



AHPI

Tamil Nadu Chapter



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From the President's Desk

SC push for Standard rates for Healthcare procedures – What we need to know.

On Tuesday, 27 February, the Supreme Court chided the Union government for its inability to specify a range of rates for accessing services at patients in private hospitals and clinical establishments.



There is a mandatory provision in Rule 9 of the Clinical Establishment (Central Government) Rules of 2012, which requires the government to determine the fees chargeable to patients at private healthcare facilities.

However, this regulation has not been enforced thus far.

In response to this lapse, a Supreme Court bench directed the Union health secretary to convene a meeting with state counterparts and formulate a concrete proposal before the next hearing.

The court issued a warning that failure to comply with these directions would prompt the consideration of implementing Central Government Health Scheme (CGHS) rates instead.

“Insofar as the suggestion of the learned counsel for the petitioner with regard to adoption of CGHS rates, as an interim measure, is concerned, in the event the Central government does not come out with a concrete proposal by the next date of hearing, we will consider issuing appropriate directions in this regard,” said the Supreme Court bench of Justices BR Gavai and Sandeep Mehta.

However, apprehensions have arisen regarding the practicality and repercussions of such uniformity.

AHPI-TN contends that imposing Standardized rates could have catastrophic effects on the healthcare system, potentially resulting in the closure of numerous hospitals — especially larger ones.

AHPI's response from Dr Girdhar Gyani

Dear AHPI Members

This has reference to Hon Supreme Court order vide Writ Petition (Civil) No. 648/2020 on 27th Feb 2024.

Rule 9 of CEA Rules of 2012 provides the following:

(I) Every establishment shall display the rates charged for each type of service provided and facilities available for the benefit of patients at a conspicuous place in the local and English language.

(ii) The establishment shall charge the rates for each type of procedure & service within the range of rates determined & issued by the central government from time to time in consultation with the state government.

While complying with clause (i) is not an issue as most hospitals in general and NABH accredited hospitals do maintain & publish rates. The main issue vide clause (ii) is about fixing rates. To the best of our knowledge, there has not been any study to work out costing of medical procedures, except one initiated by the Institute of Cost Accountants of India in the year 2014, but could not be completed as it is complex due to lots of variables like level of specialization (Primary/Secondary/Tertiary/Quaternity), location (Tier-I/II/III), etc. AHPI later in support from the Karnataka government did a basic costing study and can be shared as and when required.

Talking about CGHS rates, even these rates are not arrived at based on any scientific study. Further, these rates were fixed in the year 2014 and have not been revised since. Applying these rates will be detrimental to very sustainability of healthcare establishments.

In view of above, AHPI has filed 'Intervention Application' in the Hon Supreme Court by which we will be able to put our point of view through our Counsel, as and when hearing takes place.

In the meantime, there has also been view that Rule 9 (ii) of CEA Rules of 2012 contravene Article 19 (1) g. 'Article 19 (1) (g) of Constitution of India provides Right to practice any profession or to carry on any occupation, trade or business to all citizens subject to Art. 19(6) which enumerates the nature of restrictions that can be imposed by the state upon the above right of the citizens'

Although we have referred this aspect in our intervention but there is view that this needs to separately challenged by writ, challenging validity of CEA Rule 9(ii). We will take a call on it if this is required and if so, who should file, as this should settle the issue whether government can fix the prices for entities operating in open market.

Dr Girdhar Gyani, DG-AHPI

We are waiting for the case to be heard in the honourable Supreme Court, and will update to you all in this all important ruling by SC. -**Dr Sathish Devadoss**, President AHPI-TN



AHPICON

2024

Tamil Nadu Chapter

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Sustainability and growth in healthcare in 2024 are critical aspects that continue to shape the industry's trajectory. Achieving sustainability involves managing resources efficiently, reducing waste, and ensuring equitable access to healthcare services. This includes adopting environmentally friendly practices, optimizing operational efficiency, and promoting preventive care to reduce the burden on healthcare systems. Simultaneously, growth in healthcare entails expanding services, improving infrastructure, and investing in innovation to meet evolving patient needs and address emerging health challenges. This may involve developing new treatment modalities, leveraging technology for remote care delivery, and enhancing healthcare workforce capabilities. As we converge at this conference, let us seize the chance to engage with colleagues, exchange creative ideas, and form collaborations aimed at creating a sustainable and healthy future.

Dr Raju Sivasamy, Chairman AHPICON 2024, Tamil Nadu Chapter

Mr. Adel.J, Secretary AHPICON 2024, Tamil Nadu Chapter

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