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WARTA KERAJAAN PERSEKUTUAN

*FEDERAL GOVERNMENT  
GAZETTE*

PERATURAN-PERATURAN KESELAMATAN SOSIAL  
SURI RUMAH (PENILAI PERUBATAN) 2023

*HOUSEWIVES' SOCIAL SECURITY  
(MEDICAL ASSESSOR) REGULATIONS 2023*

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AKTA KESELAMATAN SOSIAL SURI RUMAH 2022

PERATURAN-PERATURAN KESELAMATAN SOSIAL SURI RUMAH  
(PENILAI PERUBATAN) 2023

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AKTA KESELAMATAN SOSIAL SURI RUMAH 2022

PERATURAN-PERATURAN KESELAMATAN SOSIAL SURI RUMAH  
(PENILAI PERUBATAN) 2023

PADA menjalankan kuasa yang diberikan oleh seksyen 92 Akta Keselamatan Sosial Suri Rumah 2022 [*Akta 838*], Menteri membuat peraturan-peraturan yang berikut:

**Nama dan permulaan kuat kuasa**

1. (1) Peraturan-peraturan ini bolehlah dinamakan **Peraturan-Peraturan Keselamatan Sosial Suri Rumah (Penilai Perubatan) 2023**.

(2) Peraturan-Peraturan ini disifatkan telah mula berkuat kuasa pada 1 Disember 2022.

**Pelantikan penilai perubatan**

2. (1) Pertubuhan boleh, tertakluk kepada apa-apa syarat, melantik mana-mana orang sebagai penilai perubatan sebagaimana yang difikirkannya perlu atau suai manfaat bagi maksud Akta.

(2) Walau apa pun subperaturan (1), seseorang boleh dilantik sebagai penilai perubatan jika—

(a) dia merupakan warganegara Malaysia;

(b) dia merupakan pengamal perubatan berdaftar dengan Majlis Perubatan Malaysia di bawah Akta Perubatan 1971 [*Akta 50*] atau pengamal pergigian berdaftar dengan Majlis Pergigian Malaysia di bawah Akta Pergigian 2018 [*Akta 804*], mengikut mana-mana yang berkenaan;

- (c) dia mempunyai perakuan amalan yang sah yang dikeluarkan di bawah Akta Perubatan 1971 atau perakuan pengamalan yang sah yang dikeluarkan di bawah Akta Pergigian 2018, mengikut mana-mana yang berkenaan;
- (d) dia telah menjalankan amalan sebagai pengamal perubatan atau pengamal pergigian bagi tempoh yang tidak kurang daripada lima tahun;
- (e) dia tidak pernah didapati bersalah atas apa-apa tindakan tatatertib di bawah Akta Perubatan 1971 atau Akta Pergigian 2018, atau disabitkan dengan apa-apa kesalahan jenayah di bawah mana-mana undang-undang bertulis yang boleh dihukum dengan pemenjaraan selama satu tahun atau lebih; dan
- (f) dia telah menghadiri apa-apa latihan sebagaimana yang ditentukan oleh Pertubuhan.

(3) Tertakluk kepada perenggan (2)(a), (b), (c), (e) dan (f), mana-mana pegawai perubatan Pertubuhan boleh dilantik sebagai penilai perubatan.

(4) Pegawai perubatan yang dilantik sebagai penilai perubatan di bawah subperaturan (3) hendaklah memastikan bahawa kewajipannya sebagai penilai perubatan tidak bercanggah dengan kewajipannya sebagai pegawai perubatan.

### **Elaun bagi penilai perubatan**

3. Penilai perubatan, selain pegawai perubatan Pertubuhan yang dilantik sebagai penilai perubatan di bawah subperaturan 2(3), hendaklah dibayar apa-apa elaun sebagaimana yang ditentukan oleh Pertubuhan.

**Penggantungan dan pembatalan pelantikan penilai perubatan**

4. (1) Pertubuhan boleh menggantung pelantikan penilai perubatan jika hal keadaan yang berikut berlaku:

- (a) suatu aduan telah dibuat oleh mana-mana orang kepada Pertubuhan terhadap penilai perubatan itu;
- (b) suatu pengataan telah dibuat oleh mana-mana orang terhadap penilai perubatan itu bahawa penilai perubatan itu telah melanggar Kod Tatalaku Profesional yang dikeluarkan oleh Majlis Perubatan Malaysia atau Majlis Pergigian Malaysia;
- (c) penilai perubatan itu gagal menghadiri apa-apa latihan yang berkaitan sebagaimana yang ditentukan oleh Pertubuhan; atau
- (d) penilai perubatan itu telah memungkiri apa-apa syarat pelantikan sebagaimana yang ditentukan oleh Pertubuhan.

(2) Walau apa pun subperaturan (1), Pertubuhan hanya boleh menggantung pelantikan penilai perubatan selepas berpuas hati bahawa terdapat merit dalam menggantung pelantikan itu.

(3) Jika Pertubuhan memutuskan untuk menggantung pelantikan penilai perubatan, Pertubuhan hendaklah memberikan suatu notis bertulis mengenai penggantungan itu kepada penilai perubatan itu.

(4) Apabila pelantikan penilai perubatan digantung di bawah subperaturan (3), Pertubuhan hendaklah memulakan suatu siasatan berkenaan dengan aduan, pengataan, kegagalan atau kemungkiran yang disebut dalam subperaturan (1) dan penilai perubatan itu hendaklah mempunyai hak untuk membuat representasi.

(5) Selepas mengambil kira representasi yang dibuat oleh penilai perubatan dan apabila siasatan di bawah subperaturan (4) selesai, Pertubuhan hendaklah memutuskan sama ada untuk menarik balik penggantungan atau membatalkan pelantikan penilai perubatan itu.

(6) Pertubuhan hendaklah memberikan suatu notis bertulis mengenai keputusannya di bawah subperaturan (5) kepada penilai perubatan secepat yang boleh dilaksanakan.

(7) Walau apa pun pelantikan seseorang sebagai penilai perubatan dibatalkan di bawah subperaturan (5), Pertubuhan boleh melantik semula orang itu sebagai penilai perubatan jika orang itu telah mengambil langkah yang perlu dan munasabah untuk membetulkan apa-apa aduan, pengatahan, kegagalan atau kemungkiran yang disebut dalam subperaturan (1).

#### **Penentuan persoalan mengenai keilangan atau hilang upaya kekal**

5. (1) Bagi maksud menentukan apa-apa persoalan mengenai keilangan atau hilang upaya kekal di bawah seksyen 46 Akta, penilai perubatan hendaklah memeriksa seseorang suri rumah berinsurans dan mempertimbangkan dokumen yang berikut:

- (a) borang tuntutan bagi faedah;
- (b) laporan perubatan yang disediakan oleh pengamal perubatan berdaftar atau pengamal pergigian berdaftar yang merawat suri rumah berinsurans itu, mengikut mana-mana yang berkenaan;
- (c) laporan penyiasatan klinikal yang disediakan oleh pengamal perubatan berdaftar atau pengamal pergigian berdaftar, mengikut mana-mana yang berkenaan;
- (d) laporan mengenai tuntutan bagi faedah yang terdahulu yang dibuat oleh suri rumah berinsurans itu di bawah Akta;

- (e) laporan mengenai apa-apa kemudahan pemulihan jasmani atau dialisis yang dijalani oleh suri rumah berinsurans itu, jika ada; atau
- (f) dokumen lain sebagaimana yang ditentukan oleh Pertubuhan atau penilai perubatan.

(2) Penilai perubatan hendaklah hanya memeriksa seseorang suri rumah berinsurans yang telah menjalani rawatan perubatan yang dijalankan oleh pengamal perubatan berdaftar atau pengamal pergigian berdaftar, mengikut mana-mana yang berkenaan.

(3) Selepas mempertimbangkan keterangan di bawah subperaturan (1), penilai perubatan hendaklah menentukan persoalan di bawah subseksyen 46(1) Akta dan penilai perubatan itu boleh, semasa membuat penentuan—

- (a) menghendaki keterangan lanjut, jika perlu; atau
- (b) menangguhkan penentuan sehingga suri rumah berinsurans itu selesai menjalani rawatan perubatan atau pemulihan jasmani, mengikut mana-mana yang berkenaan.

(4) Dalam penentuan yang dibuat di bawah subperaturan (3), penilai perubatan boleh mengesyorkan kepada Pertubuhan supaya suri rumah berinsurans diberikan kemudahan pemulihan jasmani atau dialisis.

(5) Bagi maksud peraturan ini, “laporan perubatan” ertinya suatu laporan perubatan yang dibuat di bawah peraturan 28 Peraturan-Peraturan Keselamatan Sosial Suri Rumah (Faedah, Kemudahan Pemulihan Jasmani dan Dialisis) 2023 [*P.U. (A) 200/2023*].

**Keputusan Pertubuhan**

6. Selepas menerima suatu laporan pemeriksaan dan penentuan oleh penilai perubatan di bawah subseksyen 46(2) Akta, Pertubuhan—

- (a) hendaklah memaklumkan keputusannya yang berhubungan dengan tuntutan bagi faedah secara bertulis kepada suri rumah berinsurans itu jika Pertubuhan berpuas hati dengan penentuan itu; atau
- (b) boleh merayu kepada Jemaah Doktor Rayuan mengikut peraturan 7 jika Pertubuhan tidak berpuas hati dengan penentuan itu.

**Rayuan terhadap penentuan penilai perubatan**

7. (1) Rayuan kepada Jemaah Doktor Rayuan di bawah subseksyen 47(2) Akta hendaklah dibuat—

- (a) dalam hal Pertubuhan, dalam tempoh sembilan puluh hari selepas menerima laporan pemeriksaan dan penentuan di bawah subseksyen 46(2) Akta; atau
- (b) dalam hal suri rumah berinsurans, dalam tempoh sembilan puluh hari selepas menerima keputusan di bawah perenggan 6(a).

(2) Walau apa pun subperaturan (1), Jemaah Doktor Rayuan boleh membenarkan rayuan yang dibuat selepas habis tempoh di bawah subperaturan (1) jika Jemaah Doktor Rayuan berpuas hati dengan alasan bagi kelewatan itu.

(3) Jika Jemaah Doktor Rayuan memutuskan untuk menolak rayuan suri rumah berinsurans atau Pertubuhan itu, Jemaah Doktor Rayuan hendaklah menyatakan alasan bagi penolakan itu.

(4) Melainkan jika konteksnya mengkehendaki makna yang lain, Jemaah Doktor Rayuan, dalam menguruskan suatu rayuan, hendaklah tertakluk kepada peruntukan yang mengawal selia cara penilai perubatan membuat penentuan di bawah

Peraturan-Peraturan ini dan Jemaah Doktor Rayuan boleh menjalankan kuasa penilai perubatan bagi tujuan menguruskan rayuan itu.

### **Tempat dan masa bagi pemeriksaan suri rumah berinsurans**

8. (1) Pertubuhan hendaklah menentukan tempat dan masa bagi pemeriksaan suri rumah berinsurans di bawah peraturan 5 dan penilai perubatan hendaklah memeriksa suri rumah berinsurans itu di tempat dan pada masa sebagaimana yang ditentukan oleh Pertubuhan.

(2) Dalam menentukan tempat dan masa di bawah subperaturan (1), Pertubuhan hendaklah mengambil kira tempat di mana suri rumah berinsurans itu tinggal pada masa pemeriksaan itu akan dijalankan dan keadaan kesihatannya.

(3) Pertubuhan hendaklah memaklumkan tempat dan masa pemeriksaan kepada suri rumah berinsurans itu sekurang-kurangnya tiga hari bekerja sebelum tarikh pemeriksaan.

### **Pemindahan penentuan yang belum selesai**

9. Pertubuhan boleh memindahkan apa-apa penentuan yang belum diputuskan oleh penilai perubatan kepada penilai perubatan yang lain jika Pertubuhan berpuas hati bahawa—

(a) pemindahan itu adalah perlu untuk memudahkan urusan tuntutan suri rumah berinsurans itu; atau

(b) terdapat konflik kepentingan jika penilai perubatan yang mula-mula disebut itu membuat penentuan.

### **Perakuan elaun layanan sentiasa**

10. (1) Bagi maksud memperakukan darjah kehilangan upaya yang melayakkan seseorang suri rumah berinsurans bagi elaun layanan sentiasa di bawah seksyen 30 Akta, penilai perubatan hendaklah menentukan darjah kehilangan upaya sebagai teruk jika—

- (a) suri rumah berinsurans itu mengalami hilang upaya atau keilangan sehingga menyebabkan suri rumah berinsurans itu tidak dapat memberi makan kepada dirinya sendiri, menguruskan keperluan peribadi dan kebersihan dirinya, atau menjalankan aktiviti kehidupan harian; dan
- (b) suri rumah berinsurans itu sentiasa memerlukan layanan peribadi orang lain berkenaan dengan makanan, keperluan peribadi dan kebersihan dirinya, atau aktiviti kehidupan harian.

(2) Selepas berpuas hati dengan darjah kehilangan upaya suri rumah berinsurans itu di bawah subperaturan (1), penilai perubatan hendaklah memperakukan suri rumah berinsurans itu bagi elaun layanan sentiasa.

(3) Sebagai tambahan kepada perakuan yang dibuat di bawah subperaturan (2), penilai perubatan boleh mengesyorkan kepada Pertubuhan supaya suri rumah berinsurans itu diberikan kemudahan pemulihan jasmani.

(4) Perakuan yang dibuat di bawah subperaturan (2) boleh diperakukan semula oleh penilai perubatan yang sama atau yang lain atas permohonan Pertubuhan dari semasa ke semasa.

(5) Apabila diperakukan semula di bawah subperaturan (4), Pertubuhan boleh memutuskan sama ada pembayaran elaun layanan sentiasa diteruskan atau tidak kepada suri rumah berinsurans itu.

Dibuat 9 Jun 2023  
[KSM/PUU(S)600-1/1/31/1(3); PN(PU2)765]

SIVAKUMAR A/L VARATHARAJU NAIDU  
*Menteri Sumber Manusia*

HOUSEWIVES' SOCIAL SECURITY ACT 2022

HOUSEWIVES' SOCIAL SECURITY (MEDICAL ASSESSOR) REGULATIONS 2023

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ARRANGEMENT OF REGULATIONS

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6. Decision of the Organization
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8. Place and time for examination of insured housewife
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HOUSEWIVES' SOCIAL SECURITY ACT 2022

HOUSEWIVES' SOCIAL SECURITY (MEDICAL ASSESSOR) REGULATIONS 2023

IN exercise of the powers conferred by section 92 of the Housewives' Social Security Act 2022 [Act 838], the Minister makes the following regulations:

**Citation and commencement**

1. (1) These regulations may be cited as the **Housewives' Social Security (Medical Assessor) Regulations 2023**.

(2) These Regulations are deemed to have come into operation on 1 December 2022.

**Appointment of medical assessor**

2. (1) The Organization may, subject to such conditions, appoint any person to be a medical assessor as it considers necessary or expedient for the purposes of the Act.

(2) Notwithstanding subregulation (1), a person may be appointed as a medical assessor if—

(a) he is a citizen of Malaysia;

(b) he is a registered medical practitioner with the Malaysian Medical Council under the Medical Act 1971 [Act 50] or a registered dental practitioner with the Malaysian Dental Council under the Dental Act 2018 [Act 804], as the case may be;

(c) he has a valid practising certificate issued under the Medical Act 1971 or a valid practising certificate issued under the Dental Act 2018, as the case may be;

- (d)* he has been practising as a medical practitioner or dental practitioner for a period of not less than five years;
- (e)* he has not been found guilty of any disciplinary action under the Medical Act 1971 or the Dental Act 2018, or convicted of any criminal offence under any written law punishable with imprisonment for one year or more; and
- (f)* he has attended any training as may be determined by the Organization.

(3) Subject to paragraphs (2)(a), (b), (c), (e) and (f), any medical officer of the Organization may be appointed as a medical assessor.

(4) The medical officer appointed as a medical assessor under subregulation (3) shall ensure that his duties as a medical assessor do not conflict with his duties as a medical officer.

#### **Allowance for medical assessor**

3. A medical assessor, other than the medical officer of the Organization appointed as a medical assessor under subregulation 2(3), shall be paid such allowances as may be determined by the Organization.

#### **Suspension and revocation of appointment of medical assessor**

4. (1) The Organization may suspend the appointment of a medical assessor in any of the following circumstances occurs:

- (a)* a complaint has been made by any person to the Organization against the medical assessor;

- (b) an allegation has been made by any person against the medical assessor that the medical assessor has contravened the Code of Professional Conduct issued by the Malaysian Medical Council or the Malaysian Dental Council;
- (c) the medical assessor has failed to attend any relevant training as may be determined by the Organization; or
- (d) the medical assessor has breached any conditions of appointment as may be determined by the Organization.

(2) Notwithstanding subregulation (1), the Organization may only suspend the appointment of a medical assessor after being satisfied that there is merit in suspending such appointment.

(3) If the Organization decides to suspend the appointment of a medical assessor, the Organization shall give a written notice of such suspension to the medical assessor.

(4) Upon the suspension of the appointment of the medical assessor under subregulation (3), the Organization shall commence an inquiry in respect of the complaint, allegation, failure or breach referred to in subregulation (1) and the medical assessor shall have the right to make a representation.

(5) After taking into consideration the representation made by the medical assessor and upon the completion of the inquiry under subregulation (4), the Organization shall decide whether to withdraw the suspension or revoke the appointment of the medical assessor.

(6) The Organization shall give a written notice of its decision under subregulation (5) to the medical assessor as soon as practicable.

(7) Notwithstanding that the appointment of a person as a medical assessor is revoked under subregulation (5), the Organization may reappoint the person as a medical assessor if the person has taken the necessary and reasonable steps to make good any complaint, allegation, failure or breach referred to in subregulation (1).

**Determination of question of invalidity or permanent disablement**

5. (1) For the purpose of determining any question of invalidity or permanent disablement under section 46 of the Act, a medical assessor shall examine an insured housewife and consider the following document:

- (a) the claim for benefits form;
- (b) the medical report prepared by the registered medical practitioner or the registered dental practitioner who treated the insured housewife, as the case may be;
- (c) the clinical investigation report prepared by the registered medical practitioner or the registered dental practitioner, as the case may be;
- (d) the report on the previous claim for benefits made by the insured housewife under the Act;
- (e) the report on any physical rehabilitation facilities or dialysis undergone by the insured housewife, if any; or
- (f) other document as may be determined by the Organization or the medical assessor.

(2) A medical assessor shall only examine an insured housewife who has undergone a medical treatment conducted by a registered medical practitioner or a registered dental practitioner, as the case may be.

(3) After considering the evidence under subregulation (1), the medical assessor shall determine the question under subsection 46(1) of the Act and the medical assessor may, while making a determination—

(a) require further evidence, if necessary; or

(b) defer the determination until the insured housewife completed the medical treatment or physical rehabilitation, as the case maybe.

(4) In the determination made under subregulation (3), the medical assessor may make recommendations to the Organization that the insured housewife to be provided with physical rehabilitation facilities or dialysis.

(5) For the purposes of this regulation, "medical report" means a medical report made under regulation 28 of the Housewives' Social Security (Benefits, Facilities for Physical Rehabilitation and Dialysis) Regulations 2023 [*P.U. (A) 200/2023*].

### **Decision of the Organization**

6. After receiving a report of the examination and determination by the medical assessor under subsection 46(2) of the Act, the Organization—

(a) shall inform its decision relating to the claim for benefits in writing to the insured housewife if the Organization is satisfied with the determination; or

(b) may appeal to the Appellate Medical Board in accordance with regulation 7 if the Organization is not satisfied with the determination.

**Appeal against determination of medical assessor**

7. (1) An appeal to the Appellate Medical Board under subsection 47(2) of the Act shall be made—

(a) in case of the Organization, within ninety days after receiving the report of the examination and determination under subsection 46(2) of the Act; or

(b) in case of the insured housewife, within ninety days after receiving the decision under paragraph 6(a).

(2) Notwithstanding subregulation (1), the Appellate Medical Board may allow the appeal made after the expiry of the period under subregulation (1) if the Appellate Medical Board is satisfied with the reasons for the delay.

(3) If the Appellate Medical Board decides to refuse the appeal of the insured housewife or the Organization, the Appellate Medical Board shall state the grounds of such refusal.

(4) Unless the context otherwise requires, the Appellate Medical Board, in dealing with an appeal, shall be subject to the provisions regulating the manner in which a medical assessor makes a determination under these Regulations and the Appellate Medical Board may exercise the power of a medical assessor for the purpose of dealing with the appeal.

**Place and time for examination of insured housewife**

8. (1) The Organization shall determine the place and time of the examination of the insured housewife under regulation 5 and the medical assessor shall examine the insured housewife at such place and time as may be determined by the Organization.

(2) In determining the place and time under subregulation (1), the Organization shall take into consideration the place where the insured housewife resides at the time the examination is to be conducted and her health condition.

(3) The Organization shall inform the place and time of the examination to the insured housewife of at least three working days before the examination date.

**Transfer of pending determination**

9. The Organization may transfer any determination pending to be decided by a medical assessor to another medical assessor if the Organization is satisfied that—

(a) the transfer is necessary to accommodate the claim of the insured housewife; or

(b) there is a conflict of interest if the first-mentioned medical assessor makes the determination.

**Certification on constant attendance allowance**

10. (1) For the purpose of certifying the degree of incapacity qualifying an insured housewife for a constant attendance allowance under section 30 of the Act, the medical assessor shall determine the degree of incapacity as severe if—

(a) the insured housewife is suffering from disability or invalidity to the extent of causing the insured housewife unable to feed herself, manage her personal needs and hygiene, or carry out daily living activities; and

(b) the insured housewife constantly requires the personal attendance of another person in respect of her meals, personal needs and hygiene, or daily living activities.

(2) After being satisfied with the degree of incapacity of the insured housewife under subregulation (1), the medical assessor shall certify the insured housewife for the constant attendance allowance.

(3) In addition to the certification made under subregulation (2), the medical assessor may make recommendations to the Organization that the insured housewife to be provided with physical rehabilitation facilities.

(4) The certification made under subregulation (2) may be recertified by the same or other medical assessor on application by the Organization from time to time.

(5) Upon recertification under subregulation (4), the Organization may decide whether the payment of the constant attendance allowance should be continued or not to the insured housewife.

Made 9 June 2023  
[KSM/PUU(S)600-1/1/31/1(3); PN(PU2)765]

SIVAKUMAR A/L VARATHARAJU NAIDU  
*Minister of Human Resources*