

Bill No. 78 of 2025

THE HEALTHCARE PROFESSIONALS AND CLINICAL
ESTABLISHMENTS (PREVENTION OF VIOLENCE)
BILL, 2025

By

DR. BACHHAV SHOBHA DINESH, M.P.

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BILL

to provide for the protection of healthcare professionals and clinical establishments from violence, harassment, and damage or loss to property in the course of their duty and for matters connected therewith or incidental thereto.

WHEREAS, acts of violence causing injury or danger to life of healthcare professionals and damage or loss to the property of clinical establishments are on the increase in the country creating unrest among healthcare professionals resulting in hindrance to healthcare services in the country;

AND WHEREAS, to protect healthcare professionals and clinical establishments from violence, it has become necessary to prohibit such acts of violence, to provide for punishment by making such acts of violence as cognizable and non-bailable offence and to provide compensation for injury to healthcare professionals or for causing damage or loss to the property of clinical establishments;

BE it enacted by Parliament in the Seventy-sixth Year of the Republic of India as follows:—

Short title,
extent and
commencement.

1. (1) This Act may be called Healthcare Professionals and Clinical Establishments (Prevention of Violence) Act, 2025.

(2) It extends to the whole of India.

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(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

Definitions.

2. In this Act, unless the context otherwise requires,—

(a) “by-stander” means an observer, on-looker, spectator or any other person ordinarily present at *locus-delicti* irrespective of his affinity to the doctor, medical professional or the medical institution in question; and suffers any loss or damage by virtue of his presence at the place of offence;

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(b) “clinical establishment” means the clinical establishment as defined under clause (c) of section 2 of the Clinical Establishments (Registration and Regulation) Act, 2010;

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(c) “damage” includes loss or harm to property, whether in whole or in part, without taking possession of the property that renders it inadequate for its designated purpose or wholly or partially incapable of performing its function;

(d) “healthcare professional” means a registered medical or dental or alternative medicine practitioners including those having provisional registration by any recognized body by the Government of India as well as all those persons who practice or profess services associated to medical profession including those of nurses, radiologists, technicians, medical social workers, pharmacists, medical administrators, para-medical staff and practitioners including those seeking or imparting medical education, as the case may be;

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(e) “patient” means any recipient of healthcare services;

(f) “prescribed” means prescribed by rules made under this Act;

(g) “property” means any property movable or immovable, medical equipment or machinery; owned by or in possession of or under the, control of any healthcare professional or clinical establishment; and

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(h) “violence” means includes any of the following acts committed by any person or persons against healthcare professional in the course of their duty, which causes, may cause or attempts to cause,—

(i) physical or mental harm, injury, intimidation, threat to life, including verbal abuse;

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(ii) acts inciting online or digital harassment, including doxxing, trolling, threats, or coordinated campaigns inciting violence;

(iii) endangers the safety of or causes obstruction or hindrance to any healthcare professional in discharge of their duties either within the premises of a healthcare institution or otherwise; and

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(iv) loss or damage to any property or documents in the custody of, or in relation to, such healthcare professional or clinical establishment.

Prohibition
of violence or
damage to
property.

3. No person shall indulge in any act of violence against a healthcare professional or cause any damage or loss to property owned by or under the care of healthcare professional or in connection with or incidental to their activities in a clinical establishment.

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4. Any offence committed under this Act shall be cognizable and non-bailable and triable by the Court of Judicial Magistrate of the First Class.

Cognizance of offence.

5. (1) Whoever, commits or attempts to commit or abets or incites the commission of any act of violence in infringement of the provisions of section 3, shall be punished with imprisonment which shall not be less than three years but which may extend up to ten years and with fine which shall not be less than rupees fifty thousand but which may extend upto rupees twenty lakh in addition to recovery of the entire damage to the property or belonging of all concerned including the by-standers if any, in actual.

Penalty and compensation.

(2) Whoever, commits or attempts to commit or abets or incites the commission of any act of violence causing grievous hurt or death of healthcare professional, shall be punished with imprisonment which shall not be less than seven years but which may extend to life imprisonment, and with fine which shall not be less than rupees five lakh but which may extend upto rupees fifty lakh in addition to recovery of the entire damage to the property or belonging of all concerned including the by-standers if any, in actual.

(3) If the convicted does not pay or is financially incompetent to pay the penalty at that time it shall be recovered as if it were an arrear of land revenue under the Revenue Recovery Act, 1890.

6. Where it is established at any stage that no violation of the provisions of this Act was committed and the charge levied against the accused was false and malicious, the person levelling such false charge shall be prosecuted under the relevant provisions of the Bhartiya Nyaya Sanhita, 2023.

Punishment for false charge.

7. In addition to any other responsibility of a clinical establishment or a healthcare professional under any law for the time being in force, it shall be the responsibility of each clinical establishment to,—

Responsibilities of clinical establishments.

(a) take all necessary measures to prevent violence and harassment against healthcare professionals in the course of their duty, which includes measures such as to install CCTV surveillance, emergency alarms, trained security personnel, or other such security measures;

(b) establish a mechanism for reporting incidents of violence and harassment against healthcare professionals; and

(c) provide necessary support and assistance to healthcare professionals who are victims of violence or harassment in the course of their duty.

8. The Central Government shall, —

(a) establish a National Helpline for reporting violence against healthcare professionals and clinical establishments;

(b) create awareness about mental health and illness and for reducing the stigma associated with mental illness among healthcare professionals;

(c) encourage healthcare professionals to seek support and care for their mental health, to help such professionals identify risk factors associated with suicide and mental health conditions, and to help such professionals learn to respond to such risks, with the goal of preventing suicide and mental health conditions under the Mental Healthcare Act, 2017;

(d) set up peer support groups among healthcare professionals and provide mental healthcare and follow-up services, as appropriate; and

(e) conduct a review on improving healthcare professionals' mental health and the outcomes of programs authorized under this Act.

Measures for supporting healthcare professionals.

Act to have overriding effect.

9. The provisions of this Act and rules made thereunder shall have effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force.

Act to supplement other laws.

10. The provisions of this Act shall be in addition to and not in derogation of any other law for the time being in force.

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Central Government to provide funds.

11. The Central Government shall, after due appropriation made by Parliament by law in this behalf, provide, from time to time, adequate funds for carrying out the purpose of this Act.

Power to remove difficulties.

12. (1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may by order published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as may appear to be necessary for removing the difficulty:

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Provided that no order shall be made under this section after the expiry of a period of two years from the commencement of this Act.

(2) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

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Power of Central Government to make rules.

13. (1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

(2) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both the Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

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STATEMENT OF OBJECTS AND REASONS

Access to quality health services is a right of every Indian citizen, with investments made in medical education, and medical facilities. Since independence, health services have made tremendous progress in India. India's healthcare workforce has already exceeded 6 million as of 2024, and anticipated to experience further growth. Yet the issues faced by the healthcare workers: doctors, nurses and medical practitioners alike, have been rarely addressed. The Indian healthcare workforce is in a state of deep crisis, characterised by extremely long working hours, low income, severe lack of safety and general apathy from the public.

The Indian Medical Association (IMA) estimates that 75 percent of all doctors face some form of verbal and physical abuse during their service, with cases of violence severely underreported. High risk of violence makes it difficult for our medical staff to provide care, thereby, reducing healthcare access for the common man. The increasing violence against healthcare professionals must be addressed on a priority basis.

Existing, legislative framework, including the central level and State level laws, including the Bhartiya Nyaya Sanhita, 2023 and Bhartiya Nagarik Suraksha Sanhita, 2023, fail to comprehensively addresses this issue. While 'Health' and 'Law and Order' are State subjects, the Parliament is competent to legislate on matters related to 'Legal, Medical and other professions' as listed in Entry 26, List 3 (Concurrent List) of the Seventh Schedule to the Constitution of India.

This, therefore, necessitates a comprehensive central legislation to provide for safety and security of healthcare professionals in the country.

The proposed Bill would enable for the establishment of a mechanism for the protection and compensation of healthcare professionals who are victims of violence or harassment, and imposes obligation on clinical establishments to prevent and report such incidents.

By creating a framework that prevents violence, supports victims, and holds offenders accountable, this Bill not only enhances the quality of healthcare services but also protects the fundamental rights and safety of those working in the healthcare sector.

Hence this Bill.

NEW DELHI;
July 4, 2025.

BACHHAV SHOBHA DINESH

FINANCIAL MEMORANDUM

Clause 8 of the Bill provides for special measures for supporting healthcare professionals such as establishment of a National Helpline for reporting of violence against healthcare professionals and clinical establishments and creating awareness about mental health and illness and reducing the stigma associated with mental illness among healthcare professionals. Clause 11 provides that the Central Government shall, after due appropriation made by Parliament by law in this behalf, provide, from time to time, adequate funds for carrying out the purpose of this Act. The Bill, therefore, if enacted and brought into operation, will involve expenditure from the Consolidated Fund of India. It is likely to involve a recurring expenditure of estimated a sum of rupees one hundred crore per annum.

A non-recurring expenditure of about rupees one hundred crore is also likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 13 of the Bill empowers the Central Government to make rules for carrying out the purposes of this Bill. As the rules will relate to matters of detail only, the delegation of legislative power is of a normal character.

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