AKHBAR : THE STAR
MUKA SURAT : 9
RUANGAN : NATION

No more hidden meds costs

New rule helps patients make informed choices

By RAGANANTHINI VETHASALAM
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PETALING JAYA: From today, private healthcare providers will be required to display medicine prices at their facilities.

This is after the government gazetted the Price Control and Anti-Profiteering (Price Marking for Drugs) order.

The main requirement is the price list, which must be displayed in a physical form and must be accessible and visible to customers and patients.

Failing to comply with provisions of the order will leave individual healthcare providers liable to a fine of up to RM50,000.

As for corporate bodies, the maximum fine is RM100,000.

According to the order, for drugs that are visible to customers and are kept on display, there must be a price tag or label.

For those that are kept behind the counter or not visible to customers, a price list must be prepared.

The price list will also contain information such as the generic name or active ingredient of the drug, strength, trade name and the selling price per unit, per unit weight or the measure of the drug.

The price list will have to be displayed in a physical form such as through electronic media, electronic screens and any suitable tools and devices.

The condition is the price list must be accessible and visible to consumers.

The list must be in English or Bahasa Malaysia. If it is not in either language, then it must be translated into English or Bahasa Malaysia.

All prices must also be displayed in ringgit and sen.

"If the recommended retail price of the drug is displayed on any part of the drug, such recommended retail price does not form part of the price marking or the list of selling prices of the drugs under this order," read the order.

In a joint statement, Health Minister Datuk Seri Dr Dzulkefly Ahmad and Domestic Trade and Cost of Living Minister Datuk Armizan Ali said this initiative is in line with the government's commitment for price transparency.

They said the move will allow the people to make informed choices and make price comparisons.

Facilities that sell, supply or administer medicines as well as community pharmacies will be subjected to the rule. These are facilities that come under the purview of the Private Healthcare Facilities and Services Act 1998.

The price list has to be displayed on a catalogue, notice boards or electronic screens.

As for enforcement, for the initial phase, the government will take an educational approach for the first three months.

The ministers also gave assurance that the enforcement will be done in a considerate and effective way to allow all facilities adapt the new measure in phases.

The enforcement will be carried out by the Health Ministry with the assistance of the Domestic Trade and Cost of Living Ministry.

The move has met with a lot of resistance from the private healthcare sector where practitioners claimed that the move will increase cost and administrative burden.

Meanwhile, the Malaysian Medical Association (MMA) will march from the Health Ministry to the Prime Minister's Office in Putrajaya in protest over the new law mandating the display of price lists.

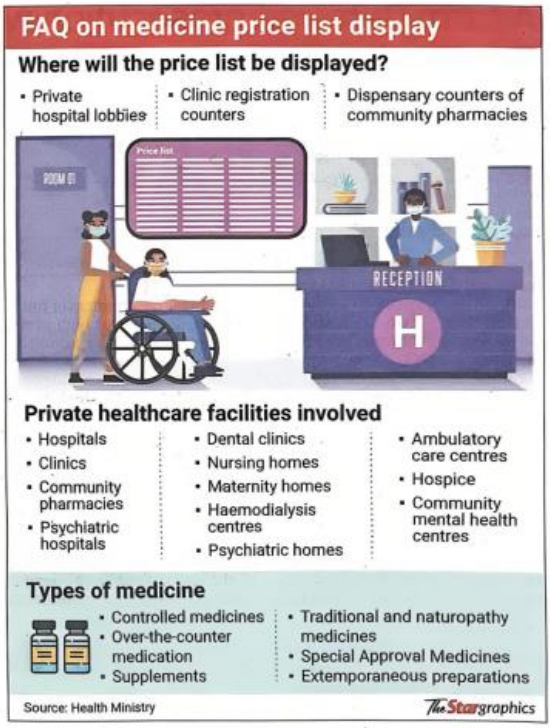
The Doctors Betrayed: The Long Walk to Putrajaya march organised by the MMA will take place on May 6.

"We demand consultation. We demand justice. Join the march. Make your voice heard," read the poster of the march.

Sources close to the development told *The Star* that the association is pooling all resources for the march, adding that most state chapters will participate.

In a post on X, the medical group said that they are demanding consultation and justice from the government.

"We demand consultation. We demand justice. @anwaribrahim-hear us," they said in the post in which Prime Minister Datuk Seri Anwar Ibrahim was tagged.



AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

Haram jual: Industri vape bakal rugi lebih RM1.8 bilion

Dari muka 1

Katanya, nilai sebuah kedai vape secara purata termasuk stok adalah sekitar RM50,000 hingga RM100,000 dan gerai vape pula adalah sekitar RM20,000 hingga RM30,000.

Jumlah itu, tambah beliau, tidak termasuk kos gaji, utiliti dan logistik di mana kerugian tersebut perlu ditanggung peniaga.

"Sejujurnya, kami di pihak DPVM amat duka cita dengan keputusan kerajaan negeri kerana penguatkuasaan belum lagi dilaksanakan sepenuhnya seperti pekeliling yang dikeluarkan Kementerian Kesihatan (KKM) sebelum ini.

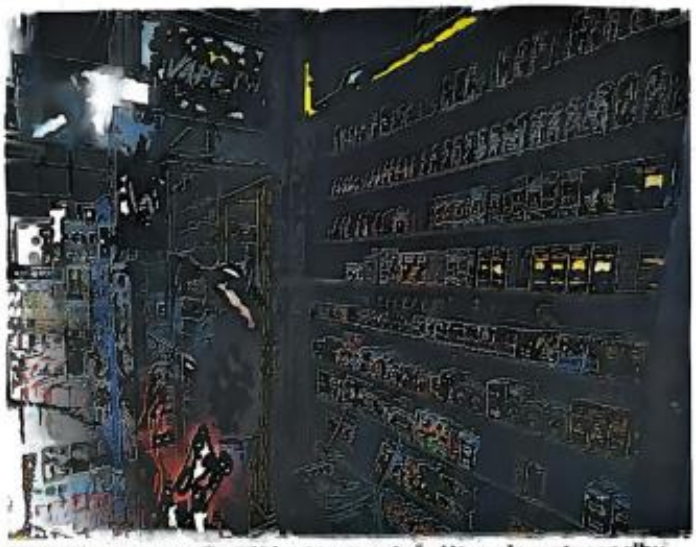
"Pihak kami menghormati keputusan negeri-negeri dan hak mereka membuat peraturan. Bagaimanapun, sekali lagi industri vape berlesen dihukum kerana kegiatan vape haram iaitu vape *'magic mushroom'*.

"Belum sempat peraturan yang diputuskan pihak kerajaan Persekutuan dikuatkuasakan sepenuhnya, sekarang pihak negeri pula membuat peraturan berlainan," katanya kepada *Utusan Malaysia*.

Terdahulu, media melaporkan bahawa Terengganu mengikuti langkah Kelantan dan Johor menerusi penguatkuasaan larangan penjualan produk rokok elektronik di semua premis di seluruh negeri bermula 1 Ogos depan.

Antara negeri lain yang turut mempertimbang cadangan pengharaman vape adalah Kedah, Perlis, Pulau Pinang dan Selangor.

Tambah Ridhwan, pengharaman penjualan vape yang akan dilaksanakan Ogos ini akan memberi kesan kepada 1,300 kedai yang boleh dikawal selia oleh pihak kerajaan tempatan di negeri-negeri yang mengharamkan sepenuhnya.



PREMIS vape yang dimiliki bumiputera bakal kerugian ratusan ribu ringgit sekiranya semua negeri mengharamkan penjualannya.

Jelasnya, ia sekali gus akan berlaku peningkatan drastik vape haram selepas Akta 852 dikuatkuasakan.

"Kita bukan hanya memikirkan soal ekonomi bumiputera yang terlibat dalam industri vape berlesen tetapi juga perlu mempertimbangkan sama ada mampukah semua pihak benar-benar mengharamkan vape seperti mana dadah?

"Seperti yang kita tahu masalah dadah dan rokok seludup belum mampu diselesaikan sehingga kini. Ingin juga saya tegaskan bahawa *'magic mushroom'* adalah dadah dan bukan vape.

"Justeru, beri peluang untuk Akta 852 dikuatkuasakan dengan baik dahulu sebelum ia dilaksanakan secara menyeluruh di setiap negeri," katanya.

Sementara itu, Pengarah Urusan Nanostix Innovation Sdn. Bhd. (NISB), Shahabudeen Jalil berkata, pihaknya tidak pernah menolak kawal selia malah memperjuangkannya.

Jelasnya, punca utama isu bukan vape tetapi kemalasan dan kelemahan pihak berkuasa seperti KKM, polis, Jabatan Kastam Diraja Malaysia dan Suruhanjaya Komunikasi dan Multimedia Malaysia (SKMM) dalam membanteras dadah.

"Penjualan cecair dadah di pasaran dalam talian berlaku secara terang-terangan, namun tidak dipantau dengan serius.

"Kerana malas melawan dadah, industri sah seperti vape dijadikan mangsa mudah untuk menutup kelemahan sendiri. Mereka gagal melaksanakan penguatkuasaan, lalu memilih jalan singkat menyalahkan yang patuh, dan membiarkan yang haram terus hidup.

"Justeru, sebarang pengharaman negeri ditangguhkan segera dan rundingan terbuka perlu diadakan antara kerajaan negeri, KKM, industri sah dan penguat kuasa," katanya.

AKHBAR : SINAR HARIAN
MUKA SURAT : 11
RUANGAN : NASIONAL

Harian

Farmasi, klinik wajib pamer harga ubat mulai hari ini

Skop penandaan harga merangkumi semua ubat kegunaan manusia, produk kesihatan lain

Oleh TUAN BUQHAIRAH TUAN MUHAMAD ADNAN
PUTRAJAYA

Semua jenis ubat yang dijual atau dibekalkan di farmasi komuniti serta fasiliti kesihatan swasta perlu mempunyai penandaan harga bermula hari ini.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dan Menteri Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN), Datuk Armizan Mohd Ali berkata, ia susulan pelaksanaan Mekanisme Ketelusan Harga Ubat (MKHU).

Menurut mereka, skop penandaan harga merangkumi semua ubat untuk kegunaan manusia, sama ada ubat terkawal, bebas atau produk kesihatan lain.

"Ia termasuk ubat yang memerlukan preskripsi doktor, ubat tanpa preskripsi atau *over-the-counter* (OTC), ubat tradisional, suplemen kesihatan dan juga ubat bancuhan (*extemporaneous*)," kata Dzulkefly dan Armizan dalam kenyataan bersama yang dikeluarkan pada Rabu.

DR DZULKEFLY

ARMIZAN

Semua jenis ubat yang dijual di farmasi dan fasiliti kesihatan swasta perlu mempunyai penandaan harga mulai hari ini.

Ujar mereka, langkah itu dilaksanakan di bawah Perintah Kawalan Harga dan Antipencatutan (Penandaan Harga Bagi Ubat) 2025 mengikut Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723).

"Harga ubat yang dipamerkan untuk jualan perlu dilabel atau ditandakan dengan harga pada produk, manakala ubat yang tidak dipamerkan atau berada di belakang kaunter perlu disenaraikan dalam paparan harga jualan yang boleh diakses pengguna.

"Senarai harga tersebut boleh dipaparkan dalam bentuk fizikal seperti katalog dan papan kenyataan atau secara elektronik melalui skrin digital," tambah mereka.

Jelasnya, tempoh tiga bulan pertama pelaksanaan akan menggunakan pendekatan pendidikan secara berfasa bagi memberi ruang kepada fasiliti kesihatan untuk membuat penyesuaian dan juga penambahbaikan.

"Pemantauan akan dilakukan secara berperingkat dengan pendekatan advokasi dan pemeriksaan berkala oleh KKM dengan panduan serta kerjasama KPDN," katanya.

Orang ramai boleh mendapatkan maklumat lanjut dan soalan lazim di portal rasmi Program Perkhidmatan Farmasi KKM di *www.pharmacy.gov.my* atau mengemukakan pertanyaan ke alamat e-mel *chu@moh.gov.my*.

Sebarang aduan berkaitan harga ubat boleh dibuat menerusi Sistem Pengurusan Aduan Awam (SISPAA) KKM di *https://moh.spab.gov.my* atau Portal eAduan KPDN di *https://eaduan.kpdn.gov.my*.

Terdahulu, mekanisme pemaparan harga ubat di semua kemudahan jagaan kesihatan dan farmasi telah dibentangkan dalam mesyuarat Majlis Tindakan Sara Hidup Negara (NACCOL) pada 3 Oktober 2023 dan disusuli pembentangan Memorandum Jemaah Menteri Bersama KPDN pada 8 Januari lalu.

AKHBAR : BERITA HARIAN
MUKA SURAT : 8
RUANGAN : NASIONAL

Perintah pemaparan harga ubat di klinik hospital swasta kuat kuasa hari ini

Kuala Lumpur: Inisiatif Penandaan Harga Ubat di kemudahan jagaan kesihatan swasta dan farmasi komuniti akan berkuat kuasa hari ini, selaras dengan komitmen Kerajaan MADANI untuk melaksanakan agenda ketelusan harga melalui Mekanisme Ketelusan Harga Ubat.

Kementerian Kesihatan (KKM) dan Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN) dalam kenyataan bersama semalam memaklumkan akan bekerjasama bagi melaksanakan inisiatif itu melalui Perintah Kawalan Harga dan Antipencatutan (Penandaan Harga Bagi Ubat) 2025 mengikut Akta Kawalan Harga dan Antipencatutan 2011.

Menurut kenyataan itu, pelaksanaan inisiatif itu untuk memastikan rakyat mempunyai pilihan bermaklumat dengan mengetahui, membuat perbandingan dan memilih harga yang terbaik dalam merancang perbelanjaan ubat-ubatan.

"Skop penandaan harga ubat merangkumi semua ubat untuk kegunaan manusia termasuk ubat-ubatan yang memerlukan preskripsi dan sebaliknya, ubat melalui kaunter, ubat tradisional, suplemen kesihatan dan sediaan yang dibancuh.

"Penandaan harga ubat hendaklah dilakukan dalam bentuk senarai harga atau tanda harga. Ubat-ubatan yang dipamerkan untuk jualan dan boleh diakses oleh pengguna, hendaklah dilabel, tag atau tanda harga pada ubat itu," menurut kenyataan itu.

Menurut kenyataan sama, ubat yang tidak dipamerkan atau diletakkan di belakang kaunter dan tidak boleh diakses atau dilihat oleh pengguna pula hendaklah dipaparkan senarai harga jualan sama ada dalam bentuk katalog, papan kenyataan atau skrin elektronik.

Kenyataan itu memaklumkan fasa awal pemantauan dan penguatkuasaan inisiatif berkenaan akan menggunakan pendekatan penguatkuasaan pendidikan secara berfasa untuk tempoh tiga bulan.

"Langkah ini diambil untuk memastikan aktiviti penguatkuasaan dijalankan secara berhikmah, ihsan dan berkesan bagi membolehkan setiap fasiliti kesihatan swasta membuat penyesuaian dan pembaharuan secara berperingkat.

"Pemeriksaan akan dijalankan dari semasa ke semasa dengan pendekatan advokasi bagi memastikan pematuhan terhadap perintah ini. Penguatkuasaan penandaan harga ubat-ubatan akan dilaksanakan oleh KKM dengan panduan dan kerjasama KPDN," menurut kenyataan itu.

Orang ramai boleh mengakses soalan lazim berkaitan Inisiatif Penandaan Harga Ubat melalui portal rasmi Program Perkhidmatan Farmasi, KKM di www.pharmacy.gov.my atau e-mel ke alamat chu@moh.gov.my.

Sebarang aduan berkaitan isu harga ubat boleh disalurkan melalui platform Sistem Pengurusan Aduan Awam (SISPAA) KKM di pautan https://moh.spab.gov.my atau portal eAduan KPDN, https://eaduan.kpdn.gov.my/.

BERNAMA

Ibadat&Fadilat

Muawiyah RA berkata beliau mendengar Nabi SAW bersabda: "Sesiapa yang Allah inginkan kebaikan untuknya, maka Dia akan mengurniakan kefahaman agama kepadanya. Dan sesungguhnya aku pembahagi dan Allahlah yang mengurniakannya." (HR Bukhari)

KAWASAN	SUBUH	ZUHUR	ASAR	MAGHRIB	ISYAK
Kangar	5:54	1:18	4:34	7:28	8:40
Alor Setar	5:55	1:18	4:34	7:27	8:39
P. Pinang	5:56	1:18	4:35	7:26	8:38
Ipoh	5:55	1:16	4:33	7:23	8:35
Kuala Lumpur	5:53	1:13	4:31	7:20	8:31
Shah Alam	5:53	1:13	4:31	7:20	8:31
Johor Bahru	5:47	1:05	4:23	7:09	8:20
Kuantan	5:48	1:08	4:26	7:13	8:25
Seremban	5:53	1:12	4:30	7:17	8:29
Bandar Melaka	5:52	1:11	4:29	7:16	8:27
Kota Bharu	5:48	1:11	4:27	7:20	8:28
K. Terengganu	5:45	1:07	4:24	7:15	8:27
Kota Kinabalu	4:52	12:15	3:32	6:24	7:36
Kuching	5:22	12:40	3:58	6:44	7:55

AKHBAR : KOSMO
MUKA SURAT : 16
RUANGAN : NEGARA

Ibu bapa resah HFMD 'mengganas' di Lipis

- **Jangkitan dikatakan semakin menjadi-jadi di tabika**
- **Kebanyakan tadika ditutup beberapa hari elak penularan**

Oleh NORFARHIZA MOHD. ATAR

LIPIS – Penularan penyakit tangan, kaki dan mulut (HFMD) di beberapa taman bimbingan kanak-kanak (tabika) sekitar daerah ini menimbulkan kebimbangan dalam kalangan ibu bapa, terutama mereka yang mempunyai anak kecil.

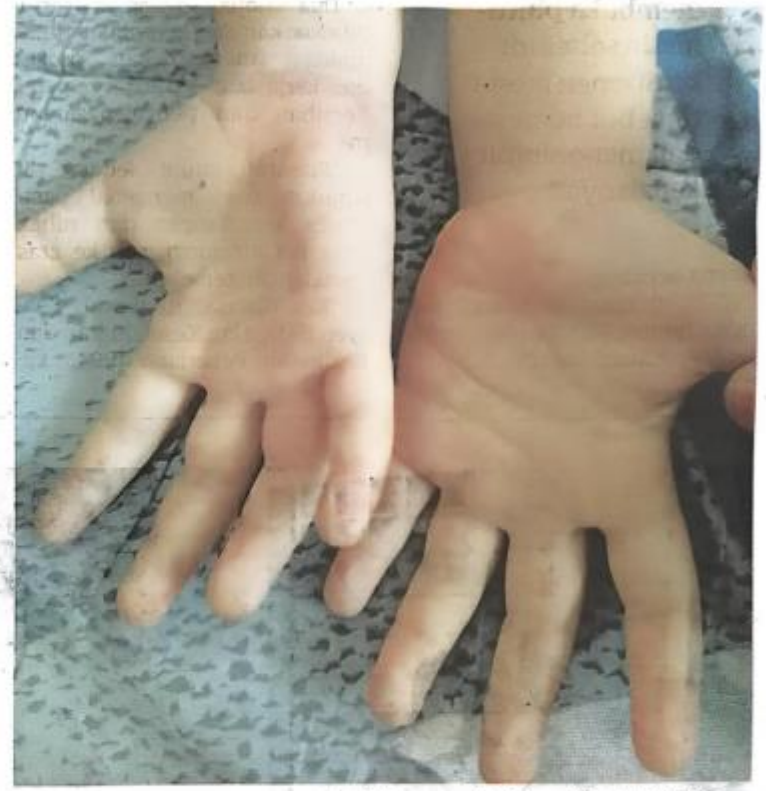
Difahamkan, kes HFMD di daerah ini mencatatkan peningkatan lebih 80 peratus sejak awal bulan ini.

Penularan mendadak itu menyebabkan ramai ibu bapa mengambil langkah berhati-hati termasuk tidak menghantar anak mereka ke tabika buat sementara waktu bagi mengelak risiko jangkitan.

Seorang ibu dikenali dengan Nor, 39, berkata, dia mula menyedari anak dijangkiti HFMD apabila mereka mengadu sakit di mulut sebelum timbul ruam dan lepuh pada tangan serta kaki.

Menurutnya, demi keselamatan dan pemantauan rapi, dia terpaksa mengambil cuti untuk menjaga anak yang kini dikuarantin di rumah selama lima hari.

"Sebelum ini, cikgu sudah beritahu ada murid dijangkiti HFMD dan diarahkan untuk tidak hadir ke sekolah. Namun, saya tidak sangka anak saya pula kena selang beberapa hari kemudian.



KEADAAN tangan seorang murid tabika yang disahkan dijangkiti HFMD di Lipis semalam.

"Saya terus ambil cuti jaga anak yang dikuarantin kerana mengalami kesakitan di mulut serta timbul ruam di tangan dan kaki," katanya ketika ditemui di sini semalam.

Seorang lagi ibu yang hanya mahu dikenali sebagai Siti, 30, berkata, dia mengambil langkah drastik untuk tidak menghantar anaknya ke tabika sehingga wabak HFMD benar-benar reda bagi mengelak sebarang risiko terhadap kesihatan anaknya yang berusia enam tahun.

"Anak saya ada masalah kulit sensitif (ekzema). Jika dijangkiti HFMD, bimbang keadaannya menjadi lebih serius. Walaupun Kementerian Kesihatan telah menjalankan sanitasi di tabika, saya tetap pilih untuk tidak ambil risiko, biarlah tunggu keadaan reda dulu," ujarnya.

AKHBAR : THE STAR
MUKA SURAT : 8
RUANGAN : NATION

Students take on health challenge to curb rising medical costs

By STEPHANIE LEE
stephanielee@thestar.com.my

KOTA KINABALU: A challenge to do a minimum 150-minute workout per week and consuming five servings of vegetables with fruits per day is being taken up by Universiti Malaysia Sabah (UMS) students as part of a healthy lifestyle campaign.

The six-month programme, dubbed FSSK x ANMS with the tagline #Move Munch Balance, aims to shift health behaviours and improve productivity.

UMS vice-chancellor Prof Datuk Dr Kasim Mansor, who launched the campaign, said a preliminary study in March showed students lacked exercise despite knowing the importance of a balanced and healthy diet.

"A healthy lifestyle is important in reducing absenteeism among staff and students and in keeping productivity levels up," he said.

Prof Kasim said the campaign could later be extended to the whole campus and to its branches in Labuan and Sandakan.

"The Higher Education Ministry promotes walking 10,000 steps a day.

"Here, we have the walk and talk programme which provides an opportunity for lecturers, staff and students to discuss matters while walking.

"We offer trails for walks with one more route opened recently," he said, adding that he walks up six floors to his office to stay fit.

To bring down the escalating medical costs at UMS, Prof Kasim said staff and students need to adopt a healthy lifestyle and should do recreational activities for at least an hour a day.

The campaign is a collaboration between the UMS-Unicef Communication for Development (C4D) Research Unit and the health promotion branch of the Sabah Health Department.

UMS-Unicef C4D research unit head Dr Latif Lai said 'Move' refers to the need to have at least 150 minutes of moderate exercise per week.

Some 200 students took part in the launch, which also saw Prof Kasim joining them in an exercise routine before flagging them off for a 10,000 steps walk.

AKHBAR : THE STAR
MUKA SURAT : 14
RUANGAN : VIEWS

Game plan for sustainable health insurance scheme

THE steep increase in medical insurance premiums remains a pressing issue in Malaysia. Many individuals have been forced to give up their policies while others must reassess their coverage to ensure affordability.

The increase in premiums stems from multiple factors, including rising healthcare costs, annual medical inflation, higher claims after the Covid-19 pandemic, and fraudulent claims.

Despite Bank Negara Malaysia's (BNM) direction to limit premium increases to 10% for policyholders, some health insurers have not fully complied with the interim cap.

Co-payment measures were introduced by BNM to further curb premium increases. This is an option where policyholders can reduce their monthly payments by covering a certain percentage or a fixed amount of hospital bills per year. However, this concept necessitates setting aside funds for unexpected medical expenses, resulting in many being hesitant to adopt it.

Most recently, BNM has been working with the Health Ministry and Employees Provident Fund to develop basic health insurance as well as value-based healthcare on takaful products.

While medical insurance is designed to protect policyholders, it is fundamentally a business model where private insurance companies and agents derive income and profit. Hence, it operates on a shared-risk system where excessive claims contribute to rising premiums.

Policyholders can play a role in managing costs by seeking second opinions and opting for cost-effective treatments without compromising care. Understanding the terms of the policy is also crucial in preventing disputes and ensuring informed decisions about available treatments.

Our government also plays a crucial role in ensuring fair and stable insurance premiums. One effective strategy already in place is promoting preventive healthcare through tax incentives for screenings, vaccinations, and active lifestyle habits.

Insurance providers can complement these efforts by collaborating with health organisations and hospitals to incentivise policyholders who maintain healthy habits, such as achieving daily step goals or undergoing regular health screenings.

Heart disease, which is responsible for 15.1% of deaths in Malaysia, is preventable through lifestyle changes. By adopting healthier habits and routine screenings, policyholders can help mitigate the costs of insurance premiums by minimising claims.

Furthermore, enforcing medical billing transparency by standardising treatment costs and regulating medical inflation can prevent overcharging and discrepancies. For instance, implementing price controls on essential drugs and treatments can help curb excessive costs.

It is also essential to strengthen public healthcare services and resources. Without the needed enhancements, an overflow of patients into public hospitals may overwhelm the system. To ensure that quality healthcare remains accessible to all, the needs of both the public and private healthcare systems must be balanced.

Malaysia can learn from international best practices. An example would be Singapore's universal healthcare system, which integrates three components that encourage saving for routine care, insurance for larger expenses, and funding from the government to support those in financial need.

Germany's hybrid public-private insurance model, which requires employer and employee contributions to statutory health funds, is another example to consider. This method helps to ensure affordability while maintaining flexibility, as individuals earning below a certain threshold are insured by public insurance while higher earners have the option of private insurance. The shared financial responsibility helps prevent excessive costs and ensures comprehensive coverage for all legal residents.

Implementing similar strategic reforms in Malaysia will take time and effort, but ensuring affordability and accessibility to healthcare must be a national priority.

RUBANA VIGHNESWARAN and HANNA YAHYA
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