

A COMPARISON OF TELEMEDICINE IN INDONESIA AND MALAYSIA: A LEGAL AND POLICY REVIEW

Rizka Erlyani^{1*}, Handar Subhandi Bakhtiar², Muthia Sakti³

^{1,2,3} Universitas Pembangunan Nasional Veteran Jakarta

^{1,2,3} Jl. Fatmawati No. 1, Pondok Labu, Jakarta Selatan, Indonesia

Email: rizkarlyn@gmail.com

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Abstrak

Penelitian ini bertujuan untuk memberikan analisis komparatif terhadap kerangka regulasi yang mengatur platform kesehatan digital untuk layanan telemedisin di Indonesia dan Malaysia. Dengan menelaah struktur hukum, tantangan, dan peluang dalam implementasi telemedisin melalui platform digital swasta, studi ini mengidentifikasi perbedaan dan persamaan utama antara kedua negara. Penelitian ini menggunakan pendekatan hukum normatif dengan kombinasi analisis perundang-undangan dan perbandingan hukum. Studi ini mengevaluasi hukum dan regulasi yang relevan di kedua negara, termasuk Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan di Indonesia dan Telemedicine Act 1997 di Malaysia. Analisis difokuskan pada model berbasis platform, seperti Halodoc di Indonesia dan BookDoc di Malaysia, untuk mengkaji kepatuhan regulasi, langkah-langkah perlindungan data, serta implikasinya terhadap akses layanan kesehatan dan keselamatan pasien. Temuan menunjukkan adanya kesenjangan regulasi yang signifikan di Indonesia, khususnya terkait pengakuan hukum terhadap platform swasta dan mekanisme akuntabilitas yang belum jelas. Sebaliknya, kerangka regulasi Malaysia yang lebih terintegrasi memfasilitasi kolaborasi yang lebih lancar antara sektor publik dan swasta. Studi ini menyimpulkan dengan merekomendasikan perbaikan kebijakan bagi Indonesia, dengan menekankan perlunya regulasi yang lebih jelas untuk menjamin kepastian hukum, perlindungan pasien, dan mutu layanan dalam praktik telemedisin.

Abstract

This study aims to provide a comparative analysis of the regulatory frameworks governing digital health platforms for telemedicine services in Indonesia and Malaysia. By examining the legal structures, challenges, and opportunities in implementing telemedicine through private digital platforms, the study identifies key differences and similarities between the two countries. The study uses a normative legal approach, combining legislative analysis and comparative law. The study evaluates relevant laws and regulations in both countries, including Law No. 17 of 2023 concerning Health in Indonesia and the Telemedicine Act 1997 in Malaysia. The analysis focuses on platform-based models, such as Halodoc in Indonesia and BookDoc in Malaysia, to assess regulatory compliance, data protection measures, and their implications for healthcare access and patient safety. The findings reveal significant regulatory gaps in Indonesia, particularly regarding legal recognition of private platforms and unclear accountability mechanisms. In contrast, Malaysia's more integrated regulatory framework facilitates smoother collaboration between the public and private sectors. The study concludes with recommendations for policy improvements in Indonesia, emphasizing the need for clearer regulations to ensure legal certainty, patient protection, and service quality in telemedicine practices.

INTRODUCTION

In recent decades, advancements in information and communication technology have brought about significant changes across various sectors, including healthcare. One of the most notable innovations in this sector is telemedicine, a form of remote medical service provided by healthcare professionals using information and communication technologies without the need for in-person meetings between patients and medical practitioners (Pasal 1 Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). These services include the exchange of diagnostic information, research, disease prevention, treatment, and continuous education aimed at improving public health. The practice of telemedicine can be facilitated through telecommunications means and audiovisual tools owned by healthcare service providers or in cooperation with registered electronic system providers in accordance with applicable regulations (Pasal 555 Peraturan Pemerintah Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan, 2024).

Telemedicine holds great potential to enhance the accessibility of healthcare services, especially in remote areas that are difficult to reach by traditional healthcare facilities. This technology also offers practical solutions in emergency situations such as pandemics or natural disasters, allowing people to consult, receive diagnoses, and even obtain treatment without the need for direct face-to-face interactions with a doctor. Therefore, the role of telemedicine in expanding the reach of healthcare services is becoming increasingly important. In line with this, the World Medical Association (WMA) has issued important recommendations regarding the practice of telemedicine since 2007. The WMA recommends that each country establish clear rules and international agreements concerning telemedicine, including the registration of doctors practicing telemedicine, the use of electronic prescriptions, doctors' responsibilities in telemedicine practices, and the legal status of electronic medical records (World Medical Association, 2022). This recommendation emphasizes the importance of a clear legal framework to ensure the safety and quality of telemedicine services.

As a nation based on Pancasila and the 1945 Constitution, Indonesia strives to fulfill its constitutional obligation to provide quality healthcare services to its citizens. According to Article 28H, Paragraph 1 of the 1945 Constitution, the right to quality healthcare is a fundamental right that must be fulfilled by the state. To this end, in order to build a more comprehensive, integrated, and sustainable healthcare system, the Indonesian government began regulating the practice of telemedicine in 2015 through various regulations, such as Health Law No. 17 of 2023 and various other implementing regulations. However, the implementation of these regulations still faces significant challenges, particularly with regard to telemedicine services provided by private digital platforms. Platforms such as Halodoc, which have been used by more than 46% of the Indonesian population, operate independently as intermediaries between doctors and patients. This telemedicine model differs from the model integrated with healthcare facilities, which is utilized by only 41.8% of the population (Annur, 2022). The current regulations do not adequately accommodate the service model operated by private digital platforms, leading to legal uncertainties regarding the protection of patient rights, safety, and the quality of services provided.

In contrast, Malaysia has developed a more mature telemedicine regulatory framework through the Telemedicine Act of 1997, which governs the nationwide implementation of telemedicine. This regulation clearly outlines who is authorized to practice telemedicine, the standards of practice, and guarantees the protection of patient rights through written consent that can be revoked at any time. The telemedicine system in Malaysia has developed into a national virtual network connecting various healthcare facilities, with Bookdoc serving as the main private digital platform collaborating with the Ministry of Health of Malaysia. This platform allows patients to consult with doctors via video calls, while maintaining strict standards to ensure the quality of medical services provided (Healthcare Innovation Editors, 2015).

The regulatory gap in Indonesia, particularly concerning the regulation of private digital platforms, presents challenges in patient data protection and the establishment of effective supervision mechanisms. This is crucial in creating a safe environment for telemedicine users and ensuring that the services provided adhere to applicable medical standards. Therefore, there is a need for comprehensive regulatory updates to govern telemedicine in Indonesia, to align with technological advancements and optimize the potential of telemedicine in enhancing access to and the quality of healthcare services.

Based on the background outlined above, the research question to be analyzed in this article is: What is the effective telemedicine regulation framework in Indonesia that ensures legal certainty, patient protection, and equitable access to healthcare, through a comparison with the regulatory framework in Malaysia? The objective of this article is to analyze and compare the telemedicine regulatory frameworks based on digital platforms in Indonesia and Malaysia, to identify existing legal gaps, examine best practices, and formulate policy recommendations to strengthen the legitimacy and effectiveness of digital healthcare services in Indonesia. This article aims to provide useful recommendations for the government, regulators, and telemedicine industry players in creating a clear and effective legal framework that not only protects patient rights and ensures the quality of services but also supports the development of safe and sustainable health technologies. Moreover, this study can provide valuable input for the evaluation and development of telemedicine regulations in Indonesia, aligning them with technological advancements and societal needs. By understanding the differences and similarities in the

regulation of telemedicine in both countries, it is hoped that solutions can be found to overcome existing obstacles and optimize the potential of telemedicine in improving equitable and quality healthcare access.

METHOD

This article is written using a normative legal approach with data derived from literature and relevant written sources. Therefore, a literature review is used to explore the relationships and relevance between the issues examined and the theories underlying this topic. The approaches applied include the statutory approach and the comparative approach. The statutory approach involves analyzing various regulations related to the use of telemedicine media, including Health Law No. 17 of 2023, Government Regulation No. 28 of 2024 regarding the Implementation of Health Law No. 17 of 2023, Minister of Health Regulation No. 20 of 2019 on the Implementation of Telemedicine Services Between Healthcare Facilities, and Minister of Health Regulation No. 46 of 2017 on the National E-Health Strategy, as well as other relevant regulations. Secondary legal sources used include books, journals, and legal articles related to telemedicine regulation and international comparisons. The comparative approach is used to compare the telemedicine regulations applied in Indonesia with the Telemedicine Act 1997 applied in Malaysia, to understand the differences and similarities in regulations and the challenges faced in both countries. Legal materials are collected through legislation studies and library research related to the subject under study. The analysis is conducted from the perspective of offering solutions or suggestions that are considered most appropriate for addressing the legal challenges related to telemedicine regulation in Indonesia.

RESULT AND DISCUSSION

Regulatory Approaches to Digital Health Platforms in Telemedicine

The rapid evolution of digital health technologies has prompted countries to develop regulatory frameworks that ensure patient safety, legal accountability, and service quality, particularly in relation to digital health platforms. Indonesia and Malaysia, two Southeast Asian nations with growing telemedicine adoption, have demonstrated contrasting legal and institutional responses to these developments. While both countries share a common goal of leveraging technology to expand healthcare access, their regulatory models diverge significantly in their treatment of private digital platforms, institutional integration, and enforcement mechanisms. These differences reflect broader variations in legal philosophy, state involvement, and the capacity to harmonize innovation with public health objectives.

In Indonesia, digital platform regulation in the telemedicine landscape is shaped by the constitutional commitment to the right to healthcare, as outlined in Article 28H paragraph (1) of the 1945 Constitution and reinforced through the values of Pancasila. To fulfill this mandate, several legal instruments have been enacted, including Health Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, Minister of Health Regulation No. 46 of 2017 on the National e-Health Strategy, and Minister of Health Regulation No. 20 of 2019 concerning Telemedicine Services between Healthcare Facilities. However, these regulations primarily emphasize telemedicine services conducted through registered healthcare facilities, leaving standalone digital platforms such as Halodoc and Alodokter operating outside the formal scope of healthcare service providers (Nugraha, 2024). Under this framework, Indonesia adheres to a centralized, facility-based model of telemedicine governance, in which legal authority to provide care is exclusively granted to recognized healthcare institutions. Accordingly, platforms like Halodoc, which is used by 46.5% of telemedicine users in the country, are not formally classified as healthcare providers but merely function as intermediaries facilitating communication between doctors and patients (Annur, 2022). This legal status exempts them from full compliance with healthcare standards and institutional accountability required of licensed healthcare facilities.

Although Government Regulation No. 28 of 2024 has introduced some efforts to address this gap—particularly through Article 555, which mandates platform registration and data protection obligations—the provisions on clinical service standards, quality control, and provider liability for these digital intermediaries remain vague and underdeveloped. The absence of explicit recognition and regulation of these platforms as independent healthcare providers has resulted in a fragmented oversight mechanism that compromises patient safety, data security, and legal certainty. Furthermore, the lack of clarity regarding the scope of responsibility for these platforms weakens public trust and limits the effectiveness of Indonesia's digital health strategy, despite growing demand for virtual healthcare services.

In contrast, Malaysia offers a more comprehensive and integrated model for regulating digital health platforms under the legal auspices of the Telemedicine Act 1997. The Malaysian Ministry of Health (MOH) plays a proactive role in promoting partnerships between the public and private sectors, ensuring that platforms such as BookDoc (Health4U Solutions Sdn Bhd) are fully integrated into the national health system. BookDoc, a leading digital health platform in Malaysia, operates under direct MOH supervision and adheres to both domestic legal requirements and international standards, including the U.S. Health Insurance Portability and Accountability Act (HIPAA).

These standards are reinforced by the platform's technical partnership with encrypted communication providers like Twilio, which enhances system security and ensures compliance with patient data protection regulations (Tan et al., 2024). BookDoc's operational legitimacy is further underscored by its formal recognition by the MOH, which allows for service standardization, licensing oversight, and integration into public health initiatives (Wahyudin et al., 2025).

During the COVID-19 pandemic, BookDoc demonstrated the effectiveness of this governance model by facilitating 75% of video consultations nationwide, becoming a central channel for remote healthcare delivery (Ng et al., 2022). The platform is also bound by strict requirements for obtaining written patient consent prior to treatment, which aligns with Malaysia's broader commitment to patient autonomy and legal transparency. Consent may be withdrawn at any time without jeopardizing future access to care, a provision that both affirms patient rights and reinforces the ethical foundations of digital healthcare (Nasir et al., 2022). Malaysia's model, therefore, exemplifies how regulatory integration with the private sector can support innovation while maintaining institutional control, professional accountability, and public trust. This stands in stark contrast to Indonesia's model, where the absence of formal legal recognition for digital platforms results in regulatory ambiguity and fragmented service delivery.

Taken together, the Malaysian experience illustrates a deliberate policy orientation toward institutionalizing digital healthcare through centralized certification and supervised public-private collaboration, whereas Indonesia's regulatory regime remains constrained by legacy frameworks rooted in facility-based service provision. To align with global best practices and address the growing role of digital platforms in healthcare, Indonesia may benefit from adopting a more inclusive and adaptive legal approach—one that acknowledges digital platforms as legitimate healthcare providers and integrates them into the formal health system through clear licensing, accountability standards, and government oversight.

Licensing of Telemedicine Practitioners

The development and regulation of telemedicine in Southeast Asia highlights a complex intersection between technological innovation and public health governance. As digital healthcare becomes increasingly indispensable in achieving equitable access and resilient health systems, countries like Indonesia and Malaysia offer a compelling comparison in how legal frameworks support—or hinder—the licensing of medical professionals engaging in telemedicine. Although both nations have formally embraced telemedicine as a strategic component of national health policy, their approaches to professional licensing diverge substantially, reflecting differences in legal infrastructure, institutional readiness, and regulatory philosophies. This section critically examines the licensing frameworks in Indonesia and Malaysia, demonstrating how regulatory clarity—or its absence can shape the legitimacy, safety, and scalability of digital health services.

In Malaysia, the licensing of telemedicine practitioners is governed by a comprehensive and specific legal framework: The Telemedicine Act 1997. This legislation clearly defines the qualifications and legal responsibilities of telemedicine practitioners. Articles 3 and 4 of the Act stipulate that only registered medical practitioners who obtain a telemedicine practice certificate from the Malaysian Medical Council (MMC) are legally authorized to offer telemedicine services. The Act also accommodates foreign professionals, who may apply for such a certificate through a fully registered Malaysian doctor, provided they submit the prescribed form, supporting documents, and applicable fees. The MMC may issue the certificate for a period of up to three years, subject to specific terms and conditions. Furthermore, the Act mandates that written informed consent must be obtained from patients before initiating any telemedicine treatment, and explicitly recognizes their right to withdraw consent at any time without affecting future access to care. Any breach of these conditions attracts strict criminal penalties, including fines up to RM500,000, imprisonment of up to five years, or both (Telemedicine Act 1997 (Act 564), Sections 3, Laws of Malaysia., 1997).

In more detail, Section 3 of the Telemedicine Act restricts the practice of telemedicine to specific categories of individuals. These include:

- A. A fully registered medical practitioner who holds a valid practising certificate;
- B. A medical practitioner registered or licensed outside Malaysia who:
 1. Holds a certificate to practise telemedicine issued by the Malaysian Medical Council; and
 2. Provides telemedicine services from outside Malaysia through a fully registered medical practitioner in Malaysia.

The Act also authorizes the Director General of Health, upon request from a fully registered medical practitioner, to grant written permission to other healthcare personnel to deliver telemedicine services under direct supervision⁸. These include provisionally registered practitioners, registered medical assistants, nurses, midwives, and other allied health providers. This permission must be granted in writing upon application by a fully registered practitioner and must comply with conditions deemed appropriate by the Director General (Telemedicine Act 1997 (Act 564), Sections 4, Laws of Malaysia, 1997). Importantly, such personnel are only permitted to operate under the direct supervision, authority, and responsibility of the registered applicant. These layered safeguards ensure that all telemedicine activities are conducted within an accountable and professional

framework. Taken together, these provisions highlight Malaysia's deliberate policy approach toward integrating telemedicine within the formal healthcare system, emphasizing centralized certification, patient safety, and institutional oversight while fostering innovation in digital health service delivery.

In contrast, Indonesia's regulatory landscape surrounding telemedicine licensing remains fragmented and outdated to accommodate the dynamics of digital healthcare delivery. Although medical practitioners are required to obtain both a Registration Certificate (*Surat Tanda Registrasi*, STR) and a Practice Permit (*Surat Izin Praktik*, SIP), the existing legal framework lacks specific provisions detailing how these credentials apply within telemedicine contexts (Pasal 562 Ayat (2) Peraturan Pemerintah Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan., 2024). The STR, issued by the Indonesian Health Professional Council, confirms that a medical practitioner meets academic and professional qualifications but does not independently authorize clinical practice. That authority lies solely with the SIP, which is issued by local health authorities and is tied to a specific physical healthcare facility. As Dr. Ade Kurniawan, Deputy Chairperson of the Indonesian Medical Disciplinary Board (MKEK) in Lampung, emphasizes, only the SIP grants the legal right to practice medicine. This restriction creates a regulatory gap: because Indonesian law does not recognize digital platforms as formal health service facilities, any telemedicine services provided outside SIP-designated institutions fall into a legal grey area. As a result, doctors offering virtual consultations through unrecognized platforms may be viewed as acting outside the scope of the law, exposing themselves to disciplinary or legal sanctions (Adhalia, 2023).

This ambiguity is exacerbated by the lack of clarity in the regulatory texts themselves, which do not specify which categories of STR and SIP are applicable for telemedicine. Both credentials contain multiple classifications, each granting different levels of authority, yet no clear guidance exists for determining which ones are valid for digital practice. The prevailing licensing system, governed by Minister of Health Regulation No. 2052/MENKES/PER/X/2011, remains firmly rooted in a location-based model, permitting a doctor to hold up to three SIPs—each tied to a physical healthcare facility (Pasal 1 Peraturan Menteri Kesehatan Republik Indonesia Nomor 2052/MENKES/PER/X/2011 Tentang Izin Praktik Dan Pelaksanaan Praktik Kedokteran Oleh Dokter Dan Dokter Gigi, 2011). This geographical rigidity is incompatible with the borderless nature of telemedicine, which is designed to transcend spatial limitations. The result is widespread regulatory uncertainty, compounded by inconsistent requirements across digital health platforms: some mandate both STR and SIP, while others accept only an STR. This inconsistency undermines quality assurance, weakens patient safety, and discourages innovation. Without formal legal recognition of digital platforms as legitimate healthcare providers or the creation of a telemedicine-specific SIP framework, medical professionals will continue to face substantial legal and professional risks. Thus, comprehensive regulatory reform is urgently needed to create a clear, nationally applicable licensing regime that promotes legal certainty, ensures patient safety, and enables the responsible expansion of digital health services in Indonesia.

Although Malaysia appears more advanced in regulatory terms, both countries face challenges in implementation. Malaysia, despite having a formal legal framework, has not yet conducted large-scale evaluations to assess the effectiveness, safety, and accessibility of telemedicine services. This lack of empirical evaluation hinders the ability to make evidence-based improvements and may limit long-term policy adaptability. In Indonesia, the barriers are more fundamental. Weak law enforcement, regulatory ambiguity, and an outdated licensing system limit the government's ability to monitor, control, and promote responsible telemedicine practices³. Furthermore, without urgent reform, the legal status of telemedicine platforms remains precarious, discouraging professional participation and deterring investment in digital health infrastructure.

Legal Pathways for Telemedicine Regulatory Framework in Indonesia

Telemedicine, which involves the use of information and communication technologies in conjunction with medical expertise, enables healthcare services to be provided remotely. These services encompass consultations, diagnoses, and follow-up care, bypassing the traditional limitations of physical proximity. Through telecommunication tools—including audio, visual, and data transmission—healthcare providers can engage with patients across geographical divides, enabling therapeutic relationships regardless of time and location (Anwar, 2013). The authority for doctors and dentists to perform medical procedures stems from their knowledge, technological competence, and clinical skills, which are cultivated through formal education and professional development. Maintaining this professional expertise is critical, particularly as medical science and digital technology continue to evolve (Rasyidah & Delfina, 2021). From a legal standpoint, the practice of medicine is recognized as a formal legal act performed by a legal subject, either an individual practitioner (*natuurlijk persoon*) or an institution such as a hospital or clinic (*recht persoon*). This legal recognition reinforces professional accountability and is vital to managing risks related to malpractice or maladministration. The medical record plays a central role in this accountability structure, serving as official documentation of patient identity, clinical assessments, medical procedures, and other interventions performed in the healthcare setting.

The comparative analysis of telemedicine regulatory approaches in Indonesia and Malaysia reveals a critical need for Indonesia to undertake comprehensive reform in its telemedicine governance.

Despite recent developments, Indonesia's legal infrastructure remains insufficient to address the complexities of modern digital healthcare. The reliance on a facility-based model that excludes digital platforms from formal recognition has created legal uncertainty, undermined patient safety, and restricted innovation. In contrast, Malaysia has implemented a more adaptable and inclusive legal framework through its Telemedicine Act 1997, offering an instructive example for regulatory reform. Drawing lessons from Malaysia's experience, Indonesia has the opportunity to recalibrate its approach by officially recognizing digital platforms as legitimate healthcare service providers, revising practitioner licensing systems, and reinforcing institutional oversight mechanisms.

To develop a more comprehensive regulatory environment, Indonesia must begin by recognizing digital health platforms not merely as intermediaries but as formal healthcare service providers. This would require legislative amendments that allow such platforms to register as legal health service entities, subject to licensing, monitoring, and accountability mechanisms comparable to conventional healthcare facilities. The current framework articulated in Government Regulation No. 28 of 2024 and other sectoral laws—fails to define clear responsibilities for these platforms, leaving them in a regulatory grey zone. Without formal recognition, platforms like Halodoc and Alodokter cannot be held fully accountable for service quality or patient outcomes, nor can they benefit from institutional support and integration into the public health system. An inclusive legal definition would provide the basis for regulating service standards, protecting patient data, and enabling public-private partnerships in digital health delivery.

Another critical aspect of regulatory reform involves rethinking the licensing framework for telemedicine practitioners. The current requirement that doctors must obtain a Surat Izin Praktik (SIP) linked to a physical healthcare facility is incompatible with the decentralized nature of telemedicine. To address this gap, the government should consider introducing a new, national telemedicine license—platform-specific or jurisdiction-neutral that permits qualified practitioners to provide remote healthcare services across regions. This license could be regulated by the Indonesian Medical Council or a dedicated regulatory body, ensuring compliance with ethical, clinical, and technological standards for remote care. Drawing from Malaysia's model, the new licensing regime should also include clear provisions for foreign practitioners, consent protocols, and cross-border data governance to facilitate international collaborations and knowledge exchange in digital healthcare.

A further priority lies in strengthening the institutional oversight of telemedicine platforms. As the Malaysian example demonstrates, the Ministry of Health must assume a more active role in regulating and supervising private digital platforms. This includes establishing enforceable service standards, conducting regular audits, applying sanctions for non-compliance, and offering innovation incentives aligned with public health priorities. Government Regulation No. 28 of 2024 currently mandates platform registration and data protection (Article 555), but enforcement remains weak and technical provisions are limited. A more detailed regulatory instrument such as a dedicated ministerial regulation or even a new Telemedicine Act—could fill this gap by specifying operational procedures, clinical guidelines, and penalties for non-compliance, thereby promoting legal certainty and safeguarding patient interests. This would help shift Indonesia's governance model from passive monitoring to active, principle-based regulation.

Public trust and patient safety must also be central to any legal reform. Ensuring transparency in platform operations, safeguarding personal health data, and securing informed patient consent are foundational to the integrity of digital healthcare. Indonesian regulations should incorporate international best practices, such as those outlined in the Health Insurance Portability and Accountability Act (HIPAA) or the General Data Protection Regulation (GDPR), to establish a reliable framework for data security. Equally important is the creation of accessible complaint and redress mechanisms for patients, allowing them to report grievances and receive appropriate compensation in cases of malpractice or data breach. These protections are particularly important given the sensitive nature of health data and the increasing reliance on digital interfaces for diagnosis, prescription, and follow-up care.

Finally, any regulatory transformation should be underpinned by a long-term policy vision that aligns telemedicine with Indonesia's national goals for public health and digital transformation. This vision must include investments in health IT infrastructure, the promotion of digital literacy among health workers and the general public, and research initiatives to evaluate the effectiveness and equity of telemedicine services. Malaysia's successful integration of BookDoc into its national health strategy during the COVID-19 pandemic demonstrates how digital platforms can become vital assets when supported by strong policy and institutional frameworks. For Indonesia, embracing this potential requires a legal system that is not only responsive to technological change but also inclusive of diverse stakeholders patients, providers, platforms, and policymakers.

CONCLUSION

The comparative analysis of telemedicine regulation in Indonesia and Malaysia highlights the significant impact of legal frameworks on the development and sustainability of digital health services. While Malaysia has implemented a coherent and inclusive system through the Telemedicine Act 1997, ensuring regulatory clarity,

professional accountability, and institutional integration, Indonesia's regulatory approach remains fragmented and rooted in traditional, facility-based models. This has resulted in legal uncertainty, limited oversight of digital platforms, and challenges in licensing telemedicine practitioners. The lack of formal recognition for standalone digital health platforms in Indonesia poses serious risks to patient safety, data security, and the legitimacy of telemedicine practices. In contrast, Malaysia's experience underscores the benefits of regulatory innovation and public-private collaboration in fostering safe, scalable, and accountable digital health ecosystems.

To advance a robust and future-ready telemedicine system, Indonesia should undertake comprehensive legal reform that formally recognizes digital health platforms as licensed healthcare providers and establishes a dedicated telemedicine licensing framework. This requires amendments to existing laws and the creation of new regulatory instruments that define service standards, clarify provider responsibilities, and ensure institutional oversight. A national telemedicine license decoupled from physical facilities should be introduced to accommodate remote care delivery, while data protection, patient consent, and grievance mechanisms must align with international standards. Drawing from Malaysia's model, Indonesia's Ministry of Health must also take a more active role in regulating digital platforms, facilitating integration with the public health system, and fostering public trust. These reforms will enable Indonesia to harness the full potential of telemedicine while safeguarding ethical, legal, and clinical standards.

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