

LEGAL FRAMEWORK ON AFFORDABLE HEALTH:
COMPARATIVE STUDY BETWEEN MALAYSIA
AND UNITED STATES

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AND UNITED STATES**

BY

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A final year project submitted in partial fulfilment of the
requirement for the degree of

**BACHELOR OF INTERNATIONAL BUSINESS
(HONS)**

UNIVERSITI TUNKU ABDUL RAHMAN

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DECLARATION

I hereby declare that:

- (1) This undergraduate FYP is the end result of my own work and that due acknowledgement has been given in the references to ALL sources of information be they printed, electronic, or personal.
- (2) No portion of this FYP has been submitted in support of any application for any other degree or qualification of this or any other university, or other institutes of learning.
- (3) Sole contribution has been made by me in completing the FYP.
- (4) The word count of this research report is 10517 words.

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PREFACE

The reason why I choose to engage in a research study on the legal framework of affordable health is due to personal interest in the topic, driven by personal experiences or a desire to make a positive impact on society. For example, when I have someone close to me has struggled with access to healthcare due to financial constraints, I may be motivated to learn more about the legal frameworks that govern affordable health.

Regardless of the reasons behind my interest in the subject, the research study on the legal framework of affordable health would involve a rigorous analysis of the legal and regulatory frameworks that govern healthcare in Malaysia and the United States. This may include reviewing relevant legislation, case law, and administrative regulations, as well as conducting comparative analysis of the healthcare systems in each country.

In conclude, the research study on the legal framework of affordable health is a complex and multi-faceted project that requires a strong understanding of both legal frameworks and healthcare policy. By engaging in this research, I would have the opportunity to develop critical thinking skills, deepen my knowledge of healthcare policy, and make a meaningful contribution to the field.

ABSTRACT

The title of the Final Year Project (FYP) is "Legal Framework on Affordable Health: Comparative Study between Malaysia and United States." The project aims to explore and compare the legal frameworks related to affordable health in Malaysia and the United States.

The FYP will examine the different healthcare systems and policies in Malaysia and the United States, including the role of government in ensuring affordable health, the provision of health insurance, and the regulation of healthcare providers. It will also analyze the legal and regulatory frameworks that govern these healthcare systems, such as healthcare legislation, healthcare policies and budget in place.

The FYP will utilize a variety of research methods, including literature review, and comparative legal analysis. The findings will contribute to the understanding of the legal frameworks for affordable healthcare in Malaysia and the United States and inform policy recommendations for improving access to healthcare services in both countries.

Overall, the FYP aims to provide a comprehensive analysis of the legal frameworks related to affordable health in Malaysia and the United States, highlighting the laws and policies of each system and identifying opportunities for improvement.

CHAPTER 1 RESEARCH OVERVIEW

1.1 Research Background

The research study on the "Legal Framework on Affordable Health" is a study that explores the laws, regulations, policies, and practices related to providing affordable healthcare services to individuals and communities. The study may examine how legal frameworks can support or hinder access to affordable healthcare, as well as the potential impact of legal interventions or reforms on healthcare affordability.

The research may also analyse how different countries or regions have approached the issue of affordable healthcare from a legal perspective, and identify best practices or lessons learned that can inform future policymaking. The study may be conducted by legal scholars, health policy experts, or researchers in related fields. The findings of the study may be used to inform policymakers and stakeholders in the healthcare sector about how legal frameworks can be used to promote greater affordability and accessibility in healthcare.

1.1.1 Malaysia

Malaysia has a highly regarded healthcare system ranked 49th in the world by the World Health Organization, and the country is continuously investing in programs to enhance the quality of care, especially for rural and low-income patients. These efforts have resulted in Malaysia's healthcare system becoming a leading provider in Asia. The healthcare system has made significant improvements in infant mortality rates over the past 25 years, which are now comparable to those in North America and western Europe. This has led to the growth of medical tourism in the country, supported by the presence of many medical schools, demonstrating Malaysia's commitment to providing quality healthcare to its citizens, tourists, and expatriates.

Medical professionals in Malaysia are highly trained, with many having received international education before returning to work in their home country. They are also proficient in English and other foreign languages, providing a big relief for expatriates who may face language barriers that could hinder diagnosis and treatment.

While healthcare in Malaysia is not free or very cheap, it is still much more affordable than private healthcare in the west. The costs of procedures, including initial consultation, MRI, operations, and a private room, are nine times cheaper than in the United States. Therefore, the affordability of healthcare is a significant advantage for those living or visiting the country, as well as for those who come specifically for healthcare reasons (International Citizens Insurance, n.d.).

1.1.1.1 Healthcare system

Malaysia's healthcare system consists of two sectors: a government-led and funded public sector and a thriving private sector that has grown significantly over the past 25 years. The public sector serves around 65% of the population but has only 45% of all registered doctors and even fewer specialists. To ensure adequate coverage for the population, most doctors are required to complete three years of service in the public sector.

Public healthcare in Malaysia is heavily subsidized and paid for by Malaysian citizens through general income taxation. As a result, patients only need to pay nominal fees in this sector. However, these nominal fees are only applicable to Malaysian nationals, and the government does not have a reciprocal healthcare policy with any other country. Foreigners are eligible for public healthcare but must pay additional fees, or they can opt for private healthcare. The Ministry of Health Malaysia's website provides a list of treatment charges for foreigners at government hospitals.

The Malaysian government is committed to providing access to high-quality healthcare to everyone in the country, with clinics and hospitals nationwide. However, there is still a shortage of quality healthcare centers in remote areas,

so travelers should keep this in mind when visiting rural areas. In urban areas, both public and private hospitals are world-class and equipped with the latest medical equipment.

Private healthcare options may be more expensive, but they offer faster services due to more doctors in the sector attracted to higher salaries and better working conditions. However, there is little difference in the quality of staff or equipment between the two sectors (Malaysia Healthcare, 2020).

Malaysia offers a comprehensive range of healthcare services, with both Western and Eastern medicine available at many healthcare institutions. This multi-faceted approach to treatment is a drawcard for open-minded foreigners.

In case of emergency, it's best to take a taxi to the nearest public or private hospital, as the ambulance service in Malaysia is not known for its efficiency. Alternatively, keep the number of a frequented private health institution to hand, as some offer a reliable ambulance service.

1.1.1.2 Medication

When you are prescribed medication at a hospital in Malaysia, you will need to pay for it at the same time as your consultation, tests, or treatments. Hospitals in Malaysia typically use a cashier system, similar to a shop, where you queue up, provide your details, and make your payment. The medication is dispensed in small plastic pouches with a label indicating the relevant dose, as the original packaging and instructions may not be included. Therefore, it is important to ensure that you understand the directions and possible side-effects before leaving. Expatriates should exercise caution when it comes to prescription drugs, as there have been cases of over-prescribing and the sale of counterfeit drugs. While these occurrences are infrequent, it is advisable to stay informed and ask questions (Malaysia Healthcare, 2020).

1.1.1.3 Health insurance

As Malaysia lacks a national medical insurance program, purchasing private medical and life insurance is necessary. While medical insurance is commonly provided by employers, individuals may require additional coverage for better protection. Adequate health insurance should cover routine illnesses, consultations with doctors, hospital fees, and prescribed medication. It is recommended to select a medical insurance policy that offers flexible plans that take into account the increasing costs of medical care throughout your lifetime.

Private medical insurance policies cover visits to both public and private hospitals, allowing you to choose the type of treatment you prefer. However, private hospitals tend to be more expensive than public ones, and only the portion of the cost stipulated within the insurance policy can be reimbursed. Private clinics may require upfront payments, so having health insurance that guarantees easy admission to a large number and variety of hospitals is crucial (AIA, 2017).

1.1.2 United States

The healthcare system in the United States is often considered to be complicated because it does not provide universal healthcare for its citizens. Instead, both private and public institutions exist to pay for the healthcare of U.S. citizens. This article aims to provide a basic understanding of the U.S. healthcare system for individuals interested in practicing medicine in the U.S (ISPOR, n.d.).

Private healthcare options in the U.S. exist in the form of health insurance plans, which individuals pay for on a monthly basis to ensure coverage. Insurance companies pay for the healthcare of the insured and often have networks of physicians, hospitals, and clinics to subsidize payments for the insured. However, if an individual chooses to visit a doctor that is not included in their insurance network, they may be required to pay more out-of-pocket. Health insurance is intended to provide individuals with access to doctors, preventative or emergency care at a reasonable cost.

Many employers provide health insurance for their employees, either subsidizing the cost of the plan or paying for it in full. Despite private insurance options being available, there are still many Americans without access to healthcare insurance. To address this issue, the U.S. government offers funding for individuals through government-funded programs like Medicare and Medicaid. However, coverage and options for these programs may be less extensive compared to private insurance plans.

Medicare and Medicaid are government-funded programs that provide coverage for approximately 30% of the population. Medicare is a national social insurance program that provides coverage for seniors aged 65 and over and for individuals with disabilities. Medicare consists of four parts, A, B, C, and D, which cover different aspects of healthcare. On the other hand, Medicaid is a state-based insurance program intended for people with low incomes. While the federal government sets broad standards for Medicaid, eligibility and services provided are controlled by individual states (MIT Medical, n.d.).

1.1.2.1 Universal Health Coverage Work

In the United States, there is no universal health insurance coverage, with approximately 8.5% of the population, or 27.5 million people, uninsured as of 2018. The country has gradually moved towards securing the right to healthcare, beginning with the introduction of employer-sponsored health insurance in the 1920s. This became more popular after World War II when the government declared fringe benefits such as health insurance tax-exempt. In 1965, public insurance programs Medicare and Medicaid were enacted through the Social Security Act, with Medicare providing universal healthcare for persons aged 65 and older, and Medicaid offering health care services to low-income families, the blind, and individuals with disabilities.

Medicaid gradually became mandatory for low-income pregnant women and infants and later for children up to age 18. As of 2019, Medicaid covered 17.9% of Americans. Meanwhile, the Children's Health Insurance

Program (CHIP) was created in 1997 as a public, state-administered program for children in low-income families. Today, it covers 9.6 million children.

In 2010, the Patient Protection and Affordable Care Act (ACA) was passed, representing the largest expansion to date of the government's role in financing and regulating healthcare. Components of the ACA's major coverage expansions included requiring most Americans to obtain health insurance or pay a penalty (which was later removed), extending coverage for young people by allowing them to remain on their parents' private plans until age 26, opening health insurance marketplaces or exchanges, and expanding Medicaid eligibility. The ACA led to an estimated 20 million people gaining coverage, reducing the share of uninsured adults aged 19 to 64 from 20% in 2010 to 12% in 2018 (Roosa Tikkanen, 2020).

1.1.2.2 Pharmacies, Vaccines, and Medication

Around 35% of pharmacies in the United States are independently owned small businesses, while the rest are located within other facilities such as drug stores (which are sometimes referred to as pharmacies), clinics, grocery stores, and hospitals. Many of these pharmacies are owned by chain brands such as Walgreens and CVS, and a recent review showed that 37% of prescriptions in the US are filled through mail order. Over-the-counter medications are widely available in most retail environments, including grocery stores and gas stations.

Pharmacies in the United States are typically large and offer a wide range of services. Major chain drug stores often have their own brands of over-the-counter medications, which may be displayed alongside more expensive brand names. If you are seeking common pain or allergy medications, you can ask the pharmacy team if they have a less expensive generic alternative. It's important to note that most drugstore staff are not trained in pharmacology, so if you have a medical question, it's best to ask the pharmacist or their assistant, not just a store employee.

Prescriptions in the United States generally take several minutes to several hours to be filled, which leaves plenty of time to browse, complete routine shopping, and take advantage of other free services such as a blood pressure check as you move around the store.

If you are bringing medications to the United States, whether they are prescription or over-the-counter, they should be in their original labeled container. The US Food and Drug Administration (FDA) recommends that you bring no more than 90 days' worth of any medication to the US and that you bring a doctor's note in English explaining why you need the medication.

While there are no mandatory vaccinations to enter the United States as a visitor, in August 2021, the US government announced an intention to require all visitors to be vaccinated against COVID-19 when entry restrictions are lifted. Although vaccinations are not currently mandatory, foreign governments and the WHO recommend visitors to the USA be vaccinated against a number of diseases, including hepatitis A, hepatitis B, tetanus, diphtheria, Haemophilus influenzae type B, human papillomavirus, measles, mumps, rubella, pertussis, polio, rotavirus, tuberculosis, varicella, pneumococcal disease, and seasonal influenza.

For those emigrating to the US, the following vaccinations are mandatory: mumps, measles, rubella, polio, tetanus and diphtheria, pertussis, Haemophilus influenzae type B, hepatitis A and B, rotavirus, meningococcal disease, varicella, pneumococcal disease, and seasonal influenza. As of October 1, 2021, coronavirus vaccination is also mandatory. Health insurance for foreigners in the USA often offers certain vaccinations as a benefit, so it's important to make the most of this resource (International Citizens Insurance, n.d.).

1.2 Research Problem

1.2.1 Lack of Health Coverage beyond Public Care

According to the National Health and Morbidity Survey (NHMS) 2019, Malaysians are allocating more of their monthly household expenditure towards healthcare, with an average of 5.1% being spent. This marks a consistent increase from 3.6% in 2011 and 4.6% in 2015. The Institute for Public Health (IKU), which is a research institute under the Ministry of Health (MOH), conducted the public health survey that revealed these findings.

Studies found that most households paid for health services using their current income, which made up 81.4% of expenses, with 35.8% from savings, 8.1% from insurance reimbursement, and 11% from borrowing from family and friends.

In terms of personal health insurance (PHI), only 22% of Malaysians are insured, with 36% of the uninsured population believing PHI is unnecessary, and 43% unable to afford it. Additionally, 45.5% of Malaysians, including 71% of the poorest 20%, do not have any supplementary financial coverage for medical treatment aside from the tax-funded health care provided by the government.

In 2019, outpatient health care accounted for the largest portion of out-of-pocket expenses for Malaysians, making up 40.4% of the total, followed by self-care, such as purchasing dietary supplements (24.5%), visiting community pharmacies (19.7%), inpatient health care (7.7%), and oral health care (3.3%).

Some advocates argue that the Malaysian government does not allocate enough funds towards healthcare, as previous administrations have considered introducing social health insurance as an additional source of health financing beyond the general taxation revenue base.

Public healthcare in Malaysia is largely subsidized, as evidenced by the fact that the outpatient and specialist fees at MOH facilities have remained unchanged for almost four decades, with fees of RM1 and RM5, respectively (Code Blue, 2020).

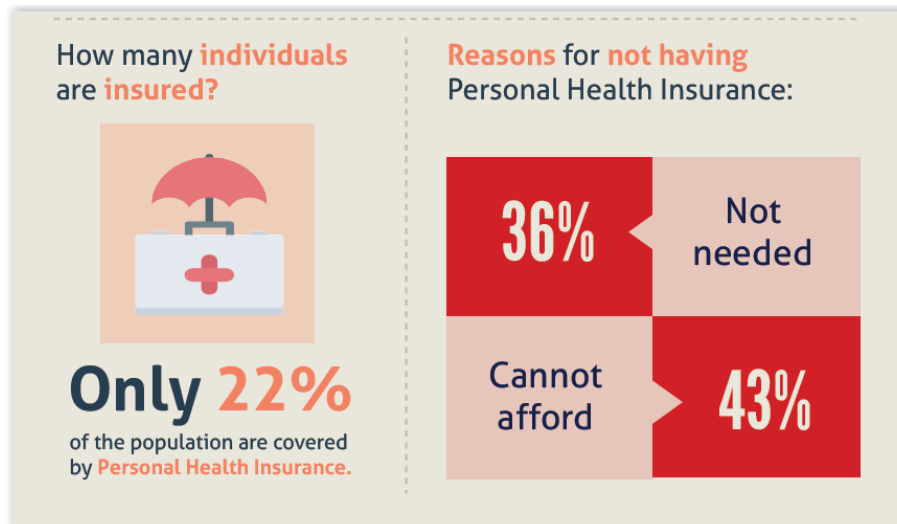


Figure 1.1: Graphic on personal health insurance from the National Health and Morbidity Survey (NHMS) 2019 by the Institute for Public Health (IKU), a research institute under the National Institutes of Health by the Ministry of Health.

1.3 Research Objective and Research Question

1.3.1 Research Objective

- a) To analyse the legal framework for the affordable healthcare in Malaysia.
- b) To analyse the legal framework for the affordable healthcare in United States.
- c) To provide suggestions and recommendations to improve the affordable healthcare in Malaysia.

1.3.2 Research Question

- a) What is the legal framework for the affordable healthcare in Malaysia?
- b) What is the legal framework for the affordable healthcare in United States?
- c) What are the suggestions and recommendations to improve the affordable healthcare in Malaysia and United States?

1.4 Research Significance

The research significance of studying the legal framework of affordable health in Malaysia lies in its potential to inform policy and practice related to healthcare affordability and access in the country. Malaysia has made significant strides in improving its healthcare system in recent years, but access to healthcare remains a challenge for many Malaysians, particularly those from low-income or marginalized communities.

1.4.1 Business World

The legal framework for affordable healthcare in Malaysia can have several effects on the business world.

Firstly, it can improve the health and wellbeing of employees, which can lead to a more productive and engaged workforce. When employees have access to affordable healthcare, they are more likely to seek medical attention when they need it, reducing the risk of chronic conditions that could otherwise worsen over time and result in missed work days.

Secondly, the legal framework for affordable healthcare can help businesses reduce their healthcare costs. By providing cost-sharing arrangements between employers and employees, or through government

subsidies, businesses can save money on healthcare expenses and free up funds for other business operations.

Thirdly, the legal framework for affordable healthcare can create opportunities for businesses that operate in the healthcare industry. Businesses that provide healthcare services or products, such as medical devices, may see increased demand for their services or products as more people have access to affordable healthcare.

Fourthly, the legal framework for affordable healthcare can help businesses attract and retain talent. In a competitive job market, businesses that offer affordable healthcare benefits may be more likely to attract and retain top talent, leading to a more skilled and motivated workforce.

Finally, the legal framework for affordable healthcare can contribute to the overall economic development of Malaysia. A healthier population can lead to lower healthcare costs, increased productivity, and a more stable workforce, all of which can benefit the economy as a whole.

Therefore, the legal framework for affordable healthcare in Malaysia can have a positive impact on the business world by improving employee health, reducing healthcare costs, creating business opportunities, attracting and retaining talent, and contributing to economic development (Susan Thomas, 2011).

1.4.2 Ministry of Health (MOH)

The legal framework for affordable healthcare in Malaysia can have significant effects on the Ministry of Health, which is responsible for implementing and enforcing the healthcare policies and regulations set forth in the framework.

Firstly, the legal framework for affordable healthcare can help the Ministry of Health achieve its goal of providing access to quality healthcare services for all Malaysians. By ensuring that healthcare services are

affordable and accessible to all, the Ministry of Health can better fulfil its mission of improving the health and wellbeing of the population.

Secondly, the legal framework for affordable healthcare can help the Ministry of Health manage healthcare costs. By implementing cost-sharing arrangements between employers and employees or through government subsidies, the Ministry of Health can help ensure that healthcare costs are manageable and that resources are allocated effectively.

Thirdly, the legal framework for affordable healthcare can create opportunities for the Ministry of Health to collaborate with the private sector to expand the delivery of healthcare services. This can include partnerships with private healthcare providers to increase access to services or collaborations with healthcare technology companies to improve the efficiency and effectiveness of healthcare delivery.

Finally, the legal framework for affordable healthcare can help the Ministry of Health measure and improve healthcare outcomes. By setting standards for healthcare quality and patient safety, the framework can help the Ministry of Health measure the effectiveness of healthcare services and identify areas for improvement.

Generally, the legal framework for affordable healthcare in Malaysia can have a significant impact on the Ministry of Health, enabling it to better fulfil its mission of providing access to quality healthcare services for all Malaysians (Jamaluddin, 2022).

1.4.3 Hospitals

The legal framework for affordable healthcare in Malaysia also has significant effects on the hospitals in several ways.

First of all, with the help of affordable healthcare, more people may seek medical attention when they need it, resulting in an increase in patient volume for hospitals. This can help hospitals increase their revenue and improve their financial sustainability.

Secondly, the legal framework for affordable healthcare may introduce changes in funding models for healthcare services. Hospitals may need to adapt to new payment structures, such as capitation or bundled payments, which can require changes in their financial management and business operations.

Thirdly, the legal framework for affordable healthcare may set quality standards for healthcare services that hospitals must meet. Hospitals may need to invest in quality improvement initiatives or implement new processes to comply with these standards.

Besides that, the legal framework for affordable healthcare may encourage collaboration between hospitals and other healthcare providers. Hospitals may need to work together to provide integrated care or coordinate services to ensure that patients receive the best possible care.

Additionally, the legal framework for affordable healthcare may encourage the adoption of healthcare technologies, such as electronic health records or telemedicine. Hospitals may need to invest in new technology or upgrade their existing systems to meet these requirements.

Overall, the legal framework for affordable healthcare in Malaysia can have a significant impact on hospitals, requiring them to adapt to changes in patient volume, funding models, quality standards, collaboration, and technology adoption (Susan Thomas, 2011).

CHAPTER 2 LITERATURE REVIEW

2.1 Definition of Affordable Healthcare

Affordable healthcare refers to healthcare services and treatment that are reasonably priced and accessible to individuals and families who may have limited financial resources or face financial constraints. Affordable healthcare aims to ensure that people can receive necessary medical care and services without having to worry about financial burden or going into debt. It includes affordable health insurance plans, low-cost or free medical treatment options, and access to affordable prescription drugs. Affordable healthcare is an essential aspect of public health policy and is critical in ensuring that everyone has access to quality healthcare services, regardless of their financial status.

Healthcare refers to the maintenance or improvement of health through the prevention, diagnosis, and treatment of illness, injury, disease, or other physical and mental impairments. It involves a range of activities, including medical diagnosis, treatment, and rehabilitation of patients, as well as the promotion of health and disease prevention through education and public health initiatives. Healthcare can be provided by a variety of professionals, including doctors, nurses, pharmacists, therapists, and other healthcare professionals, and can be delivered in a variety of settings, such as hospitals, clinics, and community health centres. Healthcare is a critical component of public health and is essential in promoting overall well-being and quality of life (Pennsylvania, 2018).

2.2 History of Healthcare in Malaysia

The history of healthcare in Malaysia dates back to the pre-colonial era, where traditional medicine was the primary form of healthcare. Traditional healers, known as bomohs, were highly respected and played a vital role in providing healthcare services to the local population.

During British colonial rule, Western medicine was introduced to Malaysia, and hospitals were established to provide medical care to the growing population. In 1905, the first general hospital, the Kuala Lumpur General Hospital, was built.

After Malaysia gained independence in 1957, the government began investing in healthcare infrastructure and establishing policies to improve healthcare access for all Malaysians. The Ministry of Health was formed in 1959 to oversee the provision of healthcare services throughout the country.

In the 1970s, Malaysia embarked on a program to provide universal healthcare coverage to all Malaysians, regardless of their ability to pay. This was achieved through the establishment of a comprehensive healthcare system that included public hospitals, clinics, and health centers.

Over the years, Malaysia has made significant strides in improving healthcare outcomes and expanding access to healthcare services. In 2019, Malaysia was ranked as the 49th best healthcare system in the world by the World Health Organization.

Today, Malaysia's healthcare system is a mix of public and private healthcare services, with public healthcare services being heavily subsidized by the government. Malaysians enjoy access to quality healthcare services at affordable prices, and the government continues to invest in improving healthcare infrastructure and expanding access to healthcare services for all (University of Malaya, 2014).

2.3 History of Healthcare in United States

The history of healthcare in the United States dates back to colonial times when healthcare was provided by individual practitioners or in small clinics. As the population grew, hospitals were established, and healthcare became more formalized.

In the early 1900s, healthcare was primarily provided by charitable organizations, and access to healthcare services was limited for many Americans.

This changed with the passage of the Social Security Act in 1935, which created the first federal healthcare programs for the elderly and the poor.

The 1960s brought about significant changes in healthcare policy with the passage of Medicare and Medicaid in 1965. These programs provided healthcare coverage to the elderly and the poor, respectively, and marked a significant expansion of the federal government's role in healthcare.

In the 1970s and 1980s, healthcare costs began to rise rapidly, leading to the implementation of cost containment measures, such as the establishment of health maintenance organizations (HMOs) and the development of managed care systems.

In the 1990s, healthcare reform was a major topic of discussion, and in 2010, the Affordable Care Act (ACA) was signed into law. The ACA aimed to improve access to healthcare services, reduce healthcare costs, and improve healthcare outcomes for all Americans.

Today, the US healthcare system is a mix of public and private healthcare services, with a complex network of insurance providers, healthcare providers, and government programs. Healthcare access, quality, and affordability remain significant challenges, and ongoing policy debates continue to shape the future of healthcare in the United States (Banaszak, 2022).

2.4 Legal framework on affordable healthcare in Malaysia

2.4.1 Laws

The legal framework on affordable healthcare in Malaysia is primarily governed by the following laws:

- (a) **The Malaysian Constitution:** The Malaysian Constitution recognizes the right to healthcare as a fundamental right of every citizen. Article 13 of the Constitution states that every citizen has the right to be

treated by a registered medical practitioner and to have access to medical care.

- (b) **The National Health Policy:** The National Health Policy, which was first introduced in 1989 and revised in 2010, aims to provide affordable and accessible healthcare services to all Malaysians. The policy emphasizes the importance of preventive care, health education, and the provision of quality healthcare services at affordable prices.
- (c) **The Medical Act 1971:** The Medical Act 1971 regulates the practice of medicine in Malaysia and establishes the Malaysian Medical Council to oversee the registration and licensing of medical practitioners. The Act also sets standards for the provision of healthcare services and ensures that healthcare providers adhere to ethical and professional standards.
- (d) **The Private Healthcare Facilities and Services Act 1998:** The Private Healthcare Facilities and Services Act 1998 regulates private healthcare facilities and services in Malaysia. The Act requires private healthcare providers to comply with certain standards and provides for the licensing and registration of private healthcare facilities.
- (e) **The National Health Insurance Scheme:** The National Health Insurance Scheme, which was launched in 2018, aims to provide affordable and accessible healthcare coverage to all Malaysians. The scheme is administered by the Social Security Organization and provides coverage for hospitalization, outpatient care, and prescribed medicines.

Malaysia's legal framework on affordable healthcare seeks to ensure that all Malaysians have access to quality healthcare services at affordable prices. The government continues to invest in healthcare infrastructure and policies aimed at improving healthcare outcomes and expanding access to healthcare services for all (Ngah, n.d.).

2.4.2 Policies

There are several policies involved in providing affordable healthcare in Malaysia. Some of these policies are:

- (a) **The National Health Policy:** The National Health Policy aims to provide affordable and accessible healthcare services to all Malaysians. The policy emphasizes the importance of preventive care, health education, and the provision of quality healthcare services at affordable prices.
- (b) **Price controls on medicines:** The Malaysian government regulates the prices of essential medicines to ensure that they are affordable to all Malaysians. The government sets a maximum price for each medicine, and pharmaceutical companies are required to sell their products below this maximum price.
- (c) **Subsidies for low-income individuals:** The Malaysian government provides subsidies for low-income individuals to help them access healthcare services. Under the 1Malaysia People's Aid (BR1M) program, low-income individuals receive cash transfers that can be used to pay for healthcare services.
- (d) **National Health Insurance Scheme:** The National Health Insurance Scheme, which was launched in 2018, aims to provide affordable and accessible healthcare coverage to all Malaysians. The scheme is administered by the Social Security Organization and provides coverage for hospitalization, outpatient care, and prescribed medicines.
- (e) **Community-based healthcare services:** The Malaysian government has implemented community-based healthcare services, such as mobile clinics and community health centres, to improve access to healthcare services in rural and remote areas.
- (f) **Tax exemptions for healthcare services:** The Malaysian government provides tax exemptions for healthcare services, including medical treatment, diagnostic tests, and medicines, to reduce the financial burden on patients.

2.4.3 Budget

The Malaysian government allocates a significant portion of its budget towards healthcare to ensure that all Malaysians have access to affordable healthcare services. In the 2022 budget, the government has allocated RM32.7 billion (approximately USD 7.8 billion) for healthcare, which is a 4.4% increase from the previous year's budget (MOH, 2022).

The budget allocation for healthcare is primarily used to fund the following areas:

- (a) **Public healthcare facilities:** The government uses a significant portion of the healthcare budget to fund public healthcare facilities, including hospitals, clinics, and health centres. This funding is used to improve the quality of healthcare services and to ensure that all Malaysians have access to affordable healthcare services.
- (b) **National Health Insurance Scheme:** The budget allocation for healthcare is also used to fund the National Health Insurance Scheme, which provides affordable and accessible healthcare coverage to all Malaysians.
- (c) **Health education and promotion:** The government also uses part of the healthcare budget to fund health education and promotion programs to raise awareness about preventive care and healthy living.
- (d) **Medical research:** The government allocates funds for medical research to promote the development of new treatments and to improve healthcare outcomes.
- (e) **Disease control and prevention:** The healthcare budget is also used to fund disease control and prevention programs, including vaccination programs, to reduce the spread of infectious diseases.

Financial Allocation, 2022	
Total Allocation for Ministry of Health (MOH) (In Million)	RM32,410
Operating	RM28,030
Development	RM4,380
Percentage of Total MOH Allocation to National Budget	10.42%
Per Capita Income ¹ (current prices)	RM48,187

Sources: Estimated Federal Budget 2022, Ministry of Finance
¹Economic Outlook 2022, Ministry of Finance

Figure 1.2: Budget allocated in 2022

Overall, Malaysia's legal framework on affordable healthcare seeks to ensure that all Malaysians have access to quality healthcare services at affordable prices. The government continues to invest in healthcare infrastructure and policies aimed at improving healthcare outcomes and expanding access to healthcare services for all.

2.5 Legal framework on affordable healthcare in US

2.5.1 Laws

In the United States, the legal framework on affordable healthcare is primarily governed by the following laws:

- (a) Affordable Care Act (ACA): Also known as Obamacare, the Affordable Care Act is a federal law that was enacted in 2010. The law aimed to make healthcare more affordable and accessible for all Americans by expanding Medicaid, providing tax credits for health insurance, and implementing regulations on insurance companies.
- (b) Medicare and Medicaid: Medicare is a federal health insurance program that provides coverage for Americans over the age of 65 and people with certain disabilities. Medicaid is a federal-state partnership program that

provides coverage for low-income Americans. Both programs aim to provide affordable healthcare to vulnerable populations.

- (c) Emergency Medical Treatment and Labor Act (EMTALA): The EMTALA is a federal law that requires hospitals to provide emergency medical treatment to all patients, regardless of their ability to pay. This law ensures that all Americans have access to emergency healthcare services, regardless of their financial status.
- (d) Health Insurance Portability and Accountability Act (HIPAA): HIPAA is a federal law that regulates the privacy and security of healthcare information. The law aims to protect patients' personal and medical information and ensure that they have access to their medical records.
- (e) Mental Health Parity and Addiction Equity Act (MHPAEA): The MHPAEA is a federal law that requires health insurance companies to provide equal coverage for mental health and substance use disorder treatment as they do for physical healthcare services. This law aims to ensure that Americans have access to affordable and comprehensive mental healthcare services (Pace University, 2023).

2.5.2 Policies

There are several policies involved in providing affordable healthcare in the United States. Some of these policies are:

- (a) Affordable Care Act (ACA): The ACA aimed to make healthcare more affordable and accessible for all Americans. The law provided tax credits for health insurance, expanded Medicaid, and implemented regulations on insurance companies to ensure that they provide comprehensive coverage at affordable prices.
- (b) Medicare and Medicaid: Medicare is a federal health insurance program that provides coverage for Americans over the age of 65 and people with certain disabilities. Medicaid is a federal-state partnership program that provides coverage for low-income Americans. Both programs aim to provide affordable healthcare to vulnerable populations.

- (c) Children's Health Insurance Program (CHIP): CHIP is a federal-state partnership program that provides health insurance coverage to children in low-income families who do not qualify for Medicaid. This program aims to ensure that children have access to affordable healthcare services.
- (d) Mental Health Parity and Addiction Equity Act (MHPAEA): The MHPAEA is a federal law that requires health insurance companies to provide equal coverage for mental health and substance use disorder treatment as they do for physical healthcare services. This law aims to ensure that Americans have access to affordable and comprehensive mental healthcare services.
- (e) Price transparency: The federal government and some states have implemented policies that require healthcare providers and insurance companies to disclose the prices of medical procedures, treatments, and prescription drugs. This policy aims to empower patients to make informed decisions about their healthcare and to promote competition among providers to lower prices.
- (f) Community health centres: The federal government provides funding for community health centres, which are non-profit healthcare providers that offer affordable healthcare services to underserved communities. These centres provide primary care, dental care, and mental healthcare services at affordable prices (Regis College, 2021).

2.5.3 Budget

The budget for affordable healthcare in the United States is complex and multifaceted. The federal government and individual states allocate funding to various healthcare programs and initiatives to improve healthcare affordability and access for Americans. Some of the major healthcare programs that receive funding include:

- (a) Medicaid: Medicaid is a federal-state partnership program that provides health insurance coverage to low-income Americans. The

federal government and individual states jointly fund the program. In 2020, the federal government allocated approximately \$424 billion to Medicaid.

- (b) Medicare: Medicare is a federal health insurance program that provides coverage for Americans over the age of 65 and people with certain disabilities. The program is funded by the federal government and financed through payroll taxes, premiums, and general revenue. In 2020, the federal government spent approximately \$798 billion on Medicare.
- (c) Children's Health Insurance Program (CHIP): CHIP is a federal-state partnership program that provides health insurance coverage to children in low-income families who do not qualify for Medicaid. In 2020, the federal government allocated approximately \$17 billion to CHIP.
- (d) Affordable Care Act (ACA): The ACA provides tax credits for health insurance, expands Medicaid, and implements regulations on insurance companies to ensure that they provide comprehensive coverage at affordable prices. In 2020, the federal government allocated approximately \$110 billion to the ACA.
- (e) National Institutes of Health (NIH): The NIH is a federal agency that conducts research on health and disease. The agency receives funding from the federal government to support research into diseases and conditions that affect Americans. In 2020, the federal government allocated approximately \$41 billion to the NIH (CMS, 2021).

Overall, the legal framework on affordable healthcare in the United States is complex and multifaceted. The laws and regulations aim to provide affordable and accessible healthcare services to all Americans, regardless of their financial status or health condition. However, the implementation of these laws and their impact on healthcare affordability and access remain a topic of ongoing debate and discussion, as policymakers and advocates work to ensure that Americans have access to high-quality and affordable healthcare services.

2.6 Ministry involved in healthcare

In Malaysia, the Ministry of Health is the main government agency that is responsible for healthcare policies and programs. The Ministry is tasked with implementing and monitoring healthcare policies and programs, and ensuring that healthcare services are accessible and affordable for all Malaysians. The Ministry also collaborates with other government agencies, such as the Ministry of Finance and the Ministry of Education, to develop and implement healthcare policies and programs.

In the United States, the Department of Health and Human Services (HHS) is the main federal agency responsible for healthcare policies and programs. The HHS is tasked with implementing and monitoring healthcare policies and programs, and ensuring that Americans have access to affordable and high-quality healthcare services. The HHS also collaborates with other federal agencies, such as the Centers for Medicare and Medicaid Services (CMS) and the National Institutes of Health (NIH), to develop and implement healthcare policies and programs.

In both Malaysia and the United States, the Ministries and Departments of Health play a central role in ensuring that healthcare services are accessible and affordable for all. These agencies work closely with other government agencies and stakeholders to develop and implement policies and programs that improve healthcare outcomes and expand access to healthcare services.

2.6.1 Malaysia

In Malaysia, several government ministries and agencies are involved in implementing affordable healthcare policies and programs. The main agency responsible for healthcare policies and programs is the Ministry of Health (MOH). The MOH is responsible for planning, implementing, and monitoring healthcare policies and programs in Malaysia. Some of the specific agencies and programs under the MOH that are involved in affordable healthcare include:

- (a) National Health Insurance Scheme: This program is aimed at providing affordable healthcare services to all Malaysians, regardless of their income level. The scheme is managed by the National Health Insurance Fund and provides access to a wide range of healthcare services, including hospitalization, outpatient treatment, and preventive care.
- (b) National Primary Healthcare Development Program: This program aims to strengthen primary healthcare services in Malaysia, particularly in rural and underserved areas. The program focuses on improving access to basic healthcare services, such as vaccinations, health screenings, and maternal and child health services.
- (c) Healthcare Financing Unit: This agency is responsible for managing the financial aspects of healthcare policies and programs in Malaysia. The agency works to ensure that healthcare services are affordable and accessible for all Malaysians, particularly those who are low-income or uninsured.
- (d) Pharmaceutical Services Division: This agency is responsible for regulating the pharmaceutical industry in Malaysia and ensuring that Malaysians have access to safe, effective, and affordable medications.
- (e) National Cancer Society: This non-governmental organization works to raise awareness about cancer prevention and treatment in Malaysia. The organization provides a range of services, including cancer screenings, patient support, and advocacy for affordable cancer treatments (Family health, 2020).

2.6.2 United States

In the United States, there are several government ministries and agencies involved in implementing affordable healthcare policies and programs. Some of the main agencies and programs include:

- (a) Department of Health and Human Services (HHS): The HHS is the main federal agency responsible for healthcare policies and

programs in the United States. The agency is tasked with implementing and monitoring healthcare policies and programs, including the Affordable Care Act (ACA).

- (b) Centers for Medicare and Medicaid Services (CMS): The CMS is a division of the HHS that oversees the Medicare and Medicaid programs, which provide healthcare coverage to millions of Americans, including seniors, people with disabilities, and low-income individuals and families.
- (c) National Institutes of Health (NIH): The NIH is a federal agency that conducts research and provides funding for medical research projects aimed at improving health outcomes and developing new treatments for diseases.
- (d) Food and Drug Administration (FDA): The FDA is responsible for regulating the safety and effectiveness of medical devices and pharmaceuticals in the United States.
- (e) Health Resources and Services Administration (HRSA): The HRSA is a division of the HHS that provides funding and support for healthcare services, particularly in underserved areas.
- (f) Community Health Centers: These are federally-funded clinics that provide primary healthcare services, dental care, and behavioral health services to underserved communities (U.S. Department of Health and Human Services, 2022).

CHAPTER 3 METHODOLOGY

3.1 Research Design

3.1.1 Qualitative method

Qualitative research is a research method that focuses on understanding the experiences, perceptions, and meanings of participants in their natural settings. It involves collecting and analysing non-numerical data, such as words, images, and observations, to uncover insights and develop theories.

Qualitative research methods can include interviews, focus groups, observations, case studies, and content analysis. These methods allow researchers to explore complex phenomena in depth, to gain an understanding of how people experience and interpret the world around them, and to uncover nuances and subtleties that may not be apparent through quantitative research methods.

Qualitative research is commonly used in fields such as anthropology, sociology, psychology, education, and health sciences, among others. It is particularly useful for exploring subjective experiences, social and cultural phenomena, and the meanings people attach to their experiences and behaviours (Bhandari, 2020).

3.1.2 Doctrinal legal research

Doctrinal legal research is a type of legal research that focuses on analysing and interpreting legal rules and principles as they are presented in written sources such as legislation, case law, legal treatises, and scholarly articles.

In doctrinal legal research, the researcher analyses legal texts to identify legal rules and principles, and then applies legal reasoning to interpret and evaluate them. This type of research is often used to develop legal theories, to analyse the evolution of legal concepts over time, and to examine how legal principles are applied in different contexts.

Doctrinal legal research is commonly used in legal education and in the practice of law, where lawyers and judges use legal doctrine to develop arguments and make decisions. It is also used by legal scholars to analyse legal systems and to contribute to the development of legal theory (Sherlyn, 2021).

3.2 Sampling Design

3.2.1 Purposive sampling

Purposive sampling is a non-probability sampling method that involves selecting participants for a research study based on specific criteria, or a predetermined purpose or goal. Rather than selecting participants randomly, as in probability sampling, purposive sampling involves selecting participants who meet certain criteria, such as having specific characteristics, experiences, or perspectives that are relevant to the research question.

The purpose of purposive sampling is to ensure that the sample of participants is representative of the population being studied in terms of the research question or objective. This can be particularly useful in cases where the population being studied is difficult to define or access, or where the research question is exploratory or qualitative in nature.

Purposive sampling methods can include maximum variation sampling, which involves selecting participants who represent a wide range of characteristics or experiences, and snowball sampling, which involves selecting participants through referrals from other participants. Purposive

sampling can also be used in combination with other sampling methods, such as quota sampling, to ensure that the sample is representative of the population being studied (Nikolopoulou, 2022).

3.3 Data collection method

3.3.1 Semi-structure interview

A semi-structured interview is a qualitative research method that combines elements of both structured and unstructured interviews. In a semi-structured interview, the interviewer has a general outline or set of questions to guide the interview, but is also able to ask follow-up questions and probe for more detailed information based on the participant's responses.

Unlike a structured interview, where the questions are predetermined and standardized for all participants, a semi-structured interview allows for flexibility and adaptability in the interview process. This allows the interviewer to explore specific topics in more depth, while also allowing the participant to express their thoughts and experiences in their own words.

Semi-structured interviews are commonly used in qualitative research to collect rich, detailed data about the experiences, perspectives, and attitudes of participants. They are particularly useful in cases where the research question is exploratory or where the topic being studied is complex or difficult to define. Semi-structured interviews can be conducted in person, over the phone, or through online platforms, and can be used with individuals or groups of participants (George, 2022).

3.4 Data Analysis Tool

3.4.1 Thematic analysis

Thematic analysis is a qualitative research method used to identify, analyze, and report themes or patterns in data. Thematic analysis involves examining qualitative data, such as interviews, focus groups, or open-ended survey responses, and identifying patterns of meaning that emerge from the data.

The process of thematic analysis involves several steps, including familiarizing oneself with the data, generating initial codes, collating codes into potential themes, reviewing and refining themes, defining and naming themes, and producing a final report of the identified themes.

Thematic analysis is useful for exploring complex qualitative data and identifying key patterns or themes that are relevant to the research question. It can be used in a wide range of research contexts, including social sciences, healthcare, education, and business, among others.

One of the strengths of thematic analysis is its flexibility and adaptability, as it can be used with a wide range of data types and can be modified to fit the needs of the research question and data set. Thematic analysis can also be used in combination with other qualitative research methods, such as interviews or focus groups, to gain a more comprehensive understanding of the research topic (Villegas, n.d.).

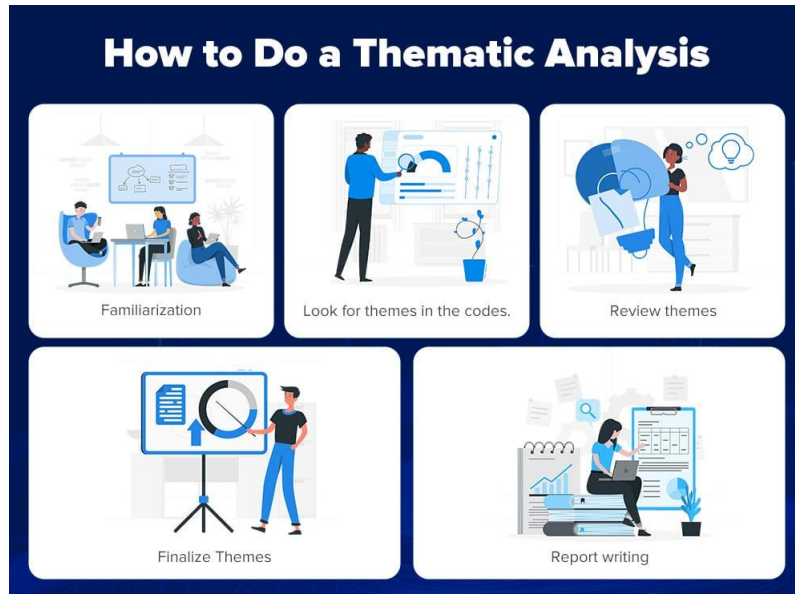


Figure 1.3: Process of Thematic Analysis

3.5 Profile of Interviewee

3.5.1 Dr. Sia Chin Chin



Figure 1.4: Dr Sia Chin Chin

Dr. Sia Chin Chin is now a senior lecturer teaching in Taylor's Law School under Faculty of Business Law. She was admitted as Barrister in the Gray's Inn, United Kingdom in 2003 after reading law at Cardiff University (Bar Vocational Course) in 2002 and University of Sheffield (LLB). In 2007, She was conferred Erasmus Mundus Bursary to complete her European Master in Law and Economics in University of Paul Cezanne (France), Ghent University (Belgium) and University of Bologna (Italy). She was conferred PhD in 2020 from the Taylor's University (Malaysia). She is a Fellow of Society for Advanced Legal Studies (SALS) University of London, a member of International Bar Association Probono (IBA Probono), Young International Arbitration Group (YIAG), European Network for Clinical Legal Education (ENCLE) and International Association of Law School (IALS).

Prior to her academic career as a senior law faculty member and Programme Director, Chin Chin has practised as an advocate and solicitor, and has been appointed as a legal advisor in Malaysia, Saudi Arabia and Italy in the areas of international commercial law, intellectual property law and scientific grants in research contracts for the past 15 years. She holds numerous committee

appointments, including Committee Member of Animal Ethics in Teaching and Research (AEC) of Taylor's University, Chair for Sub-Committee of Paper and Publication in Taylor's Teaching and Learning Conference (TTLC), Coordinator of Private Law Cluster in International Conference of Future of Law and Legal Practice (ICFLP), School Programme Committee (SPC) and Student Disciplinary Committee (SDC).

Her primary areas of research are in commercial law, public health focusing on food law and lifelong legal education. Chin Chin is also supervising both postgraduates and undergraduates. Chin Chin is highly proficient in multiple languages, including Mandarin, English, Italian, Bahasa Melayu and Indonesian. She enjoys travelling, spending quality time with her fantastic family and experiencing new cultures.

3.5.2 Dr. Er Ping Ling



Figure 1.5: Dr Er Ping Ling

Dr Er Ping Ling is a registered doctor with the UK General Medical Council (GMC) and the Malaysian Medical Council (MMC). She received her training at the MBBS King's College London UK and graduated in 2011, followed by working as a junior doctor in NHS Scotland.

She is dedicated and established with more than eight years of experience in internal medicine, managing chronic diseases such as diabetes and hypertension. Her training experience in both the UK and Malaysia has given her an appreciation of British and Malaysian protocols and guidelines, ensuring a safe and good standard of care.

Preventive medicine, chronic disease management and public health have always been her special interest, including Alzheimer's disease and the pathophysiology and management of heart failure.

3.5.3 Prof. Madya Dr. Emma Mirza Wati Binti Mohamad



Figure 1.6: Prof. Madya Dr. Emma Mirza Wati Binti Mohamad

Emma has 18 years of experience as an academic and a health communication researcher. She is passionate to explore how communication can be utilized as tools to nurture positive health behaviors and strongly believes in the importance of health literacy to empower society in making informed health decisions.

She is currently researching communication behaviours related to COVID-19 and Knowlesi Malaria in Malaysia, where she works closely with UNICEF and The Ministry of Health to design effective behavior interventions. She is also a research consultant for the World Health Organisation to develop a health literacy framework for Malaysia and is involved in the development of the National Health Policy. Emma is also a global UNICEF Think Tank member on Social Behaviour Change and Community Engagement. Emma leads numerous research grants in the past and currently leading international grants from the WHO, UNICEF Malaysia and the Ministry of Higher Education LRGS Grant.

She holds administrative position as the Deputy Dean (Research and Innovation) at the Faculty of Social Sciences and Humanities and the Director at UKM x UNICEF Communication For Development Centre in Health, also known as HEALTHCOMM.

CHAPTER 4 DATA ANALYSIS

4.1 Dr. Sia Chin Chin

1) Could you briefly explain on what is the definition of affordable health?

The Americans keep worrying about the cost of healthcare, which is a problem that crosses political boundaries. The Patient Protection and Affordable Care Act, passed by Congress in 2010, signalled the objectives of shielding patients from excessive financial stress and enhancing access to affordable care through expanded insurance coverage. Nearly everyone agrees that affordable health care is a desirable goal, but there is little consensus on how to define, measure, and operationalize affordability into effective policy.

2) What is the history of affordable healthcare in Malaysia? How did it start?

Programmes aimed at improving human capital and health are essential for any nation's sustainable development and economic expansion. Malaysia's health care system has evolved from using conventional treatments to now taking into account the population's changing requirements. Healthcare facilities in Malaysia have undergone a significant reorganisation since the country gained its independence in 1957. Since the Alma Ata Declaration in 1978, the initial reorganisation has accelerated at the public primary health care services. The Ministry of Health (MOH) is responsible for providing many public health services in Malaysia. The Ministry of Health's organisational structure is decentralised and comprises three levels: federal, state, and district.

To meet the needs of the people, tertiary level specialised care has multiplied over the previous ten years. The curative paradigm, which is doctor and illness focused, is the primary focus of tertiary care. This is unsuitable for many health customers, is expensive, fragmented, and institutionally

centred. The focus of health care is shifting away from disease services and towards wellness services in the modern day. A lifetime health plan that prioritises the wellbeing of the kid and family is included in this programme. This emphasises the importance of prevention and promotes healthy lifestyles through decisions that reduce risk. Additionally, healthcare professionals need not act as barriers but rather as partners or facilitators with health consumers.

3) May I know what is the recent efforts circulating in the affordable healthcare?

The framework for the medical tourism plan for 2021 to 2025 was created with the help of the government and the Malaysian Healthcare Travel Council (MHTC) with the hopes of advancing medical tourism in the nation. This is especially crucial as the nation enters the endemic phase right now. With the reopening of international borders to travellers, it is anticipated that Malaysian medical tourism will experience even greater growth as it once again welcomes medical tourists.

4) How about the history of affordable healthcare in US on how it started?

The Innovator's Prescription, published nearly a decade ago, demonstrated how disruption may revolutionise healthcare. But in contrast to other sectors, the healthcare sector has generally escaped the forces of disruptive innovation. The U.S. healthcare system keeps getting more expensive and is now by far the most expensive per capita in the world, about 2X higher than the U.K., Canada, and Australia, with chronic conditions like diabetes and heart disease now accounting for more than 75% of total spending. In contrast, new technologies, new competitors, and new business models have made products and services much more affordable and accessible in fields like media, telecom, finance, and retail.

5) What are the agencies, and program that are involved in the affordable healthcare of Malaysia? Do you think it is effective?

Ministry of Health (MOH). I think it is effective as it operates public healthcare facilities, including hospitals, clinics, and health centres. It also

regulates and monitors private healthcare providers to ensure compliance with healthcare standards.

6) How about the agencies and program involve in the affordable healthcare of US?

Affordable Care Act (ACA) in US. The ACA, also known as Obamacare, is a federal law that aims to improve access to affordable healthcare for all Americans. It is effective as it created state-based insurance marketplaces where individuals can purchase private health insurance plans, and it expanded Medicaid eligibility to cover more low-income individuals.

7) During the 2022 budget, is there allocation for affordable healthcare?

In recent years, the Malaysian government has allocated significant funds to improve the healthcare system and increase access to affordable healthcare services.

8) What is the legal framework in place in Malaysia for affordable healthcare?

The Private Healthcare Facilities and Services Act 1998 regulates private healthcare providers in Malaysia. The Act sets out the requirements for registration, licensing, and operation of private healthcare facilities, and aims to ensure that private healthcare services are safe, effective, and affordable.

9) What is the legal framework in place in US for affordable healthcare?

Medicaid in US is a joint federal-state program that provides healthcare coverage to low-income individuals, families, and children. It is funded by both the federal government and individual states.

10) In your opinion, what kind of suggestions that we can provide to improve affordable healthcare in Malaysia?

The Malaysian government could allocate more funding to healthcare to improve infrastructure and expand healthcare services, especially in rural areas.

4.2 Dr. Er Ping Ling

1) Could you briefly explain on what is the definition of affordable health?

The definition of affordable health can vary depending on the context, but generally it refers to the ability of individuals to access and pay for healthcare services without experiencing undue financial hardship.

2) What is the history of affordable healthcare in Malaysia? How did it start?

In the 1960s and 1970s, the Malaysian government introduced several healthcare initiatives to improve access to affordable healthcare services, including the establishment of community clinics and health centers in rural areas, and the introduction of subsidies for low-income families. These efforts helped to increase access to healthcare services, especially among underserved communities.

In 1984, the Malaysian government introduced the National Health Policy, which aimed to provide comprehensive healthcare services to all Malaysians. The policy emphasized the need to improve access to healthcare services, promote health education and awareness, and encourage preventive healthcare.

3) May I know what is the recent efforts circulating in the affordable healthcare?

The government is promoting the use of digital healthcare technologies to improve access to healthcare services, especially in rural areas. This includes telemedicine, which allows patients to consult with healthcare providers remotely, and the use of mobile health (mHealth) technologies to improve health awareness and education.

4) How about the history of affordable healthcare in US on how it started?

President Franklin D. Roosevelt included a national health insurance program in his proposed Social Security Act, but the provision was removed from the final legislation due to opposition from the American Medical Association and other groups.

5) What are the agencies, and program that are involved in the affordable healthcare of Malaysia? Do you think it is effective?

National Health Insurance Scheme (NHIS). I think it is effective and it covers the cost of healthcare for eligible citizens. The program is designed to ensure access to affordable healthcare services, especially for the poor and vulnerable populations.

6) How about the agencies and program involve in the affordable healthcare of US?

Children's Health Insurance Program (CHIP). CHIP is a federal-state partnership program that provides healthcare coverage to children from low-income families who do not qualify for Medicaid. It has successfully helped the low-income families to reduce their burden.

7) During the 2022 budget, is there allocation for affordable healthcare?

Of course. It is likely that the Malaysian government will continue to prioritize healthcare in future budgets to ensure that all citizens have access to affordable healthcare services.

8) What is the legal framework in place in Malaysia for affordable healthcare?

The Constitution of Malaysia provides for the right to healthcare for all citizens. Article 12 of the Constitution states that "every citizen has the right to education" and "the State shall provide adequate facilities for access to healthcare services."

9) What is the legal framework in place in US for affordable healthcare?

Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law that requires hospitals to provide emergency medical treatment to individuals regardless of their ability to pay.

10) In your opinion, what kind of suggestions that we can provide to improve affordable healthcare in Malaysia?

Malaysia's current healthcare system is a mix of public and private healthcare providers, which has led to unequal access to healthcare services. Implementing universal healthcare coverage could help to provide equitable access to healthcare services for all Malaysians.

4.3 Prof. Madya Dr. Emma Mirza Wati Binti Mohamad

1) Could you briefly explain on what is the definition of affordable health?

In Malaysia, affordable health is often associated with the government's efforts to provide access to healthcare services for all Malaysians, regardless of their income level. The government has implemented various initiatives to increase access to affordable healthcare, including subsidies for low-income individuals and families, and programs to increase access to primary healthcare services.

2) What is the history of affordable healthcare in Malaysia? How did it start?

The history of affordable healthcare in Malaysia can be traced back to the country's independence in 1957. At that time, the government recognized the need to provide healthcare services to all Malaysians, regardless of their income level.

The first step towards achieving this goal was the establishment of the Ministry of Health in 1959, which was tasked with developing and

implementing healthcare policies and programs. One of the early priorities of the Ministry of Health was to expand healthcare services in rural areas, which were underserved at the time.

3) May I know what is the recent efforts circulating in the affordable healthcare?

In 2019, the Malaysian government launched MySalam, a national health insurance scheme that provides financial protection for low-income individuals and families in the event of hospitalization or critical illness.

4) How about the history of affordable healthcare in US on how it started?

The history of affordable healthcare in the United States dates to the early 20th century when various attempts were made to establish a national health insurance program. However, these efforts faced significant opposition from the medical establishment, insurance industry, and conservative politicians who feared that it would lead to government control of healthcare and limit individual freedom.

5) What are the agencies, and program that are involved in the affordable healthcare of Malaysia? Do you think it is effective?

1Malaysia Clinics. The 1Malaysia Clinics program provides affordable primary healthcare services to Malaysians. These clinics are in rural and remote areas where access to healthcare services is limited. Therefore, I think it is effective as there are lots of Malaysian seeking for medical help in these clinics.

6) How about the agencies and program involve in the affordable healthcare of US?

Community Health Centers. Community Health Centers are non-profit healthcare facilities that provide primary care, dental, and mental health services to underserved communities. They receive funding from the federal government and charge patients based on a sliding scale, based on their income.

7) During the 2022 budget, is there allocation for affordable healthcare?

Affordable healthcare is a priority for the Malaysian government, and it is likely that allocations for healthcare would be included in the annual budget.

8) What is the legal framework in place in Malaysia for affordable healthcare?

The National Health Policy provides a framework for the provision of healthcare services in Malaysia. The policy aims to provide universal access to affordable healthcare services for all Malaysians, regardless of their socio-economic status.

Besides, The National Health Financing Policy sets out the principles for financing healthcare services in Malaysia. The policy aims to ensure that healthcare services are affordable and accessible to all Malaysians.

9) What is the legal framework in place in US for affordable healthcare?

Mental Health Parity and Addiction Equity Act (MHPAEA) is a federal law that requires health insurance plans to provide coverage for mental health and substance use disorder services that is on par with coverage for physical health services.

Also, there is Medicare in US. Medicare is a federal health insurance program that provides coverage to individuals aged 65 and older, as well as certain younger people with disabilities.

10) In your opinion, what kind of suggestions that we can provide to improve affordable healthcare in Malaysia?

The government could invest in health education and awareness campaigns to improve health literacy among the public, which could lead to better health outcomes and reduce healthcare costs in the long run.

CHAPTER 5 DISCUSSION, CONCLUSION AND IMPLICATIONS

5.1 Discussion and Conclusion of the Study

Compared to the United States, Malaysia has a more affordable healthcare system, but there is still room for improvement. Here are some suggestions and recommendations to further improve the affordability of healthcare in Malaysia.

Firstly, one of the most effective ways to improve healthcare affordability is to strengthen primary care. By investing in primary care, Malaysians can receive more preventive services and early interventions, reducing the need for expensive hospitalizations and specialty care. Besides that, Malaysia should address the cost drivers in healthcare, such as the rising costs of medications, diagnostic tests, and medical procedures. This can be done through price regulation, standardization of fees, and negotiation with pharmaceutical companies.

Next, encouraging healthy lifestyles can help reduce the burden of chronic diseases on the healthcare system. Malaysia can promote physical activity, healthy eating, and smoking cessation programs to help prevent and manage chronic diseases. Even though Malaysia already has a relatively high level of healthcare coverage, there are still gaps in coverage for vulnerable populations. Malaysia can increase coverage for low-income households, refugees, and undocumented immigrants to improve healthcare access and affordability. In addition, Malaysia can leverage technology to improve the efficiency and affordability of healthcare. Telemedicine, for instance, can help reduce the cost of consultations and improve access to care in rural or remote areas.

Last but not least, public-private partnerships can help improve the quality and affordability of healthcare in Malaysia. By working together, the public and private sectors can leverage their respective strengths to expand access to care and improve healthcare outcomes. Malaysia can continue to improve the affordability of healthcare by investing in primary care, addressing cost drivers, promoting

healthy lifestyles, increasing coverage, embracing technology, and strengthening public-private partnerships (HEALTH, 2015).

5.2 Limitations of the Study

5.2.1 Bias

When conducting an interview, interviewees may have personal biases or political opinions that can influence their interpretation of the data and conclusions drawn from the study. These biases and opinions could stem from various factors such as personal beliefs, cultural background, previous experiences, and affiliations with political parties or interest groups. For example, the interviewees might be in different races such as Chinese, Malay and Indian, so when they are answering the interview questions, they will answer from their point of view which contain some personal biases such as they are from different races and different races in Malaysians often gets unequal treatment and services from some places.

These biases can have a significant impact on the conclusions drawn from a study, potentially leading to incorrect or incomplete conclusions. Therefore, it is important for interviewees to remain aware of their biases while answering the questions. While researchers strive to remain objective in their analysis and interpretation of data, to ensure that the findings are as accurate and unbiased as possible.

5.2.2 Difficulty in finding interviewee

The difficulty in finding an interviewee who does not reply can be challenging in research, especially when conducting qualitative research that relies on interviews. There could be several reasons why an interviewee may not respond to a request for an interview, such as lack of interest. The interviewee may not be interested in participating in the study or may not see the value in the research. Another reason could be lack of time The

interviewee may have a busy schedule and may not have the time to participate in the study.

5.3 Recommendations for Future Research

5.3.1 Long-term effects

Conducting studies that examine the long-term effects of the legal framework on affordable health can provide valuable insights into the impact of laws and regulations on health outcomes. Specifically, long-term studies can help researchers understand how the legal framework on affordable health affects healthcare access, utilization, and outcomes over time.

For example, a long-term study could assess whether the legal framework on affordable health has led to increased healthcare utilization and improved health outcomes among low-income individuals and families. The study could also evaluate whether the policy has helped to reduce healthcare costs and increase the affordability of healthcare over the long term.

Long-term studies can also help to identify unintended consequences of the legal framework on affordable health that may emerge over time. For example, a policy that mandates the provision of affordable health insurance to all individuals may inadvertently lead to reduced access to healthcare for certain groups, such as individuals with pre-existing conditions or those who live in rural areas.

Moreover, long-term studies can help policymakers and healthcare stakeholders to assess the sustainability and effectiveness of the legal framework on affordable health over time. Such studies can provide critical

information to inform ongoing policy debates and help policymakers to make evidence-based decisions about the future of healthcare reform.

In summary, long-term studies are essential for understanding the long-term effects of the legal framework on affordable health and can provide valuable insights into the impact of healthcare policy on healthcare access, utilization, and outcomes over time.

5.3.2 Economic Impact

Research on the economic impact of the legal framework on affordable health is crucial for understanding how the policy affects healthcare costs, healthcare access, and healthcare utilization. Such research can provide insights into the broader economic implications of the policy and help policymakers and healthcare stakeholders make evidence-based decisions about the future of healthcare reform.

One key aspect of the economic impact of the legal framework on affordable health is its effect on healthcare costs. Research could examine whether the policy has led to increased healthcare spending or whether it has helped to reduce healthcare costs over time. This could include an analysis of the cost-effectiveness of the policy, as well as an examination of the ways in which the policy has affected healthcare prices, insurance premiums, and out-of-pocket costs for consumers.

Research could also examine the effect of the legal framework on affordable health on healthcare access and utilization. This could include an analysis of whether the policy has led to increased healthcare utilization among low-income individuals and families, or whether it has helped to improve access to healthcare services for underserved populations. Additionally, research could examine whether the policy has had unintended consequences on healthcare utilization, such as by incentivizing unnecessary or low-value healthcare services.

Moreover, research on the economic impact of the legal framework on affordable health could also examine the broader economic implications

of the policy. This could include an analysis of how the policy affects employment and productivity, as well as how it affects economic growth and development more broadly. For example, research could examine whether the policy has led to increased entrepreneurship or innovation in the healthcare sector, or whether it has had a positive or negative impact on the overall economy.

In conclude, research on the economic impact of the legal framework on affordable health is essential for understanding the broader economic implications of healthcare reform. Such research can help policymakers and healthcare stakeholders to make informed decisions about the future of healthcare policy and ensure that healthcare reform is both economically sustainable and effective in improving healthcare access, utilization, and outcomes.

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Appendices

Interview Questionnaire

- 1) Could you briefly explain on what is the definition of affordable health?
- 2) What is the history of affordable healthcare in Malaysia? How did it start?
- 3) May I know what is the recent efforts circulating in the affordable healthcare?
- 4) How about the history of affordable healthcare in US on how it started?
- 5) What are the agencies, and program that are involved in the affordable healthcare of Malaysia? Do you think it is effective?
- 6) How about the agencies and program involve in the affordable healthcare of US?
- 7) During the 2022 budget, is there allocation for affordable healthcare?
- 8) What is the legal framework in place in Malaysia for affordable healthcare?
- 9) What is the legal framework in place in US for affordable healthcare?
- 10) In your opinion, what kind of suggestions that we can provide to improve affordable healthcare in Malaysia?