initiative will be implemented under the Price Control and Anti-Profitteering Act 2011.

He said that with the policy’s implementation, medication charges in insurance claims can be verified to ensure prices do not exceed the displayed rates and prevent arbitrary increases in the cost of medications.

Kalwinder said private clinics have long relied on modest margins from the sale of medications to manage operational costs and keep services affordable.

“This (new) policy affects that balance, making it increasingly difficult for clinics to remain viable.”

He instead urged the government to conduct a thorough review and update of the GP fee schedule as it has remained stagnant for the last two decades.

He also called for the immediate regulation of third-party administrators (TPAs), an issue that has seen inaction since the 1990s and has had an increasing effect on GPs over the years.

“With over 12,000 GP clinics nationwide, it is crucial that policies support these essential community healthcare providers, enabling them to continue serving as the first line of care for millions across the country,” Kalwinder said.

MMA has called for the regulation of TPAs several times, citing issues such as TPAs charging GPs high fees for registration as panel clinics, lacking transparency in their operations, and habitually delaying claim payments.