

AS INTRODUCED IN THE RAJYA SABHA
ON THE 3RD DECEMBER, 2021

Bill No. XXXIII of 2021

THE UNIVERSAL HEALTH CARE BILL, 2021

A

BILL

to provide quality healthcare services to all citizens, regardless of their income status, social status, gender, religion with the end goal of improving health outcomes; to promote preventive healthcare over reactive healthcare and for matters connected therewith or incidental thereto.

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

CHAPTER-1

PRELIMINARY

- 5 1. (1) This Act may be called the Universal Healthcare Act, 2021.
 (2) It shall extend to the whole of India.
 (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

Short title,
extent and
commencement.

Definitions.

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

(a) "appropriate Government" means in the case of a State, the Government of that State and in all other cases, the Central Government;

(b) "Committee" means the Pricing Strategy Committee appointed under section 9;

(c) "healthcare services" means all types of medical services, including, but not limited to preventive, promotive, palliative, curative and rehabilitative healthcare services;

(d) "hospital" means any government clinic, dispensary, medical first-aid centre, hospital, nursing home, medical consultancy centre, indoor treatment centre or a research centre, where patients are treated and includes a place where medical consultation is offered to a patient;

(e) "OPD" refers to the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at that time require hospitalisation or to be admitted for overnight care;

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

(g) "treatment" means any consultation, prescription, or investigation leading to diagnosis of disease, any type of treatment provided by any hospital and includes replacement of human organs and any treatment for physical and mental well-being of the patient;

CHAPTER II

RIGHTS AND ENTITLEMENTS

Inclusion of Primary Healthcare.

3. (1) The appropriate Government shall include the primary healthcare services in the Ayushman Bharat Insurance scheme or other such existing and future Government schemes, if any.

(2) The appropriate Government shall take necessary steps to ensure that the primary healthcare services, under the Ayushman Bharat Insurance scheme or other such existing and future Government schemes, if any, are available to all.

(3) No person shall be deprived of Primary Healthcare Services on social or economic grounds.

Inclusion of Out Patient Department (OPD) Services.

4. (1) The appropriate Government shall include the OPD services in the existing and future Government insurance schemes or programs, if any.

(2) The appropriate Government shall take necessary steps to ensure that the OPD services, under the Ayushman Bharat Insurance scheme or other such existing and future Government schemes, if any, are available to all.

(3) No person shall be deprived of OPD Services on social or economic grounds.

Right of caregiver to know about the treatment provided.

5. (1) The appropriate Government to ensure transparency shall mandate the hospitals and clinics to document the treatment provided to the patients in such manner as may be prescribed.

(2) The patient or the caregiver shall have access to their treatment document at all times during the treatment.

Explanation: for the purpose of this section, caregiver shall be mean—

(i) in the case of a minor patient, the biological parents;

(ii) in the case of a minor patient who is an orphan, the caretaker appointed by a competent authority;

(iii) in the case of an able adult patient, such person as may be authorised by the patient;

(iv) in case of an adult who is incapable of authorising anyone, the person responsible for admitting the patient in the hospital.

5 (3) The appropriate Government shall take necessary measures to ensure transparency in the medical treatment of the patient.

(4) Patient shall have the right to adequate and relevant information about the nature, cause of illness, provisional or confirmed diagnosis, proposed investigations and management, and possible complications to be explained at the level of his understanding in a language
10 known to him.

CHAPTER III

TRANSPARENCY-STRENGTHENING GOVERNMENT INFRASTRUCTURE

15 **6.** The appropriate Government, to ensure transparency shall create a public database and mandate the public hospitals to update all hospital related resources on weekly basis in such manner as may be prescribed.

Creation of a National Public Information Network of Hospitals.

7. (1) The appropriate Government shall enumerate the duties and responsibilities of the doctors and health care workers, which shall be accessible to the public, as may be prescribed.

Duties and Responsibilities of Doctors and Healthcare Personnel.

20 (2) The appropriate Government shall take necessary measures to ensure that the doctors and health care workers follow the prescribed duties.

(3) The appropriate Government shall conduct mandatory soft skills trainings including ethics training for all the doctors and healthcare personnel.

(4) The appropriate Government shall take strict action against any doctor or healthcare personnel not complying with duties and mandatory training.

25 **8. (1)** The appropriate Government shall introduce a grievance redressal mechanism for the patients and their caregivers.

Public Grievance Mechanism.

(2) The appropriate Government shall constitute a Committee at appropriate administrative levels, comprising of members from Civil Society and various inter-related Government Ministries/Departments to resolve the grievances, in such manner as may be
30 prescribed.

(3) The Committee shall ensure that a complaint is resolved within thirty days of its receipt.

(4) The appropriate Government shall take strict action against any kind of gross negligence by the doctor or healthcare personnel.

35 CHAPTER IV

ESTABLISHMENTS

9. (1) The Central Government shall, by notification in the Official Gazette, appoint a committee be known as Pricing Strategy Committee for carrying out the functions assigned under this Act and to promote more private participation.

Pricing Strategy Committee.

40 (2) The Committee shall consist of—

(i) a Chairperson;

(ii) one representative from each of the Union Ministries of Finance, Health and

Family Welfare, Minority Affairs, Social Justice and Empowerment, Tribal Affairs, as member;

(iii) one representative of the life Insurance Corporation of India established under the Life Insurance Corporation Act, 1956, as member;

(iv) one representative of the National Commission for Women, as member; 5

(v) one representative of the National Human Rights Commission, as member; and

(vi) one representative each from medical profession, banking service and one distinguished social worker, as member.

(3) The representatives under each category under clause (2) shall be constituted or choice in full manner or may be prescribed. 10

(4) The headquarter of the Committee shall be at New Delhi.

(5) The Central Government shall prescribe the manner of working and submission of reports by the Committee.

(6) The salary and allowances payable to and other terms and conditions of service of Chairperson and members of the Committee shall be such as may be prescribed. 15

Functions of the Committee.

10. (1) The Committee shall engage in consultation on a pricing strategy and shall propose a scientifically derived, inclusive pricing model for the private hospitals to be included in the Ayushman Bharat Scheme or similar existing or to be launched schemes and programs.

(2) The Committee may appoint Sub-Committees, state-wise to fast-track enrolment of private hospitals under the Ayushman Bharat Scheme or similar existing or to be launched schemes and programs. 20

(3) The Committee shall periodically review its pricing strategy and shall fix an upper limit on the price of the treatments in hospitals in case of exigencies.

CHAPTER V 25

DUTIES AND RESPONSIBILITIES OF STATE GOVERNMENTS

Raising awareness.

11. (1) The appropriate Government, shall conduct, sponsor, encourage, support or promote on a regular and continuous basis information campaigns and sensitization programmes to ensure that the rights recognized in this legislation are implemented, protected and promoted and also to promote quality services in Government hospitals. 30

Strengthening Government Health Infrastructure.

12. (1) The appropriate Government shall take necessary steps to improve the healthcare infrastructure and address the gaps identified through the public information network.

(2) The designated in-charge of the hospital shall be responsible to address the gap identified through the public information network.

(3) The appropriate Governments shall include primary healthcare and OPD services in state specific healthcare insurance schemes including but not limited to the schemes developed in alliance with the Ayushman Bharat Scheme. 35

CHAPTER VI

OFFENCES AND PENALTIES

Offences by establishments.

13. (1) Where any offence under this Act has been committed by an establishment, every person who, at the time the offence was committed, was the appointed head or was 40

directly in charge of, and was responsible to the establishment for the conduct of its business, as well as the establishment, shall be deemed to be guilty of the offence.

5 **14.** (1) Whoever fails to produce any book, account or other document or to furnish any statement, information or particulars, which, under this Act or any order, regulation or direction made or given thereunder, which he is duty bound to produce or furnish or to answer any question put in pursuance of the provisions of this Act or of any order, regulation or direction made or given thereunder, shall be punishable with fine which may extend to rupees twenty five thousand in respect of each offence, and in case of continued failure or refusal, with further fine which may extend to rupees one thousand for each day of continued failure or refusal after the date of original order imposing punishment of fine

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Penalty for Failure to Furnish Information.

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

Rule making clause.

 (2) Every rule made by the Central Government, 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 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

Article 21 of the Indian Constitution protects the life and personal liberty of all the citizens. It ensures that no person shall be deprived of his life or personal liberty except according to procedure established by law. However, the current healthcare in India reflects the economic and social gap in accessing quality healthcare and draws attention to further measures that are required to be taken by the central Government to assure health to all citizens. The Government expenditure on health is only 1.6 per cent of Gross Domestic Product (GDP) and the public health infrastructure is inadequate and unequally distributed. Out-of-pocket payments are the predominant mode for financing healthcare in the country. This is grossly unfair and exposes a large number of households to catastrophic health expenditure, which has often been a contributing factor for rural and urban indebtedness.

2. In a positive development in 2018, India's National Health Protection Mission was unravelled as a universal health care plan aimed at offering 500 million families living in poverty up to Rupees 5 lakh of coverage each year. It could be the largest government-funded scheme in the world and act as a pivotal step towards universal health coverage. However, it does not cover the primary health care and OPD services. Thus, due to lack of enforceability of Directive Principles, right to health remains unenforceable for citizens.

3. The right to health is also internationally recognised as a fundamental human right. In 1946, the World Health Organisation stated in its Constitution that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." This right is also included in the Universal Declaration of Human rights and in the International Covenant on Economic, Social and Cultural rights, of which India is a signatory.

4. The ongoing pandemic has also highlighted the gaps in the current healthcare model and the need for an accessible health care model.

5. It is important, as a nation, to prioritise health care for all, and take preventive measures instead of reactive measures. This can be done by a collaborative approach aligning the existing government schemes/ policies, the interest of the payers and providers, along with innovative partnerships. It will not only help us in mitigating the risks but will also act as a foundation for stronger social returns and set us on a path to realise accessible healthcare for all.

Hence, this Bill.

DR. FAUZIA KHAN

FINANCIAL MEMORANDUM

Chapter III and V proposes a grievance redressal mechanism and appropriate actions by the government. Clause 9 provides for establishing a pricing strategy committee, to ensure the inclusive pricing to onboard more private entities to the existing schemes. Clause II provides for awareness raising programme. Further, such Bills, if enacted, by Parliament or State Legislatures will involve expenditure recurring and non-recurring from the Consolidated Fund of India as well as Consolidated Fund of the concerned State. However, it is not possible to assess the actual financial expenditure likely to be incurred at this stage.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 15 of the Bill empowers the appropriate Government to frame rules for carrying out the purposes of this Bill. As the rules will relate to matters of details only, the delegation of legislative power is of a normal character.

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(Dr. Fauzia Khan, M.P.)