



# Sanchar Nigam Pensioners' Welfare Association

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SNPWA/ CHQ/ Secy MOH& FW/3/25.

Dated 24th Sept. 25

To

MS Salila Srivastava

Secy/ MOH& FW,

New Delhi.

Subject: **Urgent and Radical Reforms to replace outdated, primitive and bureaucratic ridden STC functioning to make it in tune with fast paced medical, diagnostic and techonological advances for timely approval of emerging diagnostic tests(unlisted in CGHS) in life-threatening conditions**

Respected Madam

We, the Sanchar Nigam Pensioners' Welfare Association (SNPWA), seek your urgent intervention on an issue of life-and-death importance for CGHS beneficiaries, **particularly those battling cancer and other critical illnesses.**

The present system of approving unlisted diagnostic tests through the Standing Technical Committee (STC), apart from suffering from serious procedural delays and infirmities, also lacks adequate expertise in assessing, evaluating, and negotiating the latest state-of-the-art technologies, diagnostic tests, and medicines. More often than not, such tests are rejected—not on merit, but due to the committee's limited familiarity with the latest advancements in medical science. This unfortunate situation virtually leaves cancer-stricken beneficiaries to the mercy of fate.

## **1. Frequent STC meetings and timely sanction — the foremost priority**

i. The STC presently meets only once a month or sometimes even less frequently. In life-threatening situations, such as oncology, a delay of a single day—not to speak of weeks—can prove fatal.

ii. We therefore most earnestly request that:

The **STC be mandated to meet if not physically at least online at least once every week**, and on emergency basis as required.

In cases where the STC cannot convene, there should be a *fallback mechanism* for immediate provisional sanction of essential diagnostic tests/ medicines recommended by the treating specialist.

Where delay in sanction compels the patient to undergo the test at their own expense, there must be a *system of automatic reimbursement once the medical necessity is established*.

This single reform—ensuring timely sanction—will immediately save countless lives.

## **2. Inclusion of modern life-saving diagnostic tests**

i. Many tests currently on the **CGHS approved list are outdated**, while crucial modern diagnostics are missing. In oncology, where time is of the essence, this omission is extremely serious.

ii. For instance, **BRCA1 and BRCA2 mutation analysis**—a globally accepted standard for breast and ovarian cancer management—is still not listed, despite repeated representations. Studies in India have shown a high prevalence of BRCA mutations among patients, underscoring the urgency of accessibility.

3. We therefore **request immediate provisional inclusion of all essential, modern, life-saving tests**, especially in oncology, molecular pathology, and genetic diagnostics, subject to later review by the STC.

## **4. Inclusion of domain experts in decision making**

i. It is unfortunate that **STC consultations are often dominated by experts from Defence establishments, Govt. Hospitals etc** who may not always be updated on the latest molecular and oncological diagnostics advances.

ii. We strongly **recommend that domain experts from leading cancer institutions such as Tata Memorial Centre, AIIMS (Oncology)**, and other national cancer institutes be made part of STC deliberations whenever oncology-related tests are considered.

## **5. Transparency and accountability**

i. CGHS may kindly publish clear timelines and procedures for sanction of unlisted diagnostic tests, so that beneficiaries and doctors know when to expect decisions.

ii. A provision for periodic audit and review of newly approved diagnostics, based on clinical utility and outcomes, may also be instituted.

## **6. Our appeal**

In summary, we request your urgent personal intervention to ensure:

\* **Weekly (or emergency) STC meetings** with online facility for speedy approvals,

\* **Fallback mechanism for provisional sanction** / reimbursement when delays occur,

- \* **Inclusion of modern life-saving diagnostics like BRCA1/2** without delay,
- \* **Participation of oncology experts from premier institutes in STC decisions , and**
- \* **Transparent timelines for the entire approval process.**

When human lives are at stake, *procedural rigidity must yield to compassionate urgency*. We trust CGHS, under your leadership, will act swiftly to modernize its sanctioning mechanism in the larger interest of the beneficiaries.

We shall be grateful for an early response, and our Association is willing to provide any further input or expert support.

**Finally, we firmly believe that beneficiaries should not be compelled to take to the streets to secure what is their rightful due—swift and unhindered access to the latest diagnostic tests and medicines (even if not yet listed), particularly in the case of cancer-afflicted patients. In an era where both the Government of India and the WHO are placing the highest, most formidable, and unwavering emphasis on cancer prevention and treatment, it is only natural that CGHS policy makers treat this as a matter of topmost priority. Unfortunately, this critical area continues to remain completely neglected.**

Prevailing Policy hiccups in CGHS that hold Cancer Patients as hostages and render timely treatment redundant should be immediately done away with to save thousands and thousands of lives from getting afflicted with Cancer with preventive screening and administration of latest and advanced standardized Oncology protocol treatment.

With respectful regards,

Yours Sincerely



G. L. Jogi,

Copy to

1. MS Roli Singh, AS& DGCGHS. The issue of Radical and Imminent policy Reforms should engage policy Makers in CGHS on highest priority.
2. Sh Manshvi Kumar Singh, JS( Policy). Sweeping Policy Reforms, under your domain and leadership, particularly relating to Life threatening diseases like Cancer etc, should not be found wanting and getting delayed. Policy delay will undoubtedly, unquestionably and profoundly not only contribute towards castigating functioning of CGHS and severely denting its prestige but more critically and significantly will and is leading to loss of lives of thousands and thousands of Beneficiaries.
3. Dr Sateesh. Y. H. Director/ CGHS for kind nformation and n/ a please.
- 4 All ADs.