Sanchar Nigam Pensioners' Welfare Association

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SNPWA/CHQ/NHRC/GLP-1/01/2026 Date: 31 July 2026

To
Hon'ble Justice V. Ramasubramanian
Hon'ble Chairperson
National Human Rights Commission
Manav Adhikar Bhawan
New Delhi

Subject: **Complaint regarding violation of Article 21 of the Constitution by the Ministry of Health & Family Welfare Guidelines No. 1-360/18-19/CGHS/MSD/2740767/D-Part(1611)/EHS(835138) dated 24.07.2026 imposing highly restrictive conditions for access to GLP-1 Receptor Agonists for patients with uncontrolled Type-2 Diabetes Mellitus**

Respected Sir,

We submit this complaint on behalf of the Sanchar Nigam Pensioners' Welfare Association (SNPWA), representing thousands of retired CGHS beneficiaries across the country.

We seek the urgent intervention of the Hon'ble National Human Rights Commission against the above Guidelines issued by the Ministry of Health & Family Welfare on 24.07.2026, which impose highly restrictive and medically unjustifiable conditions for prescribing GLP-1 Receptor Agonists (GLP-1 RAs) to

The essence of these Guidelines is that a patient whose diabetes cannot be adequately controlled despite oral anti-diabetic drugs and insulin becomes eligible for GLP-1 RAs only if he or she:

Has a **Body Mass Index (BMI) of 35 kg/m² or above,** and is already suffering from one or more of the following serious diseases

- *Cardiovascular Disease*
- *Chronic Kidney Disease*
- *Chronic Liver Disease*
- *Severe Obstructive Sleep Apnea*

Ironically, the primary purpose of GLP-1 Receptor Agonists is to achieve effective glycaemic control and **prevent** precisely these cardiovascular, renal and hepatic complications. Instead of preventing disease progression, the Guidelines compel patients to develop life-threatening complications before becoming eligible for treatment.

The practical consequence is the denial of preventive therapy until irreversible organ damage has already occurred. While the apparent objective may be to reduce public expenditure, no fiscal consideration can justify withholding scientifically recognised treatment where such denial foreseeably exposes patients to avoidable disability, organ failure and loss of life. Such a policy raises serious constitutional concerns under **Article 21**, which ***guarantees the Right to Life and the Right to Health***.

It is estimated that India has over **100 million persons living with Type-2 Diabetes** , of whom nearly **half** suffer from chronic diabetes requiring long-term treatment escalation. Medical literature classifies ***obesity*** generally at **BMI levels of 25 kg/m² or 30 kg/m²,** whereas ***BMI 35 kg/m² represents deep morbid obesity*** Consequently, _the overwhelming majority of Indian patients with chronic Type-2 Diabetes, particularly senior citizens, do not satisfy this arbitrary threshold, **thereby excluding more than 90% of them from access to a scientifically recognized therapy**

Ironically, the principal purpose and objective of GLP-1 RAs is to achieve effective glycaemic control and prevent the very Cardiovascular, Chronic Renal and hepatic complications, besides OSA, and Guidelines now stipulate that Chronic Diabetics must Mandatorily have a BMI that 90% Chronic Diabetics don't have and must first develop Life Threatening Disease to become eligible for Administration of GLP I RAs. That is what MOH& FW is upto, to cut down on expenditure, no matter what happens to Human Life

The inevitable consequence is that patients are effectively denied preventive therapy until irreversible organ damage occurs. This approach appears designed primarily to reduce expenditure at the cost of patients' health and lives, thereby raising serious concerns under **Article 21 of the Constitution** , which guarantees the Right to Life and the Right to Health.

1. Denial of Preventive Treatment

Modern diabetes management is founded on prevention rather than waiting for complications to develop. GLP-1 Receptor Agonists are internationally recognised for improving glycaemic control, reducing body weight, lowering cardiovascular risk and delaying the progression of diabetic complications in appropriately selected patients.

The impugned Guidelines defeat this very objective by making treatment available only after serious complications have already developed.

2. Contrary to Evidence-Based Medical Practice

The *ICMR Guidelines for Management of Type-2 Diabetes Mellitus (2018)* recognize GLP-1 Receptor Agonists as an accepted therapeutic option when initial treatment fails.

Significantly, the ICMR Guidelines do not prescribe a BMI of 35 kg/m², nor do they require the presence of cardiovascular disease, chronic kidney disease, chronic liver disease or severe obstructive sleep apnoea as mandatory preconditions for prescribing GLP-1 RAs.

The restrictive CGHS criteria are therefore inconsistent with accepted evidence-based clinical practice.

3. Arbitrary BMI Threshold

The requirement of a *BMI of 35 kg/m²* _effectively excludes the overwhelming majority of Indian patients with chronic Type-2 Diabetes, particularly elderly pensioners, many of whom have lower BMI because of longstanding diabetes itself._

This artificial threshold bears little relation to individual clinical need and deprives deserving patients of timely treatment.

4. Violation of Article 21

The Hon'ble Supreme Court has repeatedly held that the _Right to Health is an inseparable component of the Right to Life guaranteed under Article 21._

In **Consumer Education & Research Centre v. Union of India (1995) 3 SCC 42,** the Court recognised health and medical care as fundamental rights.

In **Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996) 4 SCC** 37, the Court held that failure of the State to provide timely medical treatment amounts to violation of Article 21.

In **State of Punjab v. Mohinder Singh Chawla (1997) 2 SCC 83**, the Court reaffirmed that preservation of health is a constitutional obligation of the State.

Earlier, in **Parmanand Katara v. Union of India (1989) 4 SCC 286,** the Supreme Court declared that preservation of human life is of paramount importance and must receive the highest priority.

The impugned Guidelines are contrary to these constitutional principles because they postpone effective treatment until preventable complications have already occurred.

5. Disproportionate Impact on Senior Citizens

The overwhelming majority of CGHS beneficiaries are senior citizens. Delaying clinically indicated treatment substantially increases their risk of:

- *Heart attack*
- *Stroke*
- *Chronic kidney disease requiring dialysis*
- *Liver complications*
- *Permanent disability*
- *Premature death*

Many elderly patients may never survive long enough to satisfy the restrictive eligibility criteria.

6. Economic Irrationality

The policy is also economically counterproductive. The cost of timely GLP-1 therapy is far lower than the enormous expenditure on cardiac procedures, dialysis, ICU admissions, stroke management, major surgeries and long-term rehabilitation.

Preventing complications is medically sound, financially prudent and socially beneficial.

7. Human Rights Implications

The impugned Guidelines deny equal access to scientifically recognised treatment solely because patients have not yet developed life-threatening complications.

Such an approach undermines the constitutional values of dignity, equality and humane healthcare that are intrinsic to Article 21.

Healthcare policy should enable early intervention based on medical necessity and specialist clinical judgment—not compel patients to wait until irreversible damage occurs.

Prayer:

In view of the foregoing, we respectfully request the Hon'ble National Human Rights Commission to:

1. Take cognizance of the grave human rights implications arising from the Guidelines dated **24.07.2026**

2. Call for an explanation from the Ministry of Health & Family Welfare and the Director General, CGHS regarding the scientific basis for restricting GLP-1 Receptor Agonists only after serious complications have developed
3. Recommend immediate review and modification of the impugned Guidelines to ensure that patients with uncontrolled Type-2 Diabetes receive timely treatment in accordance with evidence-based medical practice.
4. Recommend that prescribing decisions be left to qualified specialists based on clinical assessment rather than inflexible administrative restrictions.
5. Recommend constitution of an independent Expert Committee comprising endocrinologists, diabetologists, cardiologists, nephrologists, hepatologists and public health experts to review the impugned Guidelines in the light of current scientific evidence and constitutional obligations.
6. Ensure that senior citizens and pensioners are not deprived of life-saving preventive The issue affects lakhs of elderly CGHS beneficiaries across India and warrants urgent intervention in the interest of public health, justice and the protection of fundamental human rights.

The issue affects lakhs of elderly CGHS beneficiaries across India and warrants urgent intervention in the interest of public health, constitutional governance and protection of fundamental human rights.

We sincerely hope that the Hon'ble Commission will intervene to safeguard the constitutional rights and health of vulnerable senior citizens

Yours Sincerely

(G. L. Jogi)

Copy to:

1. MS Salila Srivastava, Secy/ MOH& FW for n/ a pl
2. Dr Sunil Barnwal, AS& DG/ CGHS for n/ a pl
3. Sh Manshvi Singh, Jt/ Secy, for n/a pl
4. Dr Sateesh. Y. H., Director/ CGHS for n/ a pl.

Enclosures

1. Ministry of Health & Family Welfare Guidelines dated 24.07.2026.
2. Relevant extracts from the ICMR Guidelines for Management of Type-2 Diabetes Mellitus (2018).