

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

**LOK SABHA  
STARRED QUESTION NO. 103  
TO BE ANSWERED ON THE 9<sup>TH</sup> FEBRUARY, 2018  
PUBLIC HEALTHCARE INFRASTRUCTURE**

**\*103. SHRI PRATHAP SIMHA:  
KUMARI SHOBHA KARANDLAJE:**

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

(a) whether the neglect of investments in public healthcare infrastructure and the promotion of private hospitals to fill the gap have created a dependency on the private sector and if so, the details thereof and the reaction of the Government thereto;

(b) whether a large percentage of tertiary and primary healthcare services is catered to by the private sector and if so, the details thereof;

(c) whether the Government plans to set up a single National Authority to regulate healthcare charges and if so, the details thereof;

(d) whether the Concurrent List of the Constitution allows the Central Government to enact laws to regulate healthcare charges and if so, the details thereof; and

(e) the steps being initiated by the Government to regulate healthcare charges by imposing a ceiling on the prices and ensure access to affordable healthcare?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

(a) to (e) : A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 103\* FOR 9<sup>TH</sup> FEBRUARY, 2018**

(a) & (b) Public Health and hospitals being a State subject, the primary responsibility to invest in public healthcare infrastructure and provide affordable healthcare services lies with respective State/UT Governments. However, technical and financial support under the National Health Mission (NHM) is being provided to States/UTs for strengthening their healthcare system. According to the National Health Accounts Estimates for India, the Government Health Expenditure (GHE) has increased by 8 percent from Rs 1,29,778 Crores in FY 2013-14 to Rs 1,39,949 crores in FY 2014-15. The National Health Policy 2017 envisages raising public health expenditure progressively to 2.5% of the GDP by 2025. It also envisages that States contribute at least 8% of their Total Government Expenditure to Health. The share of utilization of healthcare services in public sector for non-hospitalized, hospitalized and childbirth cases, as reported by National Sample Survey Office (NSSO), is annexed.

(c) to (e) Since public health and hospitals is a State subject and not a subject on concurrent list, it is the responsibility of the respective State/Union Territory Government to regulate healthcare charges in their States/UTs.

The Government of India has, however, enacted under clause (1) of Article 252 of the Constitution, the Clinical Establishments (Registration and Regulation) Act, 2010, for registration and regulation of all Clinical Establishments (both Government and Private) in the country. Currently, the Act is applicable in 11 States and all Union Territories except Delhi. Other States may adopt the Act.

Under the Clinical Establishments (Central Government) Rules, 2012, notified under this Act, the clinical establishments (in the States / Union Territories where the said Act is applicable) are required to follow Standard

Treatment Guidelines as may be issued by Central/State Governments, display their rates at a conspicuous place and charge the rates for each type of procedures and services within the range of rates determined from time to time in consultation with the State Governments. The National Council for Clinical Establishments has approved a standard list of medical procedures and a standard template for costing of medical procedures and the same has been shared with the States/UTs where the Act is applicable for appropriate action. The enactment and implementation of the said Act is within the purview of the State/UT Governments.

The National Pharmaceutical Pricing Authority (NPPA) has fixed the ceiling rates for essential drugs, including stents and implants.

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## Annexure

### Percentage of ailments receiving treatment from government sources in two NSS rounds

	Rural		Urban	
	2004 60th Round	2014 71st Round	2004 60th Round	2014 71st Round
Non-hospitalized	22	28	19	21
Hospitalized	42	42	38	32
Child Birth	18	56	31	42