

The package rates were decided as per the recommendations of a Committee headed by Director General Health Services, Government of India and peer reviewed by NITI Aayog. The recommendations of the committee were based on a series of consultations with various stakeholders; including medical professional; AIIMS, hospitals' associations, industry bodies etc. For specific packages, subgroups spread across different super specialties were formed. The subgroups had prominent experts from national institutions like AIIMS.

Since the launch of AB-PMJAY on 23.09.2018, feedback on certain aspects of benefit packages such as terminology, duplication and any anomalies like repetition of packages, different rates for same procedures in different specialities etc., have been received and National Health Authority is reviewing this feedback for possible rationalization, if required.

At present, there is no proposal to review the prices of packages being offered under the AB-PMJAY.

While deciding the package rates, one of the underlying principles was that full capacity of private hospitals was not being utilized and PMJAY is to provide additional volumes to them without additional investments in infrastructure and manpower etc.

Patients' Welfare Committees

3448. SHRI VINAY DINU TENDULKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the presence of distinguished citizens in the Patients' Welfare Committees has a positive impact on the functioning of the committees;
- (b) if so, whether Government would consider enhancing the social responsibility of Patients' Welfare Committees and empowering them further keeping in view their importance; and
- (c) whether Government would give clear directions regarding regular constitution of these committees and providing financial rights to them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Rogi Kalyan Samities (RKSs)/Hospital Management Committees were introduced in 2005, as a forum to

improve the functioning and service provision in public health facilities, increase participation and enhance accountability.

The broad objectives of the RKS is to serve as a consultative body to enable active citizen participation for the improvement of patient care and welfare in health facilities. The composition of governing body of RKS includes eminent citizens and civil society representatives along with other members. RKS have been empowered to perform social responsibility functions related to welfare of patients and are given corpus grant on annual basis to achieve their objectives. Detailed objectives of RKS are given in Statement (*See below*).

Further, the Rogi Kalyan Samiti Guidelines has been revised in 2015 for constitution of RKS in all public health facilities at the level of Primary Health Centre and above and to make the RKS more participatory and accountable.

Out of 33,261 public health facilities of Primary Health Centre level and above, there are 33212 RKS constituted across the country as on 31 st March, 2019 as per NHM-MIS.

The guidelines provide for holding regular meetings of RKS along with exercising their financial rights is available at URL: <https://nhm.gov.in/indexl.php?Jang=l&level=l&sublinkid=153&lid=229>.

Statement

Details of Broad objectives of the Rogi Kalyan Samitis

- (1) Serve as a consultative body to enable active citizen participation for the improvement of patient care and welfare in health facilities.
- (2) Ensure that essentially no user fees or charges are levied for treatment related to care in pregnancy, delivery, family planning, postpartum period, newborn and care during infancy, or related to childhood malnutrition, national disease control programmes such as Tuberculosis, Malaria, HIV/AIDS, etc. and other government funded programmes which are provided as assurance or service guarantees to those accessing public sector health facilities.
- (3) Decide on the user fee structure for outpatient and inpatient treatment, which should be displayed in a public place and be set at rates which are minimal and do not become financial barrier to accessing healthcare.

- (4) Ensure that those patients who are Below Poverty Line, vulnerable and marginalized groups and other groups as may be decided by the state government, do not incur any financial hardship for their treatment, and create mechanisms to cover part/full costs related to transport, diet, and stay of attendant.
- (5) Develop mechanisms to guard against denial of care to any patient who does not have the ability to pay, especially for services that are being provided at the government's expense.
- (6) Ensure provision of all non-clinical services and processes such as provisioning of safe drinking water, diet, litter free premises, clean toilets, clean linen, help desks, support for navigation, comfortable., patient waiting halts, security, clear signage systems, and prominent display of Citizens' Charter.
- (7) Ensure availability of essential drugs and diagnostics, and use of standard treatment protocols/standard operating procedures, patient safety, effective mechanisms for maintaining patient records, periodic review of medical care/deaths.
- (8) The RKS, as a part of the endeavour to enable assured health services to all who seek services in the government health facility will allow the hospital in charge to procure essential drugs/ diagnostics not available in the health facility out of the RKS funds. Such local purchases must be made only as a short term interim measure. The Executive Committee will review such purchases in each meeting and ensure that the rationale for the purchase is justified and that this is not undertaken repeatedly.
- (9) Promote a culture of user-friendly behaviour amongst service providers and hospital staff for improved patient welfare, responsiveness and satisfaction through *inter-alia* organizing training/orientation/ sensitisation workshops periodically.
- (10) Operationalize a Grievance Redressal Mechanism including a prominent display of the "Charter of Patient Rights " in the Health facility and address complaints promptly thus building confidence of people in the public health facilities.
- (11) Create mechanisms for enabling feedback from patients, atleast at the time of discharge and take timely and appropriate action on such feedback.
- (12) Undertake special measures to reach the unreached/disadvantaged groups *e.g.* Campaigns to increase awareness about services available in the facility.

- (13) Ensure overall facility maintenance to ensure that the facility conforms/aspires to conform to the Indian Public Health Standards (IFRS),
- (14) Supervise, maintain, and enable expansion of hospital building for efficient and rational use and management of hospital land and buildings.
- (15) Facilitate the operationalization of National and State Health programmes as appropriate for the level of the facility.
- (16) Proactively seek out participation from charitable and religious institutions, community organisations, corporates for cleanliness and upkeep of the facility.
- (17) Facilitate participation and contribution from the community in cash/kind (drugs/equipment/diet), labour including free professional services.

Overhauling of healthcare sector

3449. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India's healthcare needs a rapid overhaul in the coming years;
- (b) if so, whether Government is considering to increase the healthcare budget shortly; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The National Health Policy, 2017 provides direction for strengthening and prioritizing the role of the Government in shaping health systems in all its dimensions. The Policy envisages as its goal, the attainment of the highest possible level of health and well-being for all, at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. Towards this, the Policy has also laid down a few time bound quantitative goals and the strategies to be adopted that are aligned to on-going national efforts.

The Policy provides directions for the entire spectrum of healthcare, for achieving its goal through preventive and promotive health, organization of public healthcare