

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1880
TO BE ANSWERED ON 05TH AUGUST, 2025**

**NEED FOR FIXED-RATE, AFFORDABLE AND TECHNOLOGY-DRIVEN PUBLIC
HEALTHCARE**

1880. SHRI SANJAY RAUT:

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

- (a) whether Government acknowledges that many patients in India fear treatment costs more than the illness itself;
- (b) if so, why public hospitals have not adopted fixed-rate and transparent pricing models;
- (c) whether Government plans to mandate public and private hospitals to give advance cost estimates for surgeries and major procedures;
- (d) the steps being taken to ensure affordable, technology-driven healthcare in rural and under-served urban areas of Maharashtra; and
- (e) whether AI, real-time analytics, and cloud-based platforms are being integrated in Government hospitals to reduce costs and improve efficiency?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (e): 'Health' being a State subject, the primary responsibility to adopt fixed rate, transparent pricing models, to mandate hospitals to give advance cost estimates for surgeries and major procedures along with ensuring of affordable and technology-driven healthcare lies with States/UTs.

Nevertheless, the Government of India has enacted The Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified Clinical Establishments (Central

Government) Rules, 2012 thereunder to provide for registration and regulation of Government (except those of Armed Forces) as well as private hospitals belonging to recognized systems of medicine. Under the CE Act, for registration and continuation, every hospital is, inter-alia, required to 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 benefit of the patients.

Health benefit packages under AB-PMJAY covers all associated costs which may include pre-hospitalization expenses for up to 3 days, diagnostics, pre-medication, consultations as well as post-hospitalization expenses for up to 15 days.

Further, the Government of India has launched eSanjeevani – India’s national telemedicine service to ensure affordable, technology-driven healthcare in rural and underserved urban areas, which is implemented in two variants viz., eSanjeevani AB-AAM (Ayushman Bharat-Ayushman Arogya Mandir) and eSanjeevani OPD. In Maharashtra, eSanjeevani has served over one crore consultations. Further, NIC has developed NextGen e-Hospital system aimed at streamlining hospital operations, enhancing patient care and efficient use of public health resources.
