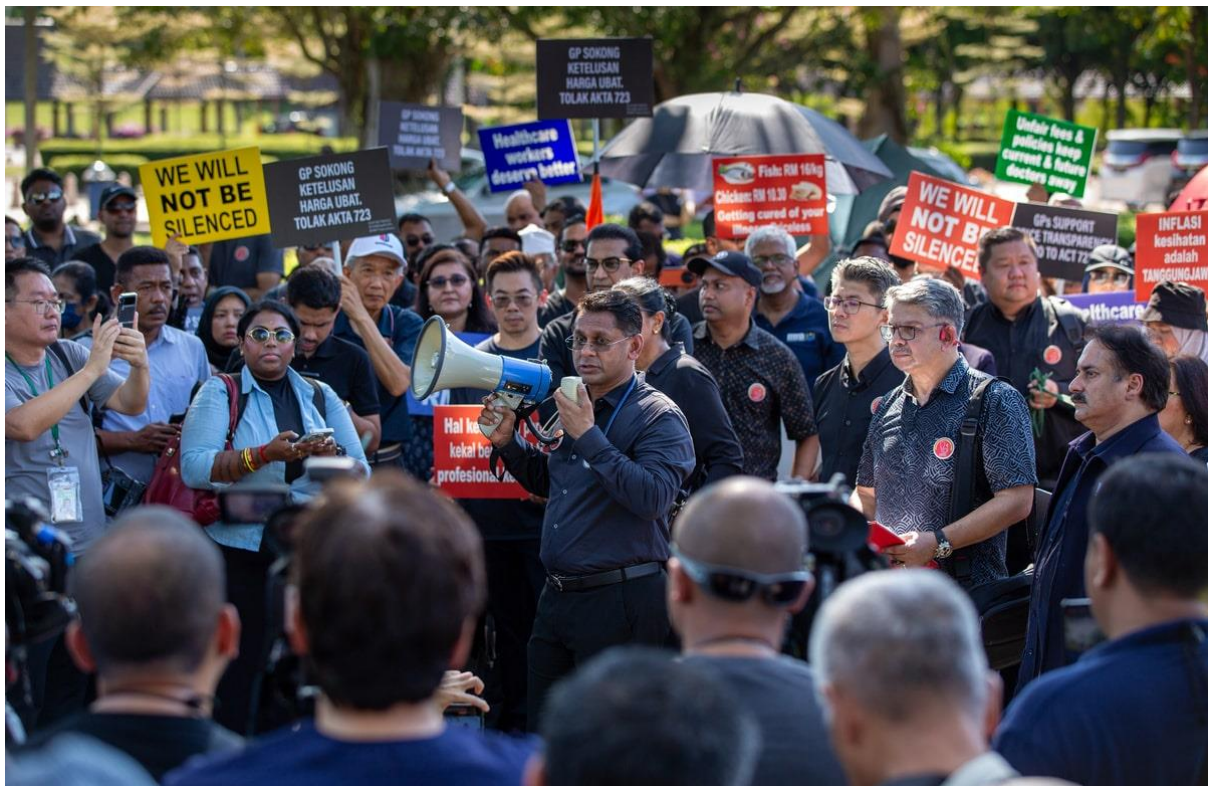


Amend Act 586 If Needed For Drug Price Display — Malaysian Medical Association

By CodeBlue | 9 May 2025

MMA moots amendments to Act 586 if necessary to mandate drug price display, instead of using Act 723. MMA reiterates that doctors are not against price transparency, but only the use of Act 723 on the medical profession. MMA says again it wasn't engaged.



Malaysian Medical Association president-elect Dr R. Arasu speaks at a doctors' rally in Putrajaya on May 6, 2025, to protest the Domestic Trade and Cost of Living Ministry's (KPDN) jurisdiction over mandatory drug price display under the Price Control and Anti-Profiteering Act 2011 (Act 723). Photo by Sam Tham for CodeBlue.

The Malaysian Medical Association (MMA) would like to thank the prime minister for his acknowledgement and prompt action in response to the memorandum submitted by MMA and 10 other associations to the Prime Minister's Office (PMO) on May 6 in Putrajaya.

We also wish to thank the officers of the PMO, IPD Putrajaya and Perbadanan Putrajaya for allowing and facilitating the peaceful assembly of doctors in Putrajaya.

The instruction by the prime minister and the Cabinet for the tabling of working papers by the Ministry of Health (MOH) on the disputed usage of Price Control and Anti-Profiteering Act 2011 (Act 723) for the medicine price display order for private clinics and the revision of the private

General Practitioner consultation fees, which have remained stagnant for 33 years is very much appreciated.

We commend these important initiatives and respectfully urge that meaningful engagement be held by MOH with MMA and stakeholders prior to the tabling.

Constructive dialogue by the MOH is essential to fully understand the requests outlined in the memorandum, rather than conducting a unilateral review that lacks the necessary input from the medical profession.

It is upsetting to see that despite multiple statements issued by MMA on our objections to Act 723 being used on clinics, the false narrative that doctors are against price display continues to be played-up by certain quarters seeking to portray doctors in bad light.

We wish to reiterate once again that doctors are not against price transparency but strongly oppose the use of the Act 723, which is a non-medical Act, on their profession.

We fully support the government's medicine price display initiative as it is part of patients' rights and we urge that it be enforced under the existing Private Healthcare Facilities and Services Act 1998 (Act 586), which governs medical practice. Regulations and mechanisms under Section 107 of Act 586 can be made by the health minister for its implementation and enforcement at private clinics.

We also wish to state that It has always been the stand of doctors and clinics right from the start that Act 723 should never have been used to enforce price transparency on clinics and that Act 586 is the correct Act to be used instead.

Also, the implication by some that clinic patients are customers similar to customers in all other retail sectors shows a clear lack of understanding of the professional practice of doctors and clinics. Doctors only dispense medications which they feel are needed for treatment in strict adherence to the Poisons Act 1952 (Act 366), which applies to them and comes under the purview of MOH.

Doctors are also personally held responsible for every treatment rendered and medication given. Doctors are also accountable under the Medical Act 1971 (Act 50) and can be hauled up for disciplinary proceedings if any complaints are made.

As can be seen, clinics and doctors have always been legally liable for anything dispensed in the clinic. It is important to know that this only applies to clinics and doctors and not to other retail sectors already under the purview of Act 723.

This is knowledge and information that we believe could have been better understood and helped in decision-making if MMA's repeated request for engagements with the concerned implementing ministries had been accepted. Sadly, there have been no engagement to date.

MMA stands ready to propose changes to Act 586 and its regulations for the successful implementation of medicine price display under the ambit of the MOH. We are confident it can be done, if so desired by the health minister and MOH, which are already the regulatory guardians of clinics.

Regarding the consultation fee revision, we appreciate the government's provision of a fixed timeframe for its implementation. We hope that the revised fee structure will fairly reflect the 33-year stagnation in rates of RM10 to RM35.

We hope the new increased rates will also acknowledge the vital contributions of private GPs to the health of the population and will be meaningful towards the sustainability of Malaysia's primary health care sector in line with the MOH's focus on strengthening primary care in the promotion of health and the prevention of diseases.

The primary health care sector plays an important part in the health care of the country and as such we plead for action on all the contents of the memorandum as we honestly believe that it will have a long lasting effect on clinics and, by extension, the country's primary health care.

This statement was issued by Dr Kalwinder Singh Khaira, president of the Malaysian Medical Association.