KKM kaji pindaan akta untuk perluas kawal selia isu caj hospital swasta

Kuala Lumpur: Kementerian Kesihatan (KKM) sedang meneliti beberapa pindaan terhadap Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586), bagi memperluas kawal selia berkaitan isu caj berlebihan di hospital swasta.

Timbalan Menteri Kesihatan, Datuk Lukanisman Awang Sauni, berkata langkah itu penting berikutan inflasi kos perubatan dan penggunaan perkhidmatan kesihatan turut membabitkan peranan Kementerian Kewangan melalui Bank Negara Malaysia (BNM) serta syarikat insurans.

"Memang kita sedang mengkaji beberapa pindaan bersesuaian untuk memperluas kawal selia di bawah Akta 586. Selain fi konsultasi, kita ingin perluaskan beberapa caj lain supaya inflasi kesihatan dapat dikawal," katanya pada sesi soal jawab lisan di Dewan Negara, di sini semalam.

Beliau menjawab soalan tambahan Senator Dr RA Lingeswaran mengenai langkah KKM untuk meminda Akta 586 bagi mengawal selia kos caj bukan profesional dengan segera.

Lukanisman pada sesi soal jawab lisan di Dewan Negara, semalam.
(Foto BERNAMA)

Terdahulu, ketika menjawab soalan tambahan Senator Datuk Seri S Vell Paari mengenai mekanisme perlindungan disediakan KKM untuk membela hak pesakit sekiranya dikenakan caj berlebihan oleh hospital swasta, Lukanisman berkata, Akta 586 ketika ini hanya meliputi caj rundingan dan tatacara prosedur, manakala caj lain seperti harga ubat dan peralatan tidak berada di bawah kawalan KKM.

Beliau berkata, KKM menerima 817 aduan tahun lalu serta mengenakan kompaun membabitkan 188 caj iaitu aduan caj rundingan (70), caj prosedur (48), caj ubat (25) dan selebihnya berkaitan kes di bawah kerangka kawal selia kementerian.

Lukanisman berkata, orang awam yang dikenakan caj rundingan berlebihan boleh menyalurkan aduan melalui laman sesawang KKM atau menghubungi Cawangan Kawalan Amalan Perubatan Swasta.

Beliau berkata, kemudahan swasta yang tidak mematuhi jadual fi bawah Akta 586 boleh diambil tindakan, antaranya melalui surat amaran atau kompaun di bawah Subseksyen 106(4).

"Jika disabitkan, denda maksimum ialah RM5,000 bagi pemilik tunggal dan RM15,000 bagi pertubuhan, perbadanan, perkongsian atau organisasi. Notis tunjuk sebab untuk pembatalan lesen juga boleh dikeluarkan dalam kes bersesuaian," katanya.

BERNAMA

KKM kaji pindaan akta kawal caj hospital swasta

Pindaan Akta 586 diperluas berkaitan isu caj ubat berlebihan

KUALA LUMPUR - Kementerian Kesihatan Malaysia (KKM) sedang meneliti beberapa pindaan terhadap Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) bagi memperluas kawal selia berkaitan isu caj berlebihan di hospital swasta.

Timbalan Menteri Kesihatan, Datuk Lukanisman Awang Sauni berkata, langkah itu penting memandangkan isu inflasi kos perubatan dan penggunaan perkhidmatan kesihatan turut melibatkan peranan Kementerian Kewangan melalui Bank Negara Malaysia serta sektor insurans.

"Memang kita sedang mengkaji beberapa pindaan bersesuaian untuk memperluas kawal selia di bawah Akta 586.

"Selain fi konsultasi, kita ingin perluaskan beberapa caj lain supaya inflasi kesihatan dapat dikawal," katanya pada sesi soal jawab lisan di Dewan Negara pada Isnin.

Beliau menjawab soalan tambahan Senator Dr R A Lingeswaran yang ingin tahu langkah kerajaan untuk meminda Akta 586 bagi mengawal selia kos caj bukan profesional dengan segera.

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Katanya, fasiliti swasta yang tidak mematuhi jadual fi bawah Akta 586 boleh diambil tindakan antaranya melalui surat amaran atau kompaun di bawah Subseksyen 106(4).

"Jika disabitkan, denda maksimum ialah RM5,000 bagi pemilik tunggal dan RM15,000 bagi pertubuhan, perbadanan, perkongsian atau organisasi.

"Notis tunjuk sebab untuk pembatalan lesen juga boleh dikeluarkan dalam kes bersesuaian," katanya. - *Bernama*

Lukanisman bercakap pada Persidangan Dewan Negara di Parlimen pada Isnin.

FOTO BERNAMA

Inflasi kos kesihatan: KKM teliti pindaan Akta 586

Kuala Lumpur: Kementerian Kesihatan (KKM) sedang meneliti beberapa pindaan terhadap Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) bagi memperluas kawal selia berkaitan isu caj berlebihan di hospital swasta.

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> "Memang kita sedang mengkaji beberapa pindaan bersesuaian
> Lukanisman

Beliau berkata KKM menerima 817 aduan tahun lepas serta mengenakan kompaun membabitkan 188 caj iaitu aduan caj konsultasi (70), caj prosedur (48), caj ubat (25) dan selebihnya berkaitan kes di bawah kerangka kawal selia kementerian.

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"Jika disabitkan, denda maksimum ialah RM5,000 bagi pemilik tunggal dan RM15,000 bagi pertubuhan, perbadanan, perkongsian atau organisasi.

"Notis tunjuk sebab untuk pembatalan lesen juga boleh dikeluarkan dalam kes bersesuaian," katanya.

WHO backs use of new drugs to tackle obesity epidemic

A RANGE of blockbuster weight-loss and diabetes drugs could help shift the trajectory of the global obesity epidemic, which affects over one billion people worldwide, according to the World Health Organisation.

A new generation of appetite-suppressing drugs called GLP-1 agonists has become massively popular in recent years.

The United Nations health agency has since issued its first guidelines on how such drugs could be used as a key tool for treating obesity in adults as a chronic, relapsing disease.

More than 3.7 million people died from illnesses related to being overweight or obese in 2022, according to WHO figures, which is more than top infectious killers malaria, tuberculosis and HIV combined.

The number of people living with obesity will double by 2030 unless decisive action is taken to stem the rise, the agency estimates.

"Obesity is one of the most serious public challenges of our time," WHO chief Tedros Adhanom Ghebreyesus told reporters from the agency's Geneva headquarters.

"These new medicines are a powerful clinical tool, offering hope to millions."

Obesity is one of the most serious public challenges of our time, says WHO chief Tedros Adhanom Ghebreyesus. PICTURE CREDIT: AFP

NOT 'A MAGIC BULLET'

The new guidelines call for GLP-1 therapies to be used by adults, excluding pregnant women, "for the long-term treatment of obesity", which it defines as a Body Mass Index (BMI) of 30 or higher.

WHO stressed that while the efficacy of the therapies in treating obesity was "evident", it was issuing "conditional recommendations" for use since more data was needed on efficacy and safety over longer periods.

The agency also emphasised that the medication alone would not reverse the trend in obesity, which it recognised as a complex, chronic disease and a major driver of non-communicable diseases, including cardiovascular disease, type-2 diabetes and some types of cancer.

The new guidelines suggest the therapies could be coupled with "intensive behavioural interventions", promoting healthy diet and physical activity, amid indications such shifts may enhance treatment outcomes.

WHO also insisted on the importance of "creating healthier environments through robust population-level policies to promote health and prevent obesity". It also urged targeted screening of high-risk individuals and ensuring access to lifelong, person-centred care.

"You can't see these drugs as a magic bullet," Jeremy Farrar, WHO assistant director-general in charge of health promotion, disease prevention and care, told AFP.

"But they're clearly going to become a very important part of an integrated approach to obesity," he said.

If countries get the combination right, "the impact on bringing down levels of the people who are obese, and the impact particularly on diabetes on cardiovascular and others, is going to be profound".

BENDING THE TRAJECTORY

Francesca Celletti, a WHO senior adviser on obesity, agreed.

"There is a possibility that we can bend this epidemiological trajectory of obesity," she told AFP.

Beyond the health impacts, the global economic cost of obesity is predicted to hit US$3 trillion annually by the end of this decade, WHO said.

"If we don't somehow shift the curve, the pressure on health systems is actually going to be untenable," Farrar warned.

The sky-high prices of GLP-1 drugs have raised concerns that they will not be made available in poorer nations where they could save the most lives. Diabetes patients, for whom the drugs were originally developed, have also experienced shortages.

In September, WHO added GLP-1s to its list of essential medicines in a bid to shore up access, calling for cheap generic versions to be made available for people in developing countries.

"Our greatest concern is equitable access," Tedros said. "Without concerted action, these medicines could contribute to widening the gap between the rich and poor, both between and within countries."

The number of people living with obesity will double by 2030 unless decisive action is taken to stem the rise. PICTURE CREDIT: VECTORJUICE — FREEPIK

The measles vaccine requires at least 95-per cent global coverage with two doses to interrupt transmission. PICTURE CREDIT: PROSTOOLEH — FREEPIK

WHO hails uptick in measles vaccines

MEASLES vaccination rates have improved "remarkably" but remain below pre-Covid-19 levels, according to the World Health Organisation, flagging obstacles to access for vulnerable populations.

Global measles vaccination coverage reached 84 per cent in 2024 — up from 83 per cent the previous year and 71 per cent 25 years ago. But the figure remains below the 86-per cent global coverage before the Covid-19 pandemic, the WHO said in a report.

"In 2024 alone, 20.6 million children missed their first dose, more than half in Africa," it added.

Measles requires at least 95-per cent global coverage with two doses to interrupt transmission.

"It is serious and can be deadly with children under the age of 5, pregnant women and those with weakened immune systems at greatest risk of severe complications and death," said Kate O'Brien, director of WHO's department of immunisation, vaccines and biologicals.

Although global coverage for the second dose rose from 17 per cent in 2000 to 76 per cent in 2024, "immunity gaps have fuelled a resurgence of outbreaks, with 59 countries experiencing large or disruptive outbreaks last year — the highest number since 2003", WHO warned.

"The fact that 25 per cent of those outbreaks are happening in countries that have been declared measles-free is a big alarm," said Diana Chang Blanc, a member of WHO's strategic advisory group of experts on immunisation.

Several countries in the Americas suffered measles outbreaks in 2025. Canada recently lost its measles-free status, WHO said, and experts believe the United States may be next as it grapples with its worst outbreak in 30 years.

"Every case we see today, every hospitalisation, every community battling an outbreak and every life lost is a reminder of what happens when vaccination coverage declines and when health systems are not able to reach every child," O'Brien said.

The organisation put the number of global measles infections in 2024 at 11 million — almost 800,000 higher than pre-Covid levels. But it highlighted the progress made since 2000, when there were some 38 million recorded cases.

PRIVATE HEALTHCARE FACILITIES AND SERVICES ACT 1998

MINISTRY TO REVIEW AMENDMENTS

Move crucial to address overcharging at private hospitals, says deputy minister

KUALA LUMPUR

THE Health Ministry is reviewing several amendments to the Private Healthcare Facilities and Services Act 1998 to broaden its regulatory powers, particularly to address overcharging at private hospitals.

Deputy Health Minister Datuk Lukanisman Awang Sauni said the move was crucial as medical cost inflation involved the Finance Ministry through Bank Negara Malaysia and the insurance sector.

"We are studying appropriate amendments to extend the act's scope. Besides consultation fees, we intend to cover several other charges to help control healthcare inflation," he said during the Dewan Negara's oral question-and-answer session yesterday.

He was responding to Senator Dr R.A. Lingeswaran, who asked about government steps to amend the act to regulate non-professional charges.

Earlier, in response to Senator Datuk Seri S. Veil Paari on overcharging by private hospitals, Lukanisman said the act only regulated consultation and procedural fees, not medicine or equipment costs.

The ministry received 817 complaints last year and issued fines related to 188 charges, comprising consultation fees (70), procedural charges (48), and medicine costs (25), with the remaining cases falling under the ministry's regulatory framework.

Members of the public who are overcharged can submit complaints via the ministry's website or contact the Private Medical Practice Control Division.

"Private facilities that fail to comply with the fee schedule can face action, including warning letters or fines," Lukanisman said.

"If convicted, the maximum fine is RM5,000 for a sole proprietor and RM15,000 for organisations, corporations, partnerships, or associations. A show-cause notice for licence cancellation may also be issued." **Bernama**

(From left) Dr T. Saravanan, Azrul Mohd Khalib and Datuk Dr Kuljit Singh

Stakeholders split over amendment proposal

KUALA LUMPUR: Health groups are divided over the Health Ministry's proposal to amend the Private Healthcare Facilities and Services Act 1998 (PHFSA) to curb overcharging at private hospitals.

The Federation of Malaysian Consumers Associations (Fomca) strongly supports the move, saying the current law is no longer adequate to safeguard consumers.

Its chief executive, Dr T. Saravanan, said only doctors' professional fees were regulated, leaving room rates, consumables, diagnostics, equipment use and other ancillary costs to escalate sharply and inconsistently.

"For decades, the sector has grown with insufficient oversight," he said.

Saravanan said the ministry must introduce a framework that prioritised transparency and cost discipline.

"Mandatory itemised billing, prior cost disclosure, standardised fee schedules and a strengthened enforcement mechanism should be central to the revised act," he said.

Galen Centre for Health and Social Policy chief executive officer Azrul Mohd Khalib said regulating private medical charges was not unusual internationally, but many countries with such systems also operated national health insurance schemes to help spread costs and establish pricing frameworks.

He cautioned that regulating non-medical fees, which accounted for about 70 per cent of private hospital charges, could affect their sustainability.

Azrul said that the proposed review of the PHFSA appeared to diverge from the government's plan to introduce the Diagnosis-Related Group (DRG) payment model in the private sector.

The DRG model bundles charges based on case complexity, unlike the itemised billing required under the PHFSA.

"The need for itemised billing is why hospital bills can run into 30 pages. It also restricts hospitals from being flexible with their charges because every single item must be listed."

Azrul said the DRG model — as used in the United States, United Kingdom, Singapore and South Korea — provided hospitals with greater flexibility.

He added that it was vital for the Health Ministry to consult industry stakeholders before revising the act.

Association of Private Hospitals Malaysia (APHM) president Datuk Dr Kuljit Singh said the group supported evidence-based policies to address medical cost inflation.

"APHM, as part of the consultative committee of the Joint Ministerial Committee for Private Healthcare Costs, will continue contributing to the RESET initiative aimed at addressing private healthcare costs."

The RESET initiative focuses on overhauling medical and health insurance and takaful, improving price transparency, upgrading digital health systems and reforming healthcare provider payment systems.

Kuljit said APHM had requested to be included in discussions on the PHFSA amendments to ensure any changes were practical, effective and reflective of industry realities.

Ministry denies barrier removal at landslide site

KUALA LUMPUR: The Works Ministry has hit back at claims that a road barrier was removed at a deadly landslide site in Hulu Terengganu, insisting the Public Works Department was not involved.

Works Minister Datuk Seri Alexander Nanta Linggi said the ministry operates under strict governance and standard operating procedures.

"Any claims involving the removal of safety barriers must be investigated to identify those responsible. In locations affected by erosion or similar risks, precautionary safety measures are consistently implemented," he told reporters at the ministry's monthly assembly yesterday.

He emphasised that the department did not remove the barrier and investigations are already under way, including site inspections following any incident.

"We are confident those responsible would be identified. For now, we do not know who removed the barrier, and we urge anyone with information to come forward."

The clarification comes after an SUV travelling to Gua Musang, Kelantan, plunged into a ravine on Friday, killing both the driver and a passenger.

Police said warning signs and road barriers at the site were believed to have been removed by irresponsible parties.

Preliminary investigations indicate the SUV was not speeding, and the crash was likely due to human negligence.

The dash cam of the vehicle was missing, with only its mounting base recovered, and authorities would continue monitoring the site and take legal action.

Nanta also highlighted the ministry's close monitoring of landslide-prone areas during the rainy season through a command centre overseeing risk-prone zones nationwide.

"We monitor not only landslides but also floods, and anything that could cause damage to roads or threaten the safety of road users."

On Budget 2026, he expressed gratitude, saying the allocation reflects the confidence of the prime minister and Cabinet in the ministry.

He added that the funding comes with a responsibility to maintain world-class, sustainable and safe infrastructure.

"The completion of seven hospitals, 14 health and underprivileged clinics, and two specialist centres has expanded healthcare access. In education, 127 projects worth RM88 million and 92 multipurpose school halls have addressed overcrowding and enhanced learning.

Nanta (third from left) officiating at the Skuad Ihsan Madani launch during the Works Ministry monthly assembly. – ***ADAM AMIR HAMZAH/THESUN***

"Hybrid solar upgrades in Sabah and Sarawak now provide 24-hour electricity to remote schools, while police lift upgrades benefit over 12,620 personnel and their families."

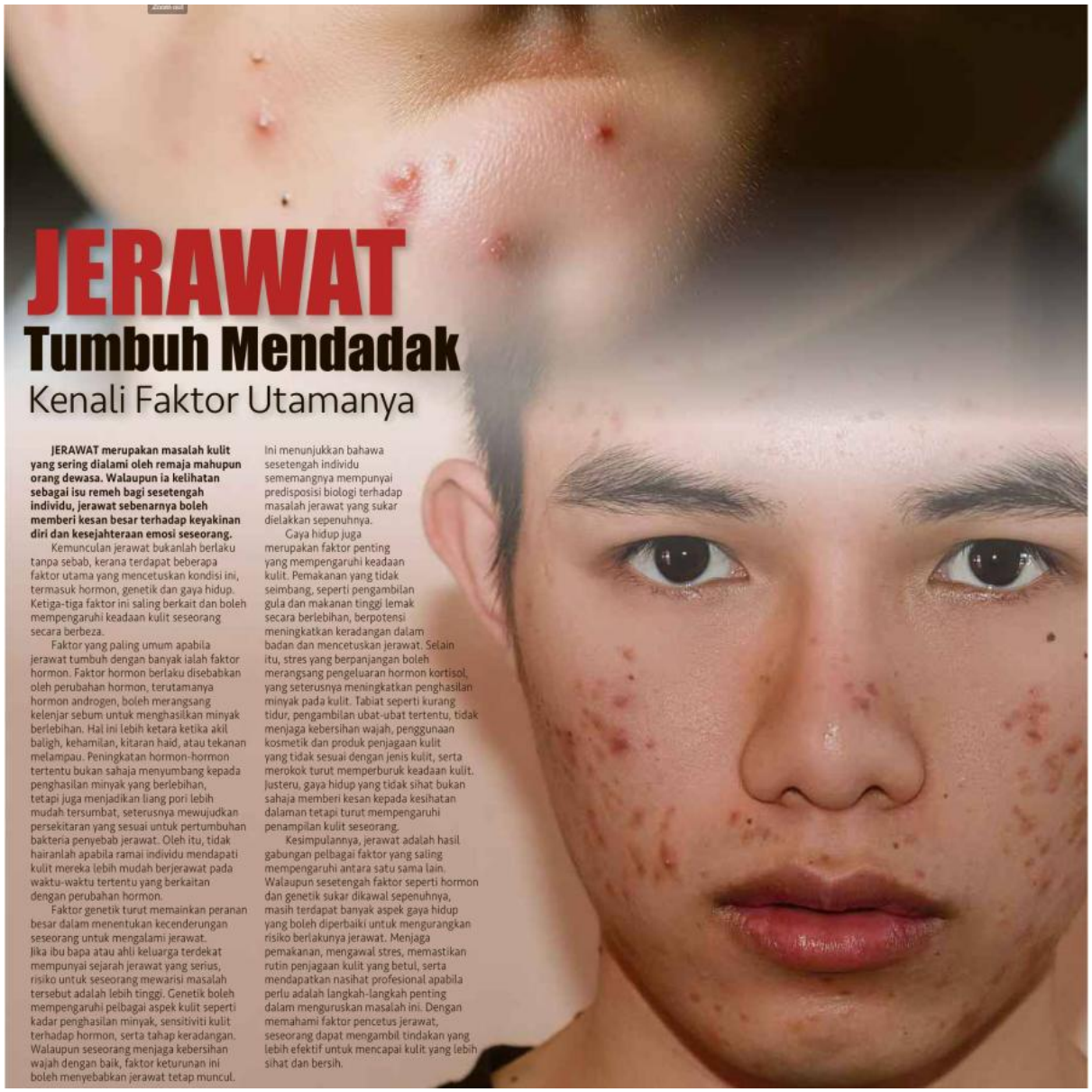
Highlighting infrastructure success, Nanta cited the Bagan Datuk–Kampung Sejagop Bridge, which improves connectivity and has gained international recognition.

"MyJalan remains the government's key platform for responsive, data-driven road maintenance. From August 2023 to September this year, 95.8% of complaints on ministry-managed roads have been resolved, while 30,527 were forwarded to other agencies under the No Wrong Door policy.

"MyJalan 2.0 would bring smart integration, real-time tracking and safety analytics. Upgrades to 67 intersections with smart traffic lights have improved traffic flow and reduced accidents.

"The government focuses not only on mega projects but also on initiatives that directly impact lives. We no longer wait for problems to arise; we are present from pre-construction to ensure we are 'doing it right the first time' and fully understand the realities on the ground."

– By ***Qirana Nabilla Mohd Rashidi***



JERAWAT
Tumbuh Mendadak
Kenali Faktor Utamanya

JERAWAT merupakan masalah kulit yang sering dialami oleh remaja mahupun orang dewasa. Walaupun ia kelihatan sebagai isu remeh bagi sesetengah individu, jerawat sebenarnya boleh memberi kesan besar terhadap keyakinan diri dan kesejahteraan emosi seseorang.

Kemunculan jerawat bukanlah berlaku tanpa sebab, kerana terdapat beberapa faktor utama yang mencetuskan kondisi ini, termasuk hormon, genetik dan gaya hidup. Ketiga-tiga faktor ini saling berkait dan boleh mempengaruhi keadaan kulit seseorang secara berbeza.

Faktor yang paling umum apabila jerawat tumbuh dengan banyak ialah faktor hormon. Faktor hormon berlaku disebabkan oleh perubahan hormon, terutamanya hormon androgen, boleh merangsang kelenjar sebum untuk menghasilkan minyak berlebihan. Hal ini lebih ketara ketika akil baligh, kehamilan, kitaran haid, atau tekanan melampau. Peningkatan hormon-hormon tertentu bukan sahaja menyumbang kepada penghasilan minyak yang berlebihan, tetapi juga menjadikan liang pori lebih mudah tersumbat, seterusnya mewujudkan persekitaran yang sesuai untuk pertumbuhan bakteria penyebab jerawat. Oleh itu, tidak hairanlah apabila ramai individu mendapati kulit mereka lebih mudah berjerawat pada waktu-waktu tertentu yang berkaitan dengan perubahan hormon.

Faktor genetik turut memainkan peranan besar dalam menentukan kecenderungan seseorang untuk mengalami jerawat. Jika ibu bapa atau ahli keluarga terdekat mempunyai sejarah jerawat yang serius, risiko untuk seseorang mewarisi masalah tersebut adalah lebih tinggi. Genetik boleh mempengaruhi pelbagai aspek kulit seperti kadar penghasilan minyak, sensitiviti kulit terhadap hormon, serta tahap keradangan. Walaupun seseorang menjaga kebersihan wajah dengan baik, faktor keturunan ini boleh menyebabkan jerawat tetap muncul. Ini menunjukkan bahawa sesetengah individu sememangnya mempunyai predisposisi biologi terhadap masalah jerawat yang sukar dielakkan sepenuhnya.

Gaya hidup juga merupakan faktor penting yang mempengaruhi keadaan kulit. Pemakanan yang tidak seimbang, seperti pengambilan gula dan makanan tinggi lemak secara berlebihan, berpotensi meningkatkan keradangan dalam badan dan mencetuskan jerawat. Selain itu, stres yang berpanjangan boleh merangsang pengeluaran hormon kortisol, yang seterusnya meningkatkan penghasilan minyak pada kulit. Tabiat seperti kurang tidur, pengambilan ubat-ubat tertentu, tidak menjaga kebersihan wajah, penggunaan kosmetik dan produk penjagaan kulit yang tidak sesuai dengan jenis kulit, serta merokok turut memperburuk keadaan kulit. Justeru, gaya hidup yang tidak sihat bukan sahaja memberi kesan kepada kesihatan dalaman tetapi turut mempengaruhi penampilan kulit seseorang.

Kesimpulannya, jerawat adalah hasil gabungan pelbagai faktor yang saling mempengaruhi antara satu sama lain. Walaupun sesetengah faktor seperti hormon dan genetik sukar dikawal sepenuhnya, masih terdapat banyak aspek gaya hidup yang boleh diperbaiki untuk mengurangkan risiko berlakunya jerawat. Menjaga pemakanan, mengawal stres, memastikan rutin penjagaan kulit yang betul, serta mendapatkan nasihat profesional apabila perlu adalah langkah-langkah penting dalam menguruskan masalah ini. Dengan memahami faktor pencetus jerawat, seseorang dapat mengambil tindakan yang lebih efektif untuk mencapai kulit yang lebih sihat dan bersih.