

AS INTRODUCED IN THE RAJYA SABHA
ON THE 5TH DECEMBER, 2025

Bill No. XX of 2025

THE RIGHT TO HEALTH CARE SERVICES BILL, 2025

A

BILL

*to provide for the right to health care services for
all citizens and for matters connected
therewith or incidental thereto.*

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

1. (1) This Act may be called the Right to Health Care Services Act, 2025.

Short title and
commencement.

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

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

(a) “appropriate Government” means, in respect of matters relating to, —

(i) a Union Territory without legislature, the Central Government; 5

(ii) Union Territories with legislature, the Government of such Union Territories;

(iii) a State, the State Government.

(b) “Authority” means the National Health Care Services Authority constituted under section 9 of this Act; 10

(c) “citizen” means a person who is a citizen of India within the meaning of Part II of the Constitution of India and the provisions of the Citizenship Act, 1955, and includes such other persons as may be declared as citizens of India under any law for the time being in force; 57 of 1955.

(d) “emergency medical care” means immediate and necessary medical attention required to prevent death or serious health consequences; 15

(e) “essential medicines” means medicines included in the National List of Essential Medicines (NLEM), as notified by the Ministry of Health and Family Welfare; 20

(f) “genetic disorder” means any disease or condition caused by an abnormality in an individual’s DNA, including inherited disorders and conditions such as cancer;

(g) “government-funded health care services” means health care services funded and provided directly by the Government or services provided by non-governmental entities for which the Government funds part or all of the costs of care for some or all patients; 25

(h) “health care service” means testing, treatment, care, procedures, or any other service or intervention aimed at preventative, promotive, therapeutic, diagnostic, nursing, rehabilitative, palliative, convalescent, research, or other health-related purposes, including combinations thereof; and shall also include reproductive health care and emergency medical care arising from participation in a medical research programme; 30

(i) “health care establishment” means the whole or any part of a public or private institution, facility, building, or place, set up, financed, controlled, or managed by the Government or privately owned, whether for profit or not, to provide inpatient or outpatient health care including treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative, promotive, or research-based health services to the general public; 35 40

(j) “health care provider” means a medical doctor, nurse, paramedical professional, social worker, or any other appropriately trained and qualified individual possessing specific skills relevant to health care, nursing, rehabilitation, palliative care, convalescent care, preventative care, or other health services; 45

(k) “informed consent” means consent that is specific to a proposed health care intervention, given voluntarily without force, undue influence, fraud, threat, mistake, or misrepresentation, and obtained 50

5 after disclosing to the person giving consent, whether for themselves or in a representative capacity where necessary, all material information, including costs, risks, benefits, significant implications, and alternatives to the proposed health care, in a language and manner understood by such person;

10 (l) “One District, One Medical Institution” means a scheme or initiative undertaken by the appropriate Government to ensure the establishment of at least one tertiary medical institution, with requisite health care facilities in each district to ensure equitable access to health care for the population, in such manner as may be prescribed;

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

(n) “public health” means the health of the population as a whole, especially as monitored, regulated, and promoted by the appropriate Government;

15 (o) “public health care establishment” means a health care establishment as defined under clause (i) of section 2 of this Act, set up, financed, controlled, or managed by the Government;

20 (p) “rare diseases” refers to diseases that affect a small percentage of the population, as defined and notified by the Ministry of Health and Family Welfare;

(q) “social audit” means an audit conducted by the community or stakeholders to evaluate the social, economic, and health-related dimensions of a policy, program, or institution or establishment;

25 (r) “telemedicine” means the delivery of health care services, including consultation, diagnosis, treatment, and monitoring, through the use of information and communication technologies, in alignment with the Telemedicine Practice Guidelines, 2020, issued by the Ministry of Health and Family Welfare and as updated from time to time by the Ministry; and

30 (s) “vulnerable groups” includes individuals or populations requiring special attention due to factors such as age, health conditions, socio-economic status, disability, or other marginalized circumstances, as may be notified by the appropriate Government in the Official Gazette.

35 3. (1) With respect to health care services and other matters related thereto, every citizen shall have the,—

(i) right to information,— which shall include the following, namely—

40 (a) right to obtain adequate and relevant information regarding the nature and cause of illness, proposed investigations, treatment plans, expected outcomes, potential complications, and the associated costs of treatment and care; and

45 (b) right to be informed of the rates or charges for each type of service and the facilities available at any health care establishment, including public and private institutions.

(ii) right to free health care services, which shall include the following, namely—

(a) right to avail free Out-Patient Department (OPD) and In-Patient Department (IPD) services provided by public

Rights to
healthcare
services and
other matters
related thereto.

health care establishments according to their level of care, including consultation, diagnostics, emergency transport, essential medicines, medical procedures, and emergency care, in such manner as may be prescribed; and

Explanation.— For the purposes of this clause—

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(i) *Out-Patient Department (OPD) services* means medical consultations, diagnostic tests, minor medical procedures, and treatments that do not require hospital admission; and

(ii) *In-Patient Department (IPD) services* means medical treatments, surgeries, and procedures that necessitate hospital admission and in-patient care.

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(b) right to immediate medical attention and critical care, in the event of a health emergency, without prepayment of requisite fees or charges, including but not limited to emergency obstetric care and treatment of medico-legal cases, provided by any health care provider, establishment, or facility, whether public or private;

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Explanation.— For the purposes of this clause, "medico-legal case" refers to any medical case with legal implications, civil or criminal in nature, including but not limited to cases of accidents, assault, sexual assault, suicide attempts, poisoning, injuries due to domestic violence, injuries at workplaces, and similar incidents;

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Provided that health care providers and establishments shall not delay treatment in such cases due to pending police clearance or reports.

(iii) right to access medical records, either by the patients themselves or by the authorised representatives of such patients, who are bedridden or incapacitated, either physically or mentally, including investigation reports, detailed itemized bills, treatment summaries, and other health-related documentation as may be maintained by the health care establishment, in such form and manner as may be prescribed;

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(iv) right to confidentiality, human dignity, and privacy during diagnosis, treatment, and care, in accordance with the standards, as may be prescribed by rules made under this Act or in accordance with the provisions of any law in this regard for the time being in force;

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(v) right to gender-sensitive care, which shall entitle a female patient to request and avail the presence of a female health care professional or attendant during any physical examination conducted by any health care establishment;

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(vi) right to alternative and safe care, including the right to—

(a) choose alternative treatment options available at any health care establishment, in such manner as may be prescribed; and

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(b) safe, quality, and standard-compliant health care in accordance with the prescribed regulations.

(vii) right to second opinion, including the right to obtain treatment records and information from the health care establishment in which treatment is being undertaken for the purpose of seeking a second opinion from another health care provider or establishment;

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(viii) right to emergency support, including the right to free transportation, free treatment, and free insurance coverage for injuries sustained in road accidents, in accordance

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with the rules prescribed under this Act:

Provided that the health care establishments shall provide referral transport for patients requiring transfer to another health care facility in such manner as may be prescribed.

5 (ix) right to refuse treatment, including the right to choose whether to consent to medical treatment, to refuse it, or to choose from amongst the available treatments being offered, provided that such refusal does not endanger public health or violate the provision of any other law in this regard for the time being in force;

10 (x) right to health standards, including the right to access and receive health care services conforming to the highest attainable standard of physical and mental health as guaranteed under this Act;

(xi) right to leave against medical advice, which shall entitle patients leaving a health care establishment against medical advice with the right to receive a treatment summary and discharge records, in such form and manner as may be prescribed;

15 (xii) right to access, including the right to have timely and quality access to facilities, goods, and services necessary to achieve the best health outcomes; and

20 *Explanation.*— For the purpose of this clause, access includes the components of coverage, quality and timeliness as may be prescribed.

(xiii) right to informed consent, which shall entitle every patient or authorised representative(s) of such patients, who are bedridden or incapacitated, either physically or mentally, with the right to full disclosure of information regarding the following, but not limited to:

25 (a) the condition, disorder, and disease that the individual is having or suffering from;

(b) the necessity for further diagnostic test(s);

30 (c) the natural course of the condition and possible complications;

(d) consequences of non-treatment;

(e) available treatment options;

(f) potential risks and benefits of treatment options;

(g) duration and approximate cost of treatment; and

35 (h) expected outcome;

so as to enable them to give their informed consent to avail the line of treatment suggested by the health care provider or establishment, in such manner as may be prescribed:

40 Provided that such information shall not jeopardize the patient's physical, mental, or emotional health.

(2) No person shall be denied access to health care services, facilities, resources, goods, or information on any grounds of sex, class, economic status, place of birth, age, marital status, health status, sexual orientation, disability, occupation, religion, race, caste, social origin, or on any other ground that is unreasonable or arbitrary.

45 **(3) The appropriate Government shall take all necessary measures to ensure equal access to health care services and facilities to all citizens, and that, no citizen is discriminated against on any ground referred to in sub-section (2).**

Special provisions for specific vulnerable groups.

4. The appropriate Government shall take all necessary measures to ensure that the health care needs of vulnerable groups including but not limited to the following, are met effectively and equitably:—

(a) women and children, with a focus on maternal and child health care, reproductive health, nutrition, and immunization services; 5

(b) persons with disabilities, by ensuring accessible health care services, specialized treatments, and assistive technologies as per their specific needs;

(c) senior citizens and economically weaker sections, by providing subsidized or free health care services, geriatric care, and community-based health programs; and 10

(d) individuals with rare diseases or genetic disorders, through the establishment of dedicated programs, access to affordable treatments, and research initiatives aimed at prevention and management of such diseases. 15

Responsibilities of the Central Government.

5. The Central Government shall, within such time intervals as may be prescribed, take necessary measures to enhance health care resources so as to ensure the health and well-being of every citizen, and for the said purpose shall,— 20

(a) formulate, in consultation with the National Health Care Services Authority, established under section 9 of this Act and implement a National Human Resource Policy for Health to ensure equitable distribution and availability of health professionals at all levels; 25

(b) establish quality audit and grievance redressal mechanisms;

(c) align health services and schemes to empower citizens with preventive, promotive and protective health care;

(d) prescribe standards for the quality, accessibility and safety of health care at all levels; 30

(e) ensure the availability of government-funded health care services taking into account factors such as distance, population density, and geographical area;

(f) guarantee access to government-funded health care services without any discrimination; 35

(g) mobilize financial and human resources and formulate policies for the implementation of the obligations under this Act.

(h) establish coordination mechanism among departments and/or concerned authorities to ensure provision of adequate nutrition, safe drinking water, and sanitation to patients in healthcare establishments; 40

(i) undertake measures to inform, educate, and empower citizens about health issues;

(j) formulate and implement a National Health Policy to ensure the realization of the right to health care services guaranteed under this Act; 45

(k) provide financial and technical support to State Governments for health care development; and

(l) formulate guidelines for quality assurance in health care services provided by health care establishments.

6. Without prejudice to the responsibilities specified under other provisions of this Act, every State Government shall take all necessary measures for the effective implementation, administration, and regulation of health care services within its jurisdiction, including the urban local bodies and panchayati raj institutions under it and for this purpose shall,—

Responsibilities
of the State
Governments.

(a) establish, as soon as may be after commencement of this Act, by notification in the Official Gazette, State Health Care Services Authorities, with such composition and in such manner, as may be prescribed, to work in coordination with the National Health Care Services Authority and to oversee the implementation of health care policies and services, ensure effective implementation by the health care establishments in the State and to perform such other functions, as may be prescribed;

(b) ensure the equitable distribution of health care resources, particularly in rural and remote areas, in such manner as may be prescribed;

(c) formulate and implement state-specific health care programs that addresses local health needs and priorities;

(d) collaborate with urban local bodies and panchayati raj institutions to strengthen local health governance, decision-making and implementation of health care services at the grassroot level;

(e) promote awareness of health care rights among citizens to ensure their informed participation in health care services;

(f) facilitate access to Government health schemes and ensure their effective implementation to eligible beneficiaries;

(g) conduct social audits of health care services to assess their effectiveness, transparency, and accountability and take remedial measures in such manner as may be prescribed.

7. **(1) The appropriate Government shall take all necessary measures to strengthen health infrastructure across the country and for development of human resources in the health care field, with focus on equitable access and quality healthcare services to all citizens.**

Appropriate
Government to
strengthen health
infrastructure
and for human
resource
development in
the health care
field.

- (2) For the furtherance of this objective, the appropriate Government shall —**

(a) build and upgrade healthcare facilities in underserved areas, under the "One District, One Medical Institution" initiative to ensure district-level access to comprehensive medical care;

(b) ensure the availability of free essential medicines, diagnostics, and other necessary healthcare services at public health care establishments in such manner as may be prescribed;

(c) provide referral transport services for patients requiring specialized or emergency medical care at higher-level health care facilities;

(d) establish specialized centres for the treatment of rare diseases, genetic disorders, cancer and such other medical conditions in major public hospitals by notification in the Official Gazette;

(e) set up telemedicine centres in rural and remote areas to ensure universal healthcare access through digital connectivity and consultation services, in such manner as may be prescribed;

(f) formulate and implement policies to address the shortage of health care professionals and ancillary health workers;

(g) provide regular training and organise capacity-building programs for health care workers at all levels;

(h) ensure equitable distribution of medical professionals and health care workers at all levels across all regions of the country, with priority given to underserved and remote areas, in accordance with the National Human Resource Policy for Health formulated and implemented by the Central Government under clause (a) of section 5; and

(i) promote and support research and development in critical areas, including genetics, oncology, mental health, and other emerging health care fields.

National and
Regional
Centres for rare
and life-
threatening
diseases and
genetic
disorders.

8. The appropriate Government shall, in such manner and within such time as may be prescribed, establish national and regional centres for rare and life-threatening diseases and genetic disorders, which shall—

(a) provide financial assistance for the treatment of rare and life-threatening diseases and genetic disorders, to such needy patients, as may be determined in accordance with the prescribed norms;

(b) promote research, innovation, and development of genetic therapies and for rare disease management;

© ensure availability of specialized medical professionals, diagnostic facilities, and requisite medical equipment for the treatment of rare and life-threatening diseases and genetic disorders; and

(d) undertake public awareness and capacity-building programs for early detection, prevention, and management of genetic disorders.

Constitution of
National Health
Care Services
Authority.

9. (1) The Central Government shall, by notification in the Official Gazette, constitute an independent body to be known as the National Health Care Services Authority, to exercise the powers conferred on, and to perform the functions assigned to it, under this Act.

(2) The Authority shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.

(3) The headquarters of the Authority shall be at New Delhi and the Authority may with the prior approval of the Central Government, establish offices at such other places in the country, as it may deem necessary, for carrying out the purposes of this Act.

(4) The Authority shall consist of the following, namely—

(a) the Prime Minister of India, who shall be the Chairman, *ex-officio*;

(b) the Minister of Health and Family Welfare, Government of India – Member, *ex-officio*.

© the Minister of State for Health and Family Welfare, Government of India – Member, *ex-officio*;

(d) the Secretary to the Government of India in the Ministry of Health and Family Welfare – Member, *ex-officio*; and

(e) three persons to be nominated by the President of India from amongst persons having specialized knowledge or professional experience in public health, public policy, or health administration, or allied disciplines, in such manner as may be prescribed.

(5) The Authority shall meet at least once every three months to carry out its functions effectively.

(6) The salaries, or allowances, and other terms and conditions of service, of the Members of the Authority, shall be such as may be prescribed.

(7) The Authority shall have the power to regulate its own procedure.

10. (1) The Members of the Authority, other than the *ex-officio* Members, may, by writing given under their hand to the Central Government, resign from their office at any time.

Resignation and removal.

(2) The Central Government may, by order, remove from office, any Member, other than the *ex-officio* Members of the Authority, if such Member—

(a) has been adjudged an insolvent; or

(b) is convicted and sentenced to imprisonment for an offence which, in the opinion of the Central Government, involves moral turpitude; or

(c) becomes of unsound mind and stands so declared by a competent court; or

(d) refuses to act or has become physically or mentally incapable of acting in his official capacity; or

(e) is, without obtaining leave of absence from the Authority, absent from three consecutive meetings of the Authority; or

(f) has, in the opinion of the Central Government, so abused his office as to render his continuance in office detrimental to the interest of office or the public interest:

Provided that no person shall be removed from office under this clause, unless that person has been given a reasonable opportunity of being heard in the matter.

(3) A vacancy caused under sub-sections (1) and (2) or otherwise shall be filled by fresh nomination:

Provided that any Member nominated against a casual vacancy in the Authority shall hold office only for the remainder of the term of the Member in whose place he has been nominated.

11. No act or proceeding of the Authority shall be questioned or shall be invalidated merely by reason of:

Vacancies, etc., not to invalidate the proceedings of the Authority.

(a) any vacancy in, or any defect in the constitution of, the Authority; or

(b) any defect in the nomination of a person as Member of the Authority; or

(c) any irregularity in the procedure of the Authority not affecting the merits of the case.

Officers and staff of the Authority.

12. (1) The Central Government shall appoint such number of officers and staff to the Authority, as may be necessary for the efficient discharge of its functions under this Act, in such manner as may be prescribed. 5

(2) The method of recruitment, salaries and allowances payable to, and other terms and conditions of service of, the officers and staff, so appointed for the purpose of the Authority shall be such as may be prescribed. 10

Functions of the Authority.

13. (1) The Authority shall perform all or any of the following functions, namely,—

(a) advise the appropriate Government on matters related to public health, including preventive, promotive, curative, and rehabilitative health measures, as well as occupational, environmental, and socio-economic health determinants; 15

(b) formulate health goals and recommend measures to ensure integration of the goals into the mandates of panchayati raj institutions and urban local bodies; 20

(c) develop strategic plans at the central level for the implementation of the rights guaranteed under this Act, including action on determinants such as access to healthy food, clean water, and sanitation; 25

(d) establish mechanisms and systems for conducting regular medical, clinical, and social audits to ensure the delivery of good quality healthcare services at all levels;

(e) constitute committees, scientific panels, or technical panels as may be deemed necessary for the effective discharge of its functions; 30

(f) ensure provision of quality and cost-effective health and diagnostic services by private healthcare providers in accordance with the prescribed standards;

(g) investigate and provide satisfactory resolution to complaints and grievances escalated to it under the Grievance Redressal Mechanism established under section 16 this Act, in such manner and within such time, as may be prescribed; 35

(h) investigate cases of contravention of any of the provisions of the Act and the rules and regulations made thereunder and take necessary action thereon in such manner and within such time, as may be prescribed; 40

(i) conduct periodic evaluations of health care services to assess their compliance with the provisions of this Act;

(j) monitor the implementation and performance of the "One District, One Medical Institution" initiative; 45

(k) prepare an annual report giving a full account of its activities and including therein the progress made and challenges encountered in

the implementation of the provisions of this Act, in such form and manner as may be prescribed and forward a copy of the same to the Central Government; and

5 (1) any other function for the furtherance of the objectives of this Act or as may be assigned to it by the Central Government.

(2) The Authority, while discharging the functions under clauses (g) and (h) of sub-section (1), shall have the power to summon and examine witnesses, review documents, and issue orders for compliance, correction, or imposing penalty, as deemed necessary.

46 of 2023. 10 **14.** (1) The Authority shall have the powers of a civil court under the Bharatiya Nagarik Suraksha Sanhita, 2023, while discharging its functions under clauses (g) and (h) of section 13, specifically to:

Powers of the Authority.

- 15 (a) summon and enforce the attendance of any person;
- (b) require the discovery and production of documents;
- (c) receive evidence on affidavits;
- (d) requisition any public record or copy thereof from any court or office;
- (e) issue commissions for the examination of witnesses or documents; and
- 20 (f) any other matter which may be prescribed.

(2) The Authority shall have the power to initiate proceedings for non-compliance of its orders.

25 **15.** (1) Any person aggrieved by a decision or an order of the Authority may file an appeal to the Supreme Court within a period of sixty days from the date of such decision or order:

Appeal.

Provided that the Supreme Court may entertain the appeal after the expiry of the said period of sixty days, if it is satisfied that the appellant was prevented by sufficient cause from preferring the appeal in time.

30 (2) The decision of the Supreme Court on the appeal shall be final and binding.

35 **16. (1) The appropriate Government shall, within a period of three months from the date of commencement of this Act, by notification in the Official Gazette, establish a Grievance Redressal Mechanism, in such form and manner, as may be prescribed, for the expeditious resolution of complaints relating to the denial of health care services or the violation of the rights guaranteed under this Act or contravention of any of the provisions of this Act.**

Grievance redressal mechanism.

40 **(2) The Grievance Redressal Mechanism shall comprise a dedicated web portal and helpline centre to receive complaints and registration of grievances, in such form and manner as may be prescribed.**

45 (3) The web portal and helpline centre referred to in sub-section (2), shall forward the complaints and grievances received by them to the designated officer, as notified, and within twenty-four hours of the time of receipt and the designated officer shall respond to the complainant within twenty-four hours of the time of receipt of the complaint or grievance by him, in such form and manner as may be prescribed:

Provided that if the complaint or grievance remains unresolved by the designated officer within the stipulated -twenty-four-hour period, the complaint or grievance shall be immediately escalated to the National or the State Health Authority, as the case may be, for resolution.

Penalties.

17. (1) Whoever contravenes any of the provisions of this Act or the rules and regulations made thereunder shall be punishable for the first contravention with fine which may extend to twenty-five thousand rupees and for repeated contravention or default, with fine of five hundred rupees per day for each day of such contravention or default which may extend to fifty thousand rupees. 5 10

Offences by companies.

18. (1) Where an Offence under this Act has been committed by a company, every person who, at the time, the offence was committed was in charge of, or was responsible to the company for the conduct of, the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly: 15

Provided that nothing contained in this sub-section, shall render any such person liable to any punishment under this Act if he proves that the offence was committed without his knowledge or that he had exercised all due diligence to prevent the commission of such offence. 20

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence has been committed with the consent or connivance of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly. 25

Explanation.—For the purpose of this section,—

(a) “company” means any body corporate and includes a firm, or other association of individuals; and 30

(b) “director” in relation to a firm, means a partner in the firm.

Crediting sums realised by way of penalties to the Consolidated Fund of India.

19. All sums realized, by way of penalties, imposed by the Authority, shall be credited to the Consolidated Fund of India.

Sharing of financial responsibilities.

20. (1) **The Central Government and the State Governments shall have concurrent responsibility for providing funds for carrying out the purposes of this Act.** 35
- (2) **The Central Government shall prepare the estimates of capital and recurring expenditure for the implementation of the provisions of the Act.**
- (3) **The Central Government shall provide funds to the State Governments, as grants-in-aid of revenues, to meet such percentage of expenditure referred to in sub-section (2), as it may determine, from time to time, in consultation with the State Governments, to enable them to carry out the purposes of this Act.** 40
- (4) **The Central Government shall, after due appropriation made by** 45

Parliament by law in this behalf, grant such sums of money to the Authority, as it may think fit, for the effective implementation and enforcement of the provisions of this Act.

5 **(5) The State Governments shall, after taking into consideration, the sums provided by the Central Government and its other resources, be responsible to provide funds for implementation of the provisions of this Act.**

10 **21. (1) The Central Government shall cause the annual reports of the Authority referred to in clause(k) of sub-section(1) of section 13, to be laid, as soon as may be after they are received, before each House of Parliament.**

Central Government to lay Report.

15 (2) Where any such report or any part thereof relates to any matter with which any State Government is concerned, the Authority shall forward a copy of such report or part thereof to such State Government, who shall cause it to be laid, as soon as may be after they are received, before each House of the State Legislature, where it consists of two Houses, or where such Legislature consists of one House, before that House.

20 **22. (1) The Authority shall, in consultation with the Comptroller and Auditor-General of India, maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form and manner and at such time of each financial year, as may be prescribed.**

Accounts and audit.

25 (2) The accounts of the Authority shall be audited by the Comptroller and Auditor-General at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Authority to the Comptroller and Auditor-General.

30 (3) The Comptroller and Auditor-General and any person appointed by him in connection with the audit of the accounts of the Authority under this Act shall have the same rights and privileges and the authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and, in particular, shall have the right to demand the production of books, accounts, connected vouchers and other documents and papers and to inspect any of the offices of the Authority.

35 (4) The accounts of the Authority, as certified by the Comptroller and Auditor-General or any other person appointed by him in this behalf, together with the audit report thereon shall be forwarded annually to the Central Government by the Authority.

40 **23. (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 be necessary to remove the difficulty:**

Power to remove difficulties.

Provided that no such order shall be made after the expiry of two years from the commencement of this Act.

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

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

Power to make rules and regulations.

(2) The Authority may, with the previous sanction of the Central Government, by notification in the Official Gazette, make regulations not inconsistent with the provisions of this Act and the rules made thereunder, to provide for all matters for which provision is necessary or expedient for the purposes of giving effect to the provisions of this Act. 5

(3) Every rule and every regulation made by the Central Government under this section shall be laid before each House of Parliament, as soon as may be after it is made, for a total period of thirty days, which may be composed in one session or in two or more successive sessions. If, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree to modify or annul the rule, the rule shall thereafter have effect only in such modified form or stand annulled, as the case may be, without prejudice to the validity of anything previously done under that rule. 10

(4) Every rule and every regulation made by a State Government or the Union territory, as the case may be and every notification issued by the State Government or the Union territory, as the case may be, under this Act, shall be laid as soon as may be, after it is made, before the State Legislature, or the Union territory Legislature, as the case may be, where it consists of two Houses, or where such legislature consists of one House, before that House. 15 20

STATEMENT OF OBJECTS AND REASONS

The Right to Health Care Services Bill, 2025, aims to establish a comprehensive legal framework ensuring equitable access to healthcare for all citizens of India. Despite significant advancements in healthcare, disparities in accessibility, affordability, and quality persist, particularly amongst marginalized communities. According to the National Health Accounts (NHA) Report 2021, out-of-pocket expenditure constitutes 48.2 per-cent. of the total health expenditure, leading to catastrophic health expenditures for millions. The Global Burden of Disease Study (2020) also highlights that India ranks 145th among 195 countries in healthcare access and quality, necessitating immediate legislative intervention.

This Bill seeks to recognize healthcare as a fundamental right, aligning with Article 21 of the Constitution, which guarantees the right to life and personal liberty. By providing a statutory framework, it mandates universal access to essential healthcare services, ensuring financial protection through state-funded schemes. The Economic Survey 2022-23 revealed that government health expenditure remains at 2.1 per-cent of GDP, which is inadequate compared to the global average of 6 per-cent. Strengthening legal provisions through this Bill will enhance public healthcare infrastructure and reduce dependency on private sector healthcare, where 66 per-cent of India's population seeks treatment due to poor public health services (NSS 75th Round).

The provisions proposed under this Bill focus on prohibiting discriminatory practices, ensuring accountability of private healthcare providers, and introducing a grievance redressal mechanism. Reports from NITI Aayog (2021) indicate that 27 per-cent of urban households and 55 per-cent of rural households do not have health insurance coverage, necessitating a framework for affordable healthcare. Additionally, the Lancet Commission on Pollution and Health (2018) found that environmental factors contribute to 1.7 million deaths annually in India, justifying the need for preventive healthcare policies.

By integrating public health, digital health, and environmental health regulations, this Bill aligns with India's commitments under the National Health Policy, 2017, and Sustainable Development Goals (SDG 3: Good Health and Well-being). It also strengthens the implementation of Ayushman Bharat, ensuring seamless healthcare services to the economically weaker sections. The proposed Bill promotes transparent regulation of private healthcare institutions, enhanced penalties for medical negligence, and expands health insurance coverage, safeguarding citizens from financial distress.

Given the urgency of healthcare reforms, this Bill aims to create a robust, accessible, and accountable healthcare system, prioritizing citizen welfare over commercial interests. By enacting the Right to Health Care Services Bill, 2025, the Government will reaffirm its commitment to universal health coverage, ensuring that every individual receives affordable, quality healthcare without discrimination.

Hence, this Bill.

ASHOK KUMAR MITTAL.

FINANCIAL MEMORANDUM

Clause 3 of the Bill *inter alia* guarantees the right to health care services and emergency support to every citizen and provides that no citizen shall be discriminated against on any ground and that the Government shall ensure equal access to health care services and facilities to all citizens. Clause 4 provides that the appropriate Government shall make special provisions for ensuring the healthcare needs of specific vulnerable groups. Clause 5 stipulates the responsibilities of the Central Government to enhance health care resources and ensure the health and wellbeing of every citizen as guaranteed under the Bill. Clause 7 provides that the appropriate Government shall take all necessary measures to strengthen health infrastructure across the country and for development of human resources in the health care field. Clause 8 of the Bill provides for the establishment of national and regional centres for the treatment of rare, life-threatening diseases and genetic disorders and to provide financial assistance for the treatment of such diseases. Clause 9 of the Bill provides for the constitution of the National Health Care Services Authority and for the salaries and allowances payable to and other terms and conditions of service of the Members of the Authority. Clause 12 provides for the officers and staff of the Authority and the salaries and allowances payable to them as well as their terms and conditions of service. Clause 13 provides for the functions of the Authority and *inter alia* specifies that the Authority shall constitute committees, scientific panels, or technical panels for the effective discharge of its functions. Clause 16 provides for the establishment of a Grievance Redressal Mechanism for the expeditious resolution of complaints relating to the denial of health care services or the violation of the rights guaranteed under this Act or contravention of any of the provisions of this Act. Clause 20 of the Bill provides that the Central and State Government shall have concurrent responsibility for providing funds for carrying out the purposes of the Bill and that the Central Government shall provide funds to the State Governments, to meet such percentage of expenditure, as may be determined, from time to time, in consultation with the State Governments, as grants-in-aid of revenues, to enable them to carry out the purposes of this Bill. The said clause also provides that the Central Government shall grant such sums of money to the Authority for the effective implementation and enforcement of the provisions of the Bill.

The Bill, therefore, if enacted, would involve both non-recurring and recurring expenditure from the Consolidated Fund of India. However, at this juncture, it is difficult to estimate the actual expenditure likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 23 of the Bill empowers the Central Government to make provisions by an order to remove any difficulties that might arise in giving effect to any of the provisions thereof. Clause 24 of the Bill empowers the appropriate Government to make rules and regulations and the National Health Care Services Authority to make regulations for carrying out the purposes of this Bill. As the rules, regulations and order(s) will relate to matters of details only, the delegation of legislative power is of a normal character.

RAJYA SABHA

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to provide for the right to health care services for
all citizens and for matters connected
therewith or incidental thereto.

(Dr. Ashok Kumar Mittal, M.P.)