

AKHBAR : BERITA HARIAN  
MUKA SURAT : 7  
RUANGAN : NASIONAL

BH M157 NASIONAL 5/3/2025 (RABU)  
Sidang Dewan Rakyat

# KKM tidak kawal caj fasiliti kesihatan swasta

Kementerian selia fi profesional pengamal perubatan selaras Akta 586

Oleh Fahmy A Rosli  
fahmy.azril@bh.com.my

**Kuala Lumpur:** Kementerian Kesihatan (KKM) memaklumkan pihaknya tidak mengawal selia caj fasiliti kesihatan yang dikenakan di kemudahan penjagaan kesihatan swasta.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad, berkata caj fasiliti kesihatan ini antara lainnya terdiri daripada caj perkhidmatan kejururawatan, caj peralatan perubatan, caj alat pakai buang seperti jarum, picagari, gauze dan lain-lain, serta caj ujian makmal.

Beliau berkata, KKM sebaliknya cuma mengawal selia caj profesional pengamal perubatan yang mencakupi hal perundangan dan prosedur menerusi Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586).

Kos rawatan di fasiliti kesihatan

swasta merangkumi fi profesional pengamal perubatan dan fi fasiliti kesihatan swasta.

"Fi fasiliti yang antara lainnya terdiri daripada caj perkhidmatan kejururawatan, caj peralatan perubatan, caj alat pakai buang (jarum, picagari, kain kasa dan lain-lain) dan caj ujian makmal tidak dikawal selia oleh KKM," katanya dalam jawapan bertulis yang disiarkan di laman web Parlimen semalam.

Beliau berkata demikian menjawab pertanyaan Yeo Bee Yin (PH-Puchong) mengenai langkah kementerian untuk memastikan bayaran dikenakan oleh hospital swasta sama di antara pemegang insurans dan bukan pemegang insurans, termasuk surat jaminan serta bayar dan tuntutan.

“KKM memastikan hospital swasta serta pengamal perubatan dan perigian swasta mematuhi fi profesional seperti yang termaktub di dalam Jadual Ketiga Belas”

Dr Dzulkefly Ahmad,  
Menteri Kesihatan

## Jaminan bayaran sama

Pada masa sama Dr Dzulkefly berkata, pihaknya mengambil beberapa langkah untuk memastikan bayaran dikenakan hospital swasta sama di antara pemegang polisi insurans dan bukan pemegang insurans.

Beliau berkata, antaranya memastikan hospital mengadakan prosedur ketidakpuasan hati ke atas semua aduan.

“KKM memastikan hospital swasta serta pengamal perubatan dan perigian swasta mematuhi fi profesional seperti yang termaktub di dalam Jadual Ketiga Belas.

“Ini membolehkan pesakit mendapat maklumat mengenai anggaran caj yang akan dikenakan sebelum rawatan dimulakan

melalui kaunseling kewangan oleh hospital swasta,” katanya.

Dalam usaha menangani inflasi kos perubatan Dr Dzulkefly berkata, KKM sedang menjalankan beberapa pendekatan seperti memperluas mekanisme pembelian strategik perkhidmatan kesihatan swasta yang berkualiti secara pukal bagi mendapatkan harga berpatutan dengan penawaran jumlah pesakit yang lebih, untuk membolehkan penurunan harga.

Katanya, KKM juga menggalakkan ketelusan harga dalam sektor penjagaan kesihatan swasta sekali gus membolehkan rakyat membuat perbandingan dan membuat keputusan yang lebih tepat mengenai perkhidmatan kesihatan yang mereka perlukan.

“KKM memperkenalkan pilihan penjagaan kesihatan premium melalui Rakan KKM yang juga akan berperanan sebagai satu penanda aras kompetitif kepada perkhidmatan kesihatan swasta.

“KKM memperkenalkan kaedah pembayaran berasaskan kumpulan diagnosis (DRG) untuk mendapatkan penjagaan kesihatan berasaskan nilai. Kementerian pada masa ini sedang membangunkan kerangka dan mekanisme untuk pelaksanaan pembayaran melalui kaedah DRG ini,” katanya.



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 1  
RUANGAN : MUKA DEPAN

UTUSAN MALAYSIA M/S 1 M/DEPAN 5/3/2025 (RABU)

# Caj klinik swasta disemak semula

Oleh FITRI NIZAM  
utusannews@mediamulla.com.my

**PETALING JAYA:** Kementerian Kesihatan Malaysia (KKM) sedang menyemak semula caj konsultasi doktor di klinik swasta yang tidak pernah disemak sejak 32 tahun lalu.

Semakan caj konsultasi yang terakhir pada tahun 2006 itu dijangka memberi kesan kepada kira-kira 10,300 klinik perubatan swasta yang berdaftar di bawah Akta 586 setakat September 2023.

## Semakan terakhir dilakukan 32 tahun lalu

Daripada jumlah itu, Selangor mendahului bilangan klinik swasta terbanyak dengan 3,058 buah klinik diikuti Kuala Lumpur (1,420), Johor (1,234), Perak (753), Pulau Pinang (693), Sabah (538), Kedah (491), Negeri Sembilan (399), Me-

laka (391), Sarawak (369), Pahang (313), Terengganu (282), Kelantan (275), Perlis (51), Putrajaya (17) dan Labuan (16).

Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad berkata, KKM bekerjasama dengan Jabatan Perangkaan Malaysia (DOSM) bagi menjalankan simulasi dan mendapatkan julat harga yang sesuai dengan mengambil kira kesan kenaikan fi konsultasi ini kepada Indeks Harga Pengguna (CPI).

**Bersambung di muka 2**

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 2

RUANGAN : DALAM NEGERI



**DZULKEFLY Ahmad pada sesi jawab lisan ketika Mesyuarat Pertama Penggal Keempat Parlimen ke-15 di Dewan Rakyat, semalam. - JABATAN PENERANGAN MALAYSIA**

UTUSAN MALAYSIA MIS 2 DI NEGERI 5/3/2025 (RABU)

## Caj klinik swasta disemak semula

### Dari muka 1

Katanya, semakan itu dilakukan mengikut Jadual Ketujuh Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Klinik Perubatan Swasta atau Klinik Pergigian Swasta) 2006 di bawah Akta 586 mengawal selia caj perundingan dan caj tatacara bagi pengamal perubatan am yang memberikan perkhidmatan di klinik perubatan am swasta (GP).

“KKM kini sedang dalam usaha untuk menyemak semula fi perundingan bagi pengamal perubatan perubatan am yang memberikan perkhidmatan di klinik perubatan am swasta yang tidak dipinda sejak 2006.

“Untuk makluman, KKM sedang bekerjasama dengan Jabatan Perangkaan Malaysia (DOSM) bagi menjalankan simulasi dan mendapatkan julat harga yang sesuai dengan mengambil kira kesan kenaikan fi konsultasi ini kepada Indeks Harga Pengguna (CPI),” katanya.

Beliau berkata demikian dalam jawapan bertulisnya yang dimuat naik di laman sawang Parlimen Malaysia bagi

menjawab pertanyaan Datuk Seri Dr. Wee Ka Siong (BN-Ayer Hitam) yang meminta Menteri Kesihatan menyatakan sejauh mana kadar caj konsultasi doktor yang tidak berubah sejak 32 tahun memberi kesan terhadap inflasi kos rawatan melibatkan klinik swasta.

Pada Januari lalu, akhbar ini melaporkan bahawa akdar caj konsultasi doktor swasta tidak mengalami sebarang perubahan sejak 32 tahun lalu.

Ini menyebabkan pihak terbabit terpaksa menaikkan caj kos operasi yang semakin meningkat, termasuk sewa premis, kos utiliti, peralatan perubatan serta perbelanjaan berkaitan teknologi dan sumber manusia telah meletakkan tekanan besar ke atas klinik swasta.

Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr. Kalwinder Singh Kaira berkata, yuran doktor ditetapkan di bawah Jadual Bayaran Ketujuh Akta dan tidak boleh dinaikkan sesuka hati.

Katanya, dengan kos operasi yang tinggi dan yuran GP yang tidak berubah selama lebih 30 tahun, mencari jalan untuk mengurangkan caj rawatan akan menjadi satu cabaran

yang besar.

“Walaupun begitu, kadar yuran yang kekal sama sejak lebih tiga dekad lalu telah menyukarkan penyedia perkhidmatan kesihatan untuk terus beroperasi secara mampan.

“Keadaan ini menjadi cabaran besar bagi pengusaha klinik swasta. Banyak klinik terpaksa menutup operasi dalam tempoh tiga hingga empat tahun kebelakangan ini,” katanya.

Sementara itu, Presiden Pertubuhan Doktor-Doktor Islam Malaysia (Perdim), Dr. Boi Saidi Abd. Razak berkata, pihaknya menyokong penuh semakan caj konsultasi doktor klinik swasta yang sudah lama tidak disemak.

“Pada kadar sekarang, caj yang termaktub di dalam Akta PHFSA hanyalah pada kadar RM15 hingga RM35 sahaja. Oleh demikian, Perdim mencadangkan supaya kadar caj dinaikkan kepada RM80 hingga RM100.

“Jumlah ini adalah satu angka yang relevan memandangkan tidak pernah ada kenaikan dilakukan sejak 32 tahun lalu dan caj dikenakan jauh lebih murah berbanding negara jiran lain seperti Singapura dan Thailand,” katanya.

AKHBAR : THE STAR  
MUKA SURAT : 6  
RUANGAN : NATION

THE STAR M/S6 NATION 5/3/2025 (RABU)

# Making medical bills make sense

## Fomca: Pricing transparency will prevent patients from being overcharged

By GERARD GIMINO and  
RAGANANTHINI VETHASALAM  
newsdesk@thestar.com.my

**KUALA LUMPUR:** A reference price list for facility fees could be introduced to enhance transparency at private healthcare facilities, says the Federation of Malaysian Consumers Associations (Fomca).

Fomca chief executive officer Saravanan Thambirajah said this would be one of the practical and immediate measures that can be taken by the Health Ministry to prevent excessive price gouging.

"This strikes a balance between

market freedom and consumer protection by setting price benchmarks for facility fees, ensuring transparency and preventing unreasonable charges.

"The system allows private hospitals and clinics flexibility and helps consumers make informed choices by understanding the expected cost range for common services like lab tests, medical device usage and nursing care.

"Establishing a pricing guide can prevent hidden charges and ensure fair prices across the board," he said.

Saravanan said the reference list must be made public and

accessible to all.

Consumers' Association of Penang president Mohideen Abdul Kader said private practitioners must communicate fee structures upfront.

He stressed the importance of transparency, acknowledging that regulating facility fees is challenging due to significant price variations across different providers and suppliers.

"Transparent pricing allows patients to make informed decisions," he said.

Mohideen proposed regulating the scale of medical tourism, adding how the influx of patients from

neighbouring countries has expanded the market, potentially driving up healthcare costs.

"By implementing policies that ensure a portion of the revenue from medical tourism is reinvested into the public healthcare system, the government can help maintain affordable care for locals," he said.

Mohideen urged transparency in the billing process and for medical jargon to be avoided, noting that the patient may not know what they are being charged for.

Persatuan Mesra Pengguna deputy president Azlin Othman said regulating facility fees can

deter private healthcare facilities from raising costs arbitrarily.

This comes after the Health Ministry said it does not regulate facilities fees imposed by private healthcare facilities.

In a parliamentary written reply yesterday, the ministry said the Private Healthcare Facilities and Services Act 1998 only regulates professional fees, which are consultation fees.

"Facilities fees, which include nurses' services, medical device charges, consumables (needle, syringe, gauze and others), and lab test charges, are not regulated by MOH," it added.

AKHBAR : THE SUN  
MUKA SURAT : 3  
RUANGAN : NATIONAL

THE SUN MIS 3 NATIONAL 5/3/2025 (RABU)

# 'Invisible' danger posed by sleep deprivation

BY HARITH KAMAL  
newsdesk@thesundaily.com

**PETALING JAYA:** Sleep deprivation and fatigue are silent but deadly risks that many underestimate, leading to road crashes, workplace incidents and long-term health issues.

During Ramadan, some individuals may face an even greater risk of sleep deprivation due to changes in meal times and work schedules.

Malaysia Sleep Apnea Association president Prof Dr Louis Adaikalam told *theSun* sleep deprivation and fatigue are among the biggest global health threats, yet many people do not take seriously their sleep quality, quantity and consistency.

A Nielsen survey found that nine out of 10 Malaysians suffer from sleep loss or at least one sleep disorder.

"Many illnesses affecting

Condition causes loss of consciousness for mere seconds, but could result in catastrophic consequences for motorists

Malaysians today can be linked to a lack of sleep.

"Lifestyle changes and social media use negatively impact health, safety, well-being and productivity, not just in Malaysia but globally," he said.

"When you are sleep-deprived, you become more vulnerable to diseases such as diabetes, high blood pressure, cancer, cardiovascular conditions and mental health disorders."

He also warned about the rise in road crashes, as disruptions in sleep cycles increase exhaustion and microsleep episodes.

Microsleep is a brief and involuntary state of

unconsciousness lasting from one to 30 seconds, making it particularly dangerous for drivers.

"When the body is severely fatigued, the brain momentarily shuts down, even if the eyes remain open.

"Fatigue is especially dangerous on highways, where the monotonous driving environment can lull drivers into drowsiness. Microsleep can happen without warning and the consequences can be deadly," Louis said.

He warned that sleep deprivation is not only a risk on the road but also at workplaces, especially in factories or jobs

involving machinery.

"Lack of sleep increases negligence, which could lead to severe injuries, such as hands getting caught in machines. Prioritising sleep is crucial for workplace safety," he said.

To avoid fatigue-related incidents, he stressed the need for a proper sleep schedule.

"Eight hours of sleep is important, but the timing of sleep is equally crucial. The most ideal time to sleep is 9pm. If you sleep at 9pm, your body will naturally wake up at about 3am.

"Even if you only sleep for six hours, the quality of that sleep can be equivalent to nine hours. Between 9pm and 11pm, the body produces essential hormones that regulate sleep. Sleeping after midnight results in lower-quality rest," he added.

Louis urged motorists to recognise signs of extreme fatigue, including frequent yawning, heavy eyelids, difficulty remembering the last few kilometres covered and momentary lapses in concentration.

He advised drivers to pull over and rest if they experience any of these symptoms.

"There is no shame in taking a break. If your body is telling you to stop, listen to it. Do not try to push through exhaustion. If you tend to experience microsleep often, play loud music, avoid driving alone and have a passenger engage in conversation to keep your mind alert.

"Avoid taking drowsiness inducing medication before driving. If you must take such medication, refrain from getting behind the wheel," he said.

With Hari Raya travel approaching, Louis reminded Malaysians that road safety is not just about responsible driving but also about getting enough sleep.

"You can delay a journey, but you cannot bring back a lost life. If you feel drowsy, pull over, rest and only drive when fully alert.

"Even if you are well-rested, other drivers may not be. Stay vigilant and be aware of your surroundings. Reaction time is crucial as one mistake caused by microsleep could be fatal," he added.



**FREE RAMADAN FARE ...** A volunteer distributing *bubur lambuk* to the public at Masjid Kampung Baru in Kuala Lumpur. — ADAM AMIR HAMZAH/THE SUN

**AKHBAR : THE STAR**  
**MUKA SURAT : 7**  
**RUANGAN : NATION**

THE STAR MISC NATION 5/3/2025 (RABU)

# Weighing up the solutions

## Taxes, better living spaces key in tackling rising obesity

By **DIYANA PFORDTEN**  
newsdesk@thestar.com.my

**PETALING JAYA:** Malaysia will only be able to turn the tide against rising obesity if it can effectively implement existing health policies, says the World Obesity Foundation.

In a report published in conjunction with World Obesity Day on March 4, the foundation said Malaysia is among 13 countries – representing 7% of nations – with an adequate health system to fight obesity.

Despite the policies, the report said the number of adults with high body mass index (BMI) in Malaysia will continue to rise from 8.14 million in 2010 to 10.17 million in 2015, and to 17.55 million in 2030.

The report noted that experts cautioned that having policies is not enough, with them saying effective implementation, particularly in resource-limited settings, is crucial.

“Changing systems requires collective action by governments and in wider society,” said the report.

Malaysia currently has four out of five key policies surveyed for addressing obesity.

These include taxes on sugar-sweetened drinks, taxes on

foods high in fats, saturated fats, sugar and salt, subsidies for healthier foods, and taxes and incentives to promote physical activity.

The report said the rise in obesity is especially pronounced in low-income and middle-income countries, which often lack the resources to manage the health system implications.

South-East Asia, along with Africa and the Western Pacific, are witnessing significant increases in obesity, with an estimated increase of between 200% and 400% from 2010 to 2030.

Figures from the report show that within the Asean region, Malaysia is currently fourth – after Brunei, Thailand and Laos – for adults with high BMI and those living with obesity.

Singapore is among two-thirds of countries (126 out of 194) with none or only one of the five key policies needed to tackle rising obesity levels.

However, the proportion of adults living with obesity or are overweight are slightly lower in Singapore than in Malaysia.

“The number of adults living with obesity in the world is projected to more than double from 524 million in 2010 to 1.13 billion by 2030.

“Class II obesity levels, defined



by a BMI over 35 kg/m<sup>2</sup>, are expected to rise significantly, reaching 385 million adults globally, up from 157 million in 2010,” it noted.

President of the World Obesity Federation, Simon Barquera, said governments need to take a whole-of-society approach to addressing obesity.

He said this includes having food labelling and taxation, a built environment that gives people the opportunity to be active, challenging stigmas, and better training for the health workforce to deliver people-centred obesity care.

“Obesity is a serious disease in its own right and a major driver of non-communicable diseases, including cancer, heart disease, stroke and Type 2 diabetes.

“More people die due to obesity than in traffic accidents every year. We would be horrified if a country had no policy in place to reduce fatalities on the road, yet many governments across the world have no serious plans to reduce death and illness caused by obesity,” he said.

The federation emphasised the need for robust systems and collective societal engagement to drive meaningful change.