

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH & FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 2352
TO BE ANSWERED ON 21st MARCH, 2023**

IMPROVING HEALTH INFRASTRUCTURE IN PRIVATE HOSPITALS

2352 # SHRI RAM NATH THAKUR:

Will the minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government is considering on setting any guidelines to bring uniformity to huge variations in various charges by private hospitals for medical treatment so that the common man is not forced to pay more money for treatment;
- (b) whether it is a fact that various mediclaim companies are able to fix rates for treatment in private hospitals;
- (c) if so, whether Government will consider fixing the rates of private hospitals for the treatment of common man so that the hospitals can not charge more from them; and
- (d) if so, by when, and if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d) Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act, 2010) and notified Clinical Establishments (Central Government) Rules, 2012 for registration and regulation of clinical establishments (both government and private) in the country.

Under the Act, for registration and continuation, every clinical establishment is required to fulfil, among other conditions, the following conditions also:

- i. Display the rates charged for each type of service provided and facilities available in the local as well as in English language at a conspicuous place for the benefit of the patients.
- ii. Ensure compliance with Standard Treatment guidelines issued by Central/State Government. So far Standard Treatment Guidelines for 227 medical conditions in Allopathy, 18 conditions in Ayurveda and 100 conditions in Siddha, have been issued.
- iii. Charge the rates for each type of procedure and service within the range of rates determined and issued by the Central Government in consultation with the State

Government. For this, a standard list of medical procedures and standard template for costing have been finalized and shared with the States/UTs where the Act is applicable.

Under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the flagship programme of the Government, many steps have been taken for providing accessible, affordable and quality healthcare especially to the poor and vulnerable sections of the population, in both urban and rural areas. AB-PMJAY launched on 23.09.2018 is the world's largest insurance/assurance scheme. The scheme provides health coverage of Rs. 5 lakh per beneficiary family per annum for secondary and tertiary care hospitalization to over 60 crore beneficiaries identified on the basis of select deprivation and occupational criteria in rural and urban areas respectively as per Socio Economic and Caste Census database of 2011.

Further, National Health Authority (NHA) –the implementing agency of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has launched revised Health Benefit Packages (HBPs) on 06th April, 2022. HBP 2022 consists of 1,949 treatment procedures including secondary, tertiary and palliative care across 27 specialties. Rates of treatment procedures under HBP have been fixed as per evidence on cost, stakeholders' consultation and review of scheme utilization. Further, a study on Costing of Health Services in India (CHSI) also served to take informed decision in this regard. Implementing States/UTs have been provided the flexibility to add State specific packages over and above the national dataset. Also, they have been provided the flexibility to change the cost of the package as per local requirements. Under HBP 2022, a concept of differential pricing has been introduced to account for regional variations in the cost of service delivery. High end drugs, consumables and diagnostics have been unbundled from the per bed per day cost of medical packages. Overall, rates for 832 procedures have been increased under HBP 2022.

Public Health and Hospitals is a State Subject. The implementation and monitoring of the provisions of the CE Act is within the remit of the respective State Government/UT Administration. Therefore, it is the responsibility of the respective State / Union Territory (UT) Government to control and regulate exploitative and unethical pricing policies in private hospitals.
