

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

**LOK SABHA
UNSTARRED QUESTION NO.3133
TO BE ANSWERED ON 6TH DECEMBER, 2019**

STANDARDIZATION OF RATES FOR COMMON SURGICAL PROCEDURES

3133. SHRI HANS RAJ HANS:

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

(a) whether the Government has initiated coding classification of diseases and fixing the standardize rates for common surgical procedures such as cataract, kidney transplant, angioplasty etc. in bid to ensure parity and fair pricing on national level across the private and Government hospitals;

(b) if so, the details thereof and if not, the reasons therefor; and

(c) the other measures being taken to limit artificial medical inflation where patients end up paying more?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) to (c): 'Public Health' being a State subject, it is within the domain of State/Union Territory Government to frame guidelines/protocols under the appropriate statutory provisions applicable in the respective State/UT.

The Government of India has, however, enacted the Clinical Establishments (Registration and Regulation) Act, 2010 and notified Clinical Establishments (Central Government) Rules, 2012 for registration and regulation of clinical establishments in the country. In the States /UTs where the said Act is in force, the clinical establishments are required to meet the norms such as minimum standards of facilities and services, minimum requirement of personnel, maintenance of records and reports and displaying of rates at a conspicuous place. The clinical establishments are also required to follow Standard Treatment Guidelines issued by the Central/State Governments and charge rates for each type of procedure and service within the range of rates determined from time to time. The National Council for Clinical Establishments has developed a standard list of medical procedures and a standard template for costing medical procedures and shared the same with the States and Union Territories. The implementation and enforcement of the said Act is within the purview of the State/UT Governments.

Currently, the Act has been adopted by 11 States namely, Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, U.P, Bihar, Jharkhand, Rajasthan, Uttarakhand, Assam and Haryana and all Union Territories except Delhi. The implementation and enforcement of the said Act falls within the ambit of the States/Union territories.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health cover up to Rs. 5 lakh per family per annum to around 10.74 crore families as per Socio Economic Caste Census. The scheme is being implemented through 1392 health benefit packages at defined rates. In addition, there is one unspecified surgical package as well. The scheme does not differentiate between a public and private hospital for reimbursement of empanelled hospitals.

AB-PMJAY is a cashless scheme and it does not require any payment by the beneficiary to the Healthcare Provider for availing the benefits. Further, anti-fraud units at National and State levels have been set up, which work pro-actively to curb any issues related to charging money from beneficiary.