

## Malaysia's Dual Healthcare System- A Call for Balanced Policy Amidst Price Scrutiny

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In response to recent public discussions surrounding healthcare pricing and pharmacy price labelling in Malaysia, Dr. Chang Chee Seong, a prominent voice in the nation's healthcare discourse, today issued a statement emphasising the critical balance of Malaysia's bifurcated



Dr. Chang Chee Seong

healthcare system. The statement advocates for a comprehensive, data-driven approach to reforms that respects the integral roles of both the public backbone and the <u>private</u> engine.

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Dr. Chang Chee Seong

Malaysia's healthcare system is lauded for its unique duality: a publicly funded sector providing near-universal, highly subsidised access, and a market-driven private sector offering choice, speed, and personalised care. This equilibrium has historically ensured healthcare equity while simultaneously alleviating the burden on public facilities.

"For millions of Malaysians, the public healthcare system is an essential lifeline, offering consultations for as little as RM1.00 at Klinik Kesihatan and RM5.00 for outpatient

specialist visits at public hospitals," Dr. Chang highlights. "This widespread affordability underscores the significant government subsidy extended to citizens, a matter that deserves greater transparency and public engagement regarding its scale, allocation, and long-term sustainability."

In contrast, the private sector, fuelled by out-of-pocket payments and private insurance, has evolved to deliver world-class clinical care, becoming a cornerstone of Malaysia's burgeoning

medical tourism industry. In 2023, medical tourism generated an estimated RM2.25 billion, with forecasts aiming for RM2.8 billion by 2025, largely due to excellent clinical outcomes, modern infrastructure, and competitive costs.

However, recent increased intervention from government ministries, framed as "price transparency," has raised concerns within the private healthcare sector. "It is questionable why a market-funded, unsubsidised system is being regulated as though it were part

PROCEDURE	NON-MALAYSIAN CHARGES
HOSPITAL	
OUT PATIENT GENERAL TREATMENT	RM 40
OUT PATIENT SPECIALIST	RM 120
EMERGENCY DEPARTMENT	RM 100
KLINIK KESIHATAN / KLINIK DESA / KLINIK 1 MALA	YSIA
OUT PATIENT GENERAL TREATMENT	RM 40
OUT PATIENT SPECIALIST	RM 120

The registration charges for Non-Malaysians (Nonsubsidised fee) in Ministry of Health Facilities (source: www.moh.gov.my)

of the public sector," states Dr. Chang. "Rather than reducing costs, such regulations risk inflating operational overheads, which are inevitably passed on to patients. More significantly, they risk undermining the innovation and service quality that have made the private sector – and by extension, medical tourism – a Malaysian success story."

The push for "transparency," Dr. Chang observes, appears selectively applied. "If the Ministry of Health is genuinely committed to systemic transparency, why does scrutiny begin and end with private clinics and hospitals?" he questions. "There are concerns about transparency in pharmaceutical pricing structures, insurance and third-party administration (TPA) practices, and back <a href="mailto:charges">charges</a> and rebates embedded within the supply chain. If pricing reform is to be equitable and meaningful, it must start at the source, not at the end of the value chain."

The statement also raises critical questions for policymakers: Is the private healthcare sector being targeted to justify a national health financing scheme? Is Malaysia ready for dispensing separation and mandatory national health financing, potentially imposing a new statutory deduction on working Malaysians?

"The overarching principle is that transparency should not be a tool of convenience, wielded selectively. It must be holistic, inclusive, and fair across the board," Dr. Chang asserts.

Dr. Chang concludes by urging policymakers to adopt a data-driven, inclusive approach that respects the vital roles played by both sectors. "Unbalanced regulation threatens not only to weaken the private sector but also to undermine Malaysia's global healthcare reputation. Any reforms must strengthen the system as a whole and avoid dismantling what already functions effectively."

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