

PRESS RELEASE

LOK SABHA SECRETARIAT PARLIAMENT HOUSE NEW DELHI



THE TWENTY-FIRST REPORT (SEVENTEENTH LOK SABHA) OF THE COMMITTEE ON ESTIMATES (2022-23) ON 'ASSESSMENT OF VARIOUS INITIATIVES UNDER CGHS' OF THE MINISTRY OF HEALTH AND FAMILY WELFARE.

The Twenty-first Report of the Committee on Estimates (2022-23) on 'Assessment of various initiatives under CGHS' pertaining to the Ministry of Health and Family Welfare was presented to Lok Sabha today, the 09th February, 2023. Some of the important Observations/Recommendations contained in the Report are as under:-

Subject	Recommendations
Utilization of Budgetary allocation	The Committee have strongly recommended the Government to set aside a percentage of budget allocation or create a sub-Head under the Capital Head to meet expenditure relating to establishment of new wellness centres under CGHS planned by them, since no separate Budget is allocated for the purpose. The Committee felt that such a step will enable the Ministry to set a time-bound target for completion of opening new wellness centres. <p style="text-align: right;">(Para no 1)</p>
Need for augmenting Wellness centres	The Committee have urged the Ministry to revise norms/guidelines for establishing a CGHS Wellness Centre in a new city in such a way as to include Central Government employees, pensioners and their dependent family members for meeting the criteria of 6000 persons. The Committee have also opined that the Government should consider onboarding retired doctors of the State Governments on contract basis, till the process of recruitment of doctors is completed. <p style="text-align: right;">(Para no 2)</p>
Need to review Infrastructure	Considering that rental buildings have their own set of problems such as the premises, recurring expenditure including payment of rent, review of lease agreement, etc., the Committee have strongly recommended the Government to take necessary steps to construct its own buildings at all the cities/locations where CGHS centres are presently functioning from rented premises. The Committee have further recommended the Government to vigorously pursue with the concerned State Governments for allotment of land for the purpose. <p style="text-align: right;">(Para no 4)</p>

Staffing- Need to fill up vacancies	<p>Observing that beneficiaries are facing inconvenience at CGHS centres due to poor doctor-beneficiary ratio, the Committee have urged upon the Government to prepare a road map for the future, considering that the number of beneficiaries are increasing every year, whereas the number of sanctioned strength of doctors remaining static.</p> <p style="text-align: right;">(Para no 7)</p>
Process of Referral under CGHS	<p>The Committee have urged the Ministry to review the archaic referral system and recommended the Ministry to come up with appropriate solutions to ensure that patients, once being referred by dispensary, need not visit multiple times there for obtaining referral on subsequent tests/investigations/indoor treatment as prescribed by private empanelled hospitals.</p> <p style="text-align: right;">(Para no 9)</p>
Need for relaxation in the process of direct consultation	<p>The Committee have urged the Ministry to review its guidelines and consider appropriate amendments so as to bring all the CGHS beneficiaries aged 60 years and above in the ambit of direct private consultation. This would be in consonance with existing set up and would not lead to additional expenditure because as such pensioners/beneficiaries aged 60 years and above receive cashless treatment from private empanelled hospitals</p> <p style="text-align: right;">(Para no 11)</p>
Working Hours of centres	<p>The Committee have recommended to the Ministry to consider making the wellness centres functional during evening hours, at those locations where the rush of beneficiaries is too high, on a pilot basis. The Committee have also urged the Ministry to consider appointing retired doctors or work out a mechanism to depute senior resident doctors of Government hospitals, to attend to beneficiaries during additional working hours and also to manage efficiently the workload of incumbent doctors of such centres.</p> <p style="text-align: right;">(Para no 13)</p>
Payment/settlement of bills of empanelled hospitals.	<p>The Committee have recommended the Government to work out a mechanism for fixing a timeline for fast settlement and payment of bills to hospitals, for example, the hospitals may be directed to submit all bills relating to credit facilities provided to beneficiaries during a particular month by the 10th day of the following month and CGHS must initiate action for settlement and payment of all such bills by the 30th day of that month. The Committee also urged them to consider payment of 80% of the total outstanding dues to a hospital till final settlement/payment of the bills, if there is any discrepancy or lacunae in the bills submitted by those hospitals.</p> <p style="text-align: right;">(Para no 15)</p>
Rates of treatment/diagnosis.	<p>Observing that the rates for treatment or diagnosis under CGHS are very low as compared to prevailing rates of hospitals in general, the Committee have recommended the Government, to put in place a mechanism to review the rates of treatment/diagnosis under CGHS every year and make those reasonable enough to attract the interest of a wider number of hospitals for empanelment.</p> <p style="text-align: right;">(Para no 17)</p>