

**MINISTRY OF HEALTH AND FAMILY WELFARE**

**ASSESSMENT OF VARIOUS INITIATIVES UNDER CGHS**

**COMMITTEE ON ESTIMATES  
(2022-23)**

**TWENTY FIRST REPORT**

---

**(SEVENTEENTH LOK SABHA)**



**LOK SABHA SECRETARIAT  
NEW DELHI**

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(Presented to Lok Sabha on 09.02.2023)



**LOK SABHA SECRETARIAT**  
**NEW DELHI**

.....February, 2023/.....Magha, 1944 (Saka)

<b>CONTENTS</b>		<b>Page No.</b>
<b>Composition of the Committee on Estimates (2022-23)</b>		<b>(iii)</b>
<b>Introduction</b>		<b>(v)</b>
<b>PART-I</b>		
<b>CHAPTER-I</b>	<b>Introductory</b>	<b>1</b>
<b>CHAPTER-II</b>	<b>Initiatives And Achievements</b>	<b>4</b>
<b>CHAPTER-III</b>	<b>Budget of CGHS</b>	<b>9</b>
<b>CHAPTER-IV</b>	<b>Opening of new CGHS wellness centers</b>	<b>11</b>
<b>CHAPTER-V</b>	<b>Functioning of Allopathic Wellness Centres and AYUSH Wellness Centres</b>	<b>12</b>
<b>CHAPTER-VI</b>	<b>Health care organisations (Hospitals &amp; Diagnostic Centres) empanelled under CGHS</b>	<b>14</b>
<b>CHAPTER-VII</b>	<b>Infrastructure</b>	<b>20</b>
<b>CHAPTER-VIII</b>	<b>Staffing under CGHS</b>	<b>21</b>
<b>PART-II</b>		
	<b>Observations/Recommendations</b>	<b>26</b>
<b>PART-III</b>		
	<b>ANNEXURE</b>	<b>39</b>
<b>APPENDICES</b>		
<b>(i)</b>	<b>Minutes of the sitting of the Committee held on 21.06.2022</b>	<b>43</b>
<b>(ii)</b>	<b>Minutes of the sitting of the Committee held on 24.08.2022</b>	<b>45</b>
<b>(iii)</b>	<b>Minutes of the sitting of the Committee held on 02.02.2023</b>	<b>47</b>

## **COMPOSITION OF THE COMMITTEE ON ESTIMATES (2022-2023)**

**Shri Girish Bhalchandra Bapat – Chairperson**

### **Members**

2. Kunwar Danish Ali
3. Shri Kalyan Banerjee
4. Shri Sudarshan Bhagat
5. Shri Harish Dwivedi
6. Shri Srinivas Kesineni
7. Shri P.P. Chaudhary
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18. Col. Rajyavardhan Singh Rathore
19. Shri Vinayak Bhaurao Raut
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21. Shri Magunta Srinivasulu Reddy
22. Shri Rajiv Pratap Rudy
23. Shri Francisco Cosme Sardinha
24. Shri Jugal Kishore Sharma
25. Shri Prathap Simha
26. Shri Pinaki Misra
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30. Shri Parvesh Sahib Singh Verma

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| 1. | Smt. Anita Bhatt Panda | Additional Secretary |
| 2. | Shri Muraleedharan. P  | Director             |
| 3. | Shri Kuldeep Pegu      | Under Secretary      |

## INTRODUCTION

I, the Chairperson of the Committee on Estimates, having been authorized by the Committee to submit the Report on their behalf, do present this twenty-first Report on the subject 'Assessment of various initiatives under CGHS'.

2. The CGHS, a contributory health Scheme mainly for serving/retired central Government employees and their family members, started in the year 1954 in Delhi. Over a period time, the scheme has expanded in the scope of services, as well as coverage across the country and as on June, 2022 CGHS has been extended to 75 cities. Under the scheme, a mammoth number of 40.29 lakh beneficiaries are being provided Healthcare facilities through 334 allopathic wellness centres and 97 Ayush centres/units. Further, new wellness centres are proposed to be set-up in 16 cities to cater to the needs of beneficiaries residing in those cities. In addition, CGHS 'panchayats' are being held by the Ministry in various CGHS covered cities, to assess the functioning of the scheme.

3. The Committee on Estimates (2022-23) selected the subject 'Assessment of various initiatives under CGHS' for in-depth examination and report to the House.

4. In this Report, the Committee have dealt with various issues like budget of CGHS pending dues to empanelled hospitals, infrastructure of CGHS centres, vacancies and recruitments, process of Referral under CGHS, ambit of cashless treatment, working hours of centres and e-Sanjeevani, rates for treatment/diagnosis and performance Audit of CGHS payment system by C&AG. The Committee have analyzed these issues/points in detail and have made Observations/Recommendations in the report.

5. The Committee held two sittings on 21-06-2022 and 24-08-2022 to take oral evidence of the representatives of the Ministry of Health and Family welfare. The Committee considered and adopted the draft Report on the subject at their sitting held on 2 February, 2023.

6. The Committee wish to place on record their sincere thanks to the representatives of the Ministry of Health and Family Welfare, who appeared before them and placed their considered views on the subject and furnished the information required in connection with the examination of the subject.

7. For facility of reference and convenience, the Observations/Recommendations of the Committee have been printed in bold in Part-II of the Report.

**NEW DELHI;  
02 February, 2023  
13 Magha,1944(saka)**

**GIRISH BHALCHANDRA BAPAT  
CHAIRPERSON  
COMMITTEE ON ESTIMATES**

**Report  
Narration  
Part I**

**Introductory**

The Central Government Health Scheme (CGHS) is a contributory health scheme mainly for serving / retired Central Government employees and their families. The scheme was started in 1954 in Delhi. Since then, the scheme has continued to expand in the scope of services as well as coverage across the country over a period of time.

**1.2** CGHS has witnessed a major leap in the last 7 years. In June, 2022, the Ministry informed the Committee that the scheme has been extended from 25 cities in 2014 to 75 cities in 2022. Healthcare facilities are now being provided through 334 Allopathic Wellness Centres and 97 AYUSH Centres /Units. It serves 13.97 Lakh Primary Cardholders and 40.29 Lakh beneficiaries, expanding from 10 Lakh primary Card holders and 34 Lakh beneficiaries in 2014.

**1.3** The Ministry informed the Committee about the salient features of CGHS as under:

Salient Features of CGHS/ Facilities available to beneficiaries

(a) CGHS provides comprehensive OPD facilities and medicines through its large network of Wellness Centres, polyclinics and labs – Details thereof are at **Annexure –A**

(b) CGHS has empanelled 1622 Private Hospitals and 240 Diagnostic Centres in different cities for providing indoor treatment facilities and carrying out investigations.

(c) CGHS Wellness Centres refer the beneficiaries to Government hospitals /specialists of empanelled Hospitals for expert consultation and on the basis of their recommendation, the patients are referred to private empanelled hospitals as per their choice for indoor medical treatment.

(d) CGHS beneficiaries are permitted for seeking OPD consultation from specialists at Private hospitals empanelled under CGHS after being referred by any Medical Officer/CMO of CGHS Wellness Centre.

(e) Direct Consultation from Specialists at empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 years and above.

(f) Medicines are issued against the prescription of CGHS doctors and other Government doctors and as per the prescribed procedure and are supplied from the dispensary store. The medicines not available in the dispensary are procured through Authorized Local Chemist and provided to patients.

(g) CGHS provides specialist consultation through CGHS Specialists at Polyclinics, Central Government Hospitals and also from Specialists of empanelled hospitals after referral from CGHS. In addition, GDMOs with Specialist qualifications also provide specialist consultation.

**1.4** As regards the procedure for taking treatment by CGHS beneficiaries, the Ministry furnished the following information to the Committee:-

Procedure for taking treatment at CGHS empanelled private hospitals and diagnostic centres:

The beneficiary has the option to decide about the institution where he / she wants to take treatment or undergo diagnostic test after a Government Doctor has prescribed the same without requirement of any other referral (permission) letter.

For listed investigations, there is no requirement of any other permission after a specific investigation has been advised by a Government Specialist or a Medical officer of CGHS Wellness centre. The investigation may be undertaken from any of the empanelled diagnostic labs.

In case a beneficiary has been referred to a private empanelled, for unlisted investigations/treatments procedure CMO I/c shall submit the prescription to competent authority for consideration in case of pensioner beneficiaries. Serving CGHS beneficiaries shall seek permission from their Department for the same.

Treatment on Cashless Basis

As per the terms and conditions of empanelment in vogue, the empanelled Health Care Organisations (HCOs) are to provide treatment on cashless basis to the following categories of beneficiaries:-

- Members of Parliament;
- Pensioners of Central Government drawing pension from central Civil estimates;
- Ex-Members of Parliament;
- Freedom Fighters;



- Serving employees of the Ministry of Health & Family Welfare (including attached / subordinate offices under the Ministry of Health & family Welfare);and
- Such other categories of CGHS cardholders as notified by the Government.

CGHS empanelled hospitals are also required to extend credit facility to all CGHS beneficiaries in case of emergency treatment.

Serving employees of other Ministries / Departments are required to make payment at the time of treatment and obtain medical reimbursement from their respective Ministries / Departments.

1.5 When the Committee sought to know the reasons for not extending cashless treatment facilities to serving employees of all Ministries/Departments, the Ministry, in a written reply, submitted as under :

“Since the payment/ reimbursement system under CGHS in case of serving employees is decentralized i.e. the concerned Ministry/ Department where such employee is working makes payment through its Budget Head, it is not possible to extend cashless treatment to other Ministries/ Department.”

**1.6** With a view to assess various initiatives taken by the Ministry for overall improvement of the CGHS system and also to examine as to whether measures/initiatives so taken have actually benefited CGHS beneficiaries, the Committee selected this subject for in-depth examination. In the process, they dealt with various issues related to the subject like budget of CGHS, pending dues to empanelled Hospitals, grievances of beneficiaries relating to claims, vacancies and recruitments, infrastructure in CGHS centres, need for regular interaction of CGHS officials with local MPs, performance Audit of CGHS payment system by C&AG, etc.

The Committee analysed these issues in detail and made various observations/recommendations in this Report, as contained in the next chapters.

## CHAPTER-II

### INITIATIVES AND ACHIEVEMENTS

2.1 When asked by the Committee about initiatives and achievements under CGHS during the period 2014-22, the Ministry submitted the following information:-

#### ACHIEVEMENTS UNDER CGHS DURING 2014-2022

##### Opening of New Wellness Centres and First Aid Posts

State /UT	Cities
Andhra Pradesh	Guntur, Nellore, Rajahmundry, Vijayawada, Visakhapatnam
Assam	Dibrugarh, Silchar
Bihar	Chhapra, Darbhanga, Gaya, Muzaffarpur
Chhattisgarh	Raipur
Delhi & NCR	Indrapuram and Jharodakalan ,Mayur Vihar Phase-2 , Patparganj, Dwarka Sector 23, Sonipat and Faridabad 2
Goa	Goa
Gujarat	Gandhi Nagar , Vadodara
Haryana	Ambala
Himachal Pradesh	Shimla
Jammu & Kashmir	Srinagar
Jharkhand	Dhanbad
Kerala	Kochi, Kannur, Kozhikode
Madhya Pradesh	Indore, Gwalior
Maharashtra	Nashik
Manipur	Imphal
Nagaland	Kohima
Odisha	Berhampur, Cuttack
Punjab	Amritsar, Jalandhar
Puducherry	Puducherry
Rajasthan	Ajmer, Jodhpur, Kota
Tamil Nadu	Tiruchirapalli , Tirunalveli
Tripura	Agartala
Uttar Pradesh	Agra, Aligarh, Baghpat, Bareilly, Gorakhpur, Moradabad, Varanasi
West Bengal	Jalpaiguri, Siliguri

New First Aid Posts in Delhi at Shastri Bhawan and at Narmada Block, BD

Marg, New Delhi.

Infrastructure Related achievements :

New Buildings for CGHS WC and offices: Sheikh Sarai, Dwarka Sector 9, Dwarka Sector -23, Mayur Vihar phase-2, Patparganj, CGHS Bhawan at Sector-13 RK Puram for CGHS(HQ), Delhi and Wellness Centres VIKASPURI and Vasant Kunj

<b>CGHS Wellness Centres/Units</b>	<b>As on March 2014</b>	<b>As on March 2022</b>	<b>Proposed expansion</b>
No. of Allopathy Wellness Centres	254	334	10 more to be opened shortly (including in 6 new cities)
No of AYUSH Wellness Centres/ Units	85	97	41 more to be opened shortly

Governance & IT related initiatives :

The Ministry has taken following recent initiatives for improvement of CGHS after 2014:-

- i. Simplification of referral system under CGHS
- ii. Print your own CGHS Card
- iii. Online transfer of same CGHS card on transfer to another City in respect of serving employees also
- iv. Provision for OPD consultation from Specialists of CGHS empanelled hospital after referral from CGHS Wellness Centre / CGHS Specialist
- v. Direct Consultation from Specialists at empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 years and above
- vi. Preventive health check-up for CGHS pensioner beneficiaries aged 75 years and above (Primary card holders)
- vii. Post-operative treatment in respect of critically ill beneficiaries is simplified with one time permission without the need for revalidation from time to time.

The consultation /investigations are permitted under these follow-up cases. The medical conditions covered are :

- a. Post Cardiac Surgery Cases including Coronary Angioplasty.
- b. Post Organ Transplant Cases (Liver, Kidney, Heart, etc.).
- c. Post Neuro-Surgery Cases/Post Brain Stroke cases requiring regular follow-up treatment.
- d. End Stage Renal Disease/follow up cases of Liver Failure.
- e. Cancer treatment.
- f. Auto-immune disorders like Rheumatoid Arthritis requiring regular follow-up.
- g. Neurological disorders like Dementia, Alzheimer's disease, Parkinson's disease, etc.
- viii. CGHS facilities have been extended to retired employees of Autonomous Bodies/Statutory Bodies, whose serving employees are already covered under CGHS in all CGHS covered Cities.
- ix. Guidelines for consideration of reimbursement in excess of the approved rates pertaining to medical claims have been revised.
- x. A High Powered Committee for grievance redressal of CGHS beneficiaries pertaining to medical claims has been constituted in compliance of Hon'ble Supreme Court of India in the case of Shiv Kant Jha Vs Uol.
- xi. Helpline for information and for lodging Complaints.
- xii. Aadhaar based Attendance system at CGHS Wellness Centres for punctuality.
- xiii. Online appointment for consultation with Medical Officers at CGHS, Wellness Centres. Online transfer of CGHS card on account of transfer from one CGHS covered city to another CGHS covered City in respect of serving employees also.
- xiv. Online payment of CGHS subscription through Bharatkosh Portal in respect of Pensioners.
- xv. Online submission and settlement of Grievances through CGHS website.
- xvi. Paperless settlement of Hospital Bills by CGHS through NHA-IT Platform initiated from 01.06.2021.

xvii. Approval of Department of Expenditure, Ministry of Finance to open 16 new Wellness Centres which includes cities like Panchkula, Mysuru, Nashik, Aurangabad, Chandrapur, Coimbatore.

xviii. CGHS – ‘Panchayat’ shall be held in every CGHS City for assessment of functioning of CGHS in India, under which Senior Officers of Ministry of Health & Family Welfare /CGHS will interact with various stakeholder groups like CGHS beneficiaries, HCOs, Pensioners’ Associations, etc.

COVID -19 related initiatives :

1. CGHS Medical Officers and Staff have been part of the fight against COVID-19 Infection – performing duties at Air-ports and Quarantine Centres.

2. Special Provisions to CGHS beneficiaries in view of the COVID-19 Infection:

i. Option to purchase OPD Medicines for Chronic illnesses till 30th April 2022 and claim reimbursement.

ii. Opening separate ‘Fever Clinic’ at Wellness Centres for screening beneficiaries for Fever and other suggestive symptoms and referral to Nodal Centres.

iii. Directed CGHS Wellness Centres to provide assistance to COVID 19 +ve CGHS beneficiaries under Home Quarantine and permission to such CGHS beneficiaries to purchase one Pulse Oxymeter (@ ₹ 1200/- ) per family.

iv. Tele- consultation facility with Govt. Specialists through e-Sanjeevani.

v. Fortnightly webinar on COVID and other health topics.

**2.2** During oral evidence of the Ministry representatives, they further explained their fresh initiatives and reforms as under :

“The Finance Ministry had agreed to open sixteen new wellness centres in new cities like Panchkula, Mysore, Nashik, Aurangabad, Chandrapur, and Coimbatore. We are now in the process of opening it. Some of them have already been opened and in some places, we are locating buildings. In Nashik, it has already been opened. In Chandrapur and Aurangabad – which are in Maharashtra – we have found buildings with

BSNL and we will be opening it shortly. We have already identified doctors and other staff.

Apart from that, we have brought in three other reforms. Two years ago, when the pandemic started, we started webinars. हम अपने सभी बेनिफिशियरीज़ के लिए वेबिनार करते हैं। वह महीने में दो बार होती हैं। It is about wellness and general awareness about various diseases and conditions. It has been very successful. The webinar's room size is 800 participants. Normally, about thousand people attend it. This is the one of the three reforms.

Secondly, we have started CGHS panchayats. It was our internal initiative that we should go to various places where we have CGHS and we should meet the hon. elected representatives -- MPs, MLAs, and local area representatives -- as well as stakeholders, union leaders, pensioners' associations, etc. So far, we have held these CGHS panchayats at five cities and we are covering three more cities every month. So, the idea is that within six months, the entire country should be covered. This is the second reform.

The third reform which coincided with the pandemic was the introduction of tele consultation service. It started in a small way when the first wave of pandemic hit. But in January, our hon. Minister of Health and Family Welfare, Dr.Mansukh Mandaviya reviewed it and said that it should be made round the clock from morning to evening six days a week. We have done it. Specialists of various specialities are available online. We have revamped our CGHS website so that it is easy to use and easy to navigate all services, including accessing e-Sanjeevani, that is, tele consultation and the portal of each beneficiary. So, these are the reforms that we have made on the system side”.

## CHAPTER-III

### Budget of CGHS

3.1 The details with regard to budget allocation/ revised estimate for CGHS during the period 2013-14 to 2021-22, as furnished by the Ministry, are as under:

Year	Revised Estimate (₹ in crores)
2013-14	1747.56
2014-15	1781.93
2015-16	2019.00
2016-17	2154.49
2017-18	2890.82
2018-19	3108.41
2019-20	4036.08
2020-21	4324.20
2021-22	4463.00

3.2 On being asked to furnish details of funds allocated to CGHS but subsequently surrendered during the last 5 years, the Ministry in their post evidence reply has submitted the following information :

Details of Amount surrendered during last 5 years are as under:

Year	Revised Estimates (₹ in crore)	Savings w.r.t Revised Estimates (₹ in crore)
2017-18	2890.82	57.11
2018-19	3108.41	125.41
2019-20	4036.08	69.88
2020-21	4344.62	107.76
2021-22	4463	94.97

3.3 When asked about the specific reasons for surrendering the allocated funds, the Ministry, further, in their post evidence reply stated as under :

The main reasons for savings are as under:

- i. Savings on account of non-filling of vacant posts.
- ii. DDOs under CGHS are located in 24 cities, while PAOs are located in 5 cities. Therefore, if there is a query or objection by PAO at the fag end of

financial year, it becomes difficult to resubmit bills physically again during the same financial year.

- iii. Construction of buildings under CGHS are taken up by CPWD and although budget is transferred under Capital Head, CPWD fails to utilize the budget during the same financial year due to various factors.

**3.4** With regard to budget allocation for CGHS the Secretary, Ministry of health and Family informed the Committee as under:

“This has increased from ₹ 2,800 crore (six years ago) to roughly ₹ 4000 crore (after six years)..... What we collect as subscription is not even one-fourth of the value of medical treatment that is provided. So, it is highly subsidized subscription-based service....Therefore, you would realize that the demand is always more and the Budget is short.”

**3.5** On being specifically asked as to why the budget allocated for CGHS wellness centres/AD, CGHS Pune remain unutilised and surrendered subsequently the Secretary, Ministry of Health and Family Welfare informed as under:

“.....as far as the CGHS's national budget is concerned, we always demand for more and we never surrender any fund. So, what perhaps could have been surrendered is the Capital amount for constructing a building, but for healthcare needs, we use the heads of accounts. We need more than what is given to us and we ask for more money in Second and Third Supplementaries which the Parliament always gives us. ”



## CHAPTER-IV

### Opening of new CGHS Wellness Centres.

**4.1** As per the Ministry, opening of new wellness centres are considered as per actual norms and subject to availability of resources. Opening of wellness centres is also subject to approval of Department of Expenditure, Ministry of Finance for creation of new posts.

**4.2** As per norms, at least 6000 Central Government Employees are to be there for opening of CGHS wellness centre in a new city. The existing norms also mandate that there has to be at least 2000 primary card holders for opening a CGHS wellness centre in an existing CGHS covered city. The expenditure for opening of new wellness centre is met from overall CGHS budget and no separate budget is allocated for the purpose.

**4.3** On being asked by the Committee, as to whether the Ministry has submitted any proposal to the DoE, Ministry of Finance for increasing the number of Wellness Centres and doctors in major cities and other places, where there is huge concentration of beneficiaries, the Ministry has stated as under :

“D/o Expenditure has conveyed the approval for opening of 16 new CGHS Wellness centres on 05.04.2021. The 16 new Wellness Centres have been approved for the following locations:

#### **New Wellness Centres in existing Cities**

**Delhi & NCR** - Ghaziabad region (2), Narela (1) and Sonipat (1 regularization of temporary centre)

**Chandigarh** – 1 (2<sup>nd</sup> Wellness Centre)

#### **New Wellness Centres in new Cities**

Panchkula (1), Gwalior (1 regularization of temporary centre), Kannur (1 regularization of temporary centre), Kozhikode (1 regularization of temporary centre), Nashik (1), Aurangabad (1), Ichhapur(1 upgradation of extension counter ), Wadi(1) in Nagpur , Mysuru(1) , Coimbatore(1) and Chandrapur(1)”

## CHAPTER-V

### **Functioning of Allopathic Wellness Centres and AYUSH Wellness Centres.**

**5.1** The Committee have been informed that the number of Allopathic Wellness Centres increased from 254 in the year 2014 to 334 in 2022. As far as AYUSH centres under CGHS are concerned there were only 85 AYUSH centres under CGHS prior to 2018, while several CGHS covered cities did not have even a single Ayurvedic or Homeopathy unit. The numbers of AYUSH units have increased to 97 in 2022.

**5.2** On being asked about the steps taken/contemplated to strengthen the treatment under Indian system of Medicine for CGHS beneficiaries, the Ministry has informed that 26 more Ayurvedic units and 27 Homeopathy units under CGHS are proposed to be opened as per the details given below:-

#### **Ayurvedic (26)**

Guwahati, Vishakhapatnam, Gandhinagar, Faridabad, Shimla, Jammu, Ranchi, Bhopal, Jabalpur, Indore, Shillong, Dehradun, Ghaziabad, Greater Noida, Indirapuram, Noida, Sahibabad, Chandigarh, Raipur, Puducherry, Aizawl, Agartala, Panaji, Gangtok, Imphal, Itanagar

#### **Homeopathy (27)**

Visakhapatnam, Gandhinagar, Faridabad, Gurgaon, Shimla, Jammu, Ranchi, Bhopal, Jabalpur, Indore, Shillong, Dehradun, Ghaziabad, Greater Noida, Indirapuram, Noida, Sahibabad, Chandigarh, Bhubaneswar, Raipur, Puducherry, Aizawl, Agartala, Panaji, Gangtok, Imphal, Itanagar.

**5.3** It has further been informed that the Ministry of AYUSH, Cadre controlling Authority for AYUSH medical officers, has been requested to recruit 53 medical officers. Also SSC has been requested for recruitment of 53 Ayurvedic and Homeopathic Pharmacists.

The Ministry has further added that the following 12 AYUSH units have been started by pooling of available resources,-

- i). 6 Ayurveda Units at Jabalpur, Bhopal, Raipur, Gandhi Nagar, Goa and Indore.
- ii). 6 Homoeopathic Units at Imphal, Agartala, Shillong, Bhubaneswar, Gurugram and Gandhi Nagar.

5.4 During evidence, responding to a specific concern raised by the Committee regarding punctuality of doctors at the centres, the Ministry informed about the Aadhaar enabled Attendance System for doctors/staff and the monitoring of punctuality as under :

“अटेंडेंस अब आधार इनेबल्ड हैं, जो सेंट्रली देखी जा सकती हैं कि डॉक्टर ने कितने बजे लॉगिन किया और कितने बजे वह डिस्पेंसरी से बाहर गया। इसके अलावा हमारे पास सेंट्रली डेटा रहता है। हम प्रतिदिन चेक कर सकते हैं कि एक डॉक्टर ने एक दिन में कितने मरीज देखे, क्योंकि सब- कुछ कार्ड से होता है। पहला पेशेंट डॉक्टर ने कितने बजे देखा, आखिरी पेशेंट कितने बजे देखा और पूरे दिन में कितने पेशेंट्स को देखा, यह सब हमें ऑनलाइन दिखता है। हम नियमित रूप से इसको चेक भी करते रहते हैं। खासतौर पर जब शिकायतें आती हैं, तो हम उस डॉक्टर का लॉगिन टाइम, आने- जाने का समय, उसने कितने पेशेंट्स देखे आदि को देखते हैं। अतः केंद्रीय रूप से भी सतर्कता रहती है।”

## CHAPTER-VI

### Health care organisations (Hospitals & Diagnostic Centres) empanelled under CGHS

**6.1** The Ministry has informed that a total number 1888 HCOs (1685 Hospitals and 203 Diagnostic centres) have been empanelled under CGHS. As per Memorandum of Agreement, credit/ cashless treatment facilities are provided at empanelled HCOs to CGHS pensioner beneficiaries, Hon'ble MPs and other entitled categories of beneficiaries. Serving employees avail treatment at HCOs and get expenditure reimbursed from concerned office/ Department. Hospital Bills in respect of pensioners are paid by CGHS from Pension & Other Retirement Benefits (PORB) Head.

**6.2** As regards the procedure for empanelment of Hospitals, the Ministry, during their oral evidence stated as under:

“ दिल्ली के अतिरिक्त जो भी जगह हैं, वहां पर कंटीन्यूअस एम्पेनलमेंट होता है और यह वॉलंटरी होता है। जो भी ऑर्गेनाइजेशन आती हैं, वह आकर अगर मिनिमम रिक्वायरमेंट पूरी कर रही हैं तो एम्पेनल हो सकती हैं। जो मेमोरेंडम ऑफ एग्रीमेंट होता है, उसमें क्रेडिट या कैशलैस ट्रीटमेंट फैसिलिटी एम्पेनल्ड हॉस्पिटल्स या एचसीओज़ में पेंशनर्स और ऑनरेबल एमपीज़ या जो भी लोग उसके लिए एनटाइटल्ड हैं, उन सब को मिलती हैं। सर्विंग एम्प्लॉइज़ इन केंद्रों में जाकर कैश देकर अपना इलाज करवा सकते हैं। पेंशनर्स के जो हॉस्पिटल बिल्स होते हैं, वे पीओआरबी हैड से सीजीएचएस द्वारा पे होते हैं।”

**6.3** On being asked as to the remedies available to CGHS beneficiaries in case of denial of consultation/treatment or HCOs demanding rates higher than CGHS approved rates for treatment, as there were complaints with regard to discriminatory treatment given to CGHS beneficiaries, the Ministry in their written reply has stated as under:

“As per the terms and conditions of Memorandum of Agreement (MoA) signed with the empanelled hospitals, hospitals cannot deny treatment and charge more than CGHS rates. In case of violation, requisite action as per MoA is taken. In case of overcharging, excess amount over and above CGHS rates is recovered from the empanelled hospital from their pending bills and refunded to the beneficiary. Guidelines are in place to consider reimbursement of medical claims in excess of approved rates in cases where the treatment has been taken in non-empanelled CGHS hospitals in emergency. Guidelines are also in place for granting permission/ approval for unlisted treatment procedures / investigations, if recommended by the Specialist of Government Hospital/ CGHS empanelled hospital”.

6.4 On being further asked about whether empanelled hospitals have raised any issue with the Ministry regarding the rates of treatment/diagnosis under CGHS, the Ministry, in their post evidence reply has stated as under :

“The last such revision was made in October 2014 in Delhi and 2015 in other Cities. However, addition of new procedures and revision of some rates is a continuous process. For Cancer surgery treatment Tata Cancer Hospital rates of 2012 were adopted and they are considered as reasonable by private hospitals also. In addition, some corrections were made in 2014 rates for Kidney Transplant surgery in Feb 2015. Rates for new procedures / investigations are added from time to time on the recommendations of Technical Committee. 15 procedures and investigations were added on 14.01.2020, 25 Procedures on 03.06.2020, 21 procedures on 11.02.2021”.

6.5 As regards payments to HCOs/empanelled hospitals, the Committee desired to know whether some outstanding payments to private Hospitals/diagnostic centres are pending with the Ministry in respect of CGHS. In reply, the Ministry admitted that there is some time lag between submission of bills by hospitals and their settlement, as older bills are cleared; new bills get added up. Bills are processed on First-In First Out basis. Presently, hospital bills amounting to about ₹ 1500 crore are in different stages of Processing, out of which bills worth about ₹ 350 crore are ready for payment and clarification have been sought from hospitals in respect of bills worth about ₹ 300 crore. Bills worth ₹ 1083 crore have been cleared during the current Financial year 2022-23.

The Ministry has also informed that since June, 2021, credit hospital bills are uploaded on NHA-IT platform for online processing by NHA and online payment by CGHS in a paperless transparent mode.

6.6 During evidence, the Committee desired to know as to how long it normally takes to clear any bill submitted by a hospital and whether CGHS has any norm or criteria for clearing bills. The Secretary, Ministry of Health and Family Welfare informed as under:

“What we have done is that we have converted the entire system to a digital online system. So, all our private empanelled hospitals/diagnostic centres or path labs submit their bills to us, the CGHS, online. They do not come physically and do not give us papers. They submit the bills online. All the bills which are of less than ₹ 500 are not even checked by the system and are passed automatically. The bills which are from ₹ 500 to ₹ 10,000 undergo a two per cent representative sample check, and then they are passed. The problem arises in bills which are of higher value, that

is each bill is more than ₹ 10,000. Those bills are checked very minutely by doctors of CGHS. That is where it takes time. There are instances where we find that the submission made by the hospital itself is faulty. For example, a patient has been admitted for six days but the bill is for more than those six days. Those are the bills which are then sent back. This digital system is now one-year old. You will appreciate that these digital systems take time to stabilise. This has stabilised in the last one year. Now these problems have reduced greatly.”

**6.7** In response to a suggestion by the Committee to consider payment of 80-90% of the total outstanding dues to a hospital till the final settlement of the bills, in the interest of beneficiaries, the Secretary, Ministry of Health and Family welfare, submitted as under:

“...What we have done is that whatever is the total quantum of outstanding payment of a particular hospital, we have permitted the CGHS to pay fifty per cent advance so that that particular hospital does not feel that they have not received the money”.

**6.8** Further, when asked as to whether any empanelled hospital has withdrawn their services to CGHS beneficiaries due to non-payment of pending dues, the Secretary, Ministry of Health and Family Welfare informed the Committee as under:

“...when the system transited to the digital platform, there was a delay in payment of bills of private empanelled hospitals from CGHS. As a result, some of them did withdraw their services in the sense that they demanded cash first and then they admitted those patients. ...At that point in time, there was above ₹ 1100 crore worth of CGHS bills which were pending across the country for payment because of the digital system not stabilising. ...So, from June till date, we are now in end August, the pendency from ₹ 1100 odd crore has come down to ₹ 400 crore. We have liquidated the remaining outstanding dues. Majority of hospitals, for example there was Ruby Hall in Pune, there is Max chain of hospitals, Fortis chain of hospitals, and Apollo, have resumed their cashless services. In some hospitals of Max, where the payments are getting liquidated, services are still disrupted. Otherwise, the situation is now back to normal and these hospitals are providing cashless services”.

**6.9** On being asked whether the Ministry conducted or propose to conduct any review or any performance audit to ascertain the treatments being provided by empanelled hospitals to CGHS beneficiaries, the Ministry in their written reply has stated as under:

“A Performance audit covering the period 2016-17 to 2020-21 was conducted by C&AG, among others, to examine payment of Hospital Bills by CGHS. Draft Recommendations of the Audit were as under: -

- CGHS may include penalty clause in the MoA with the HCOs so that they may submit the bills in the prescribed time frame.
- Processing and settlement of claims at Bill Clearing Agency (BCA)/ CGHS level may be done as per prescribed timeline.
- E-Claim system may be integrated with Master database of beneficiaries to enable BCA to verify the authenticity of beneficiary as well as with PFMS to maintain the transparency.
- E-claim system shall pre-validate data captured viz. beneficiary ID field should only accept valid beneficiary ID and no null data in Card ID, Beneficiary name field etc.
- SMS alert system may be generated for the beneficiaries (availing credit facilities) regarding their treatment/expenses at the time of discharge.
- Excess, irregular, unauthorized payments, burnt bill, untraceable bills and bills pending for expert opinion may be reconciled and settled/recovered. Unutilized amount lying with BCA and HCOs may be recovered.
- CGHS should monitor the validity of the existing Performance Bank Guarantee (PBG) so that fresh PBG may be obtained if the previous PBG had expired. Further, CGHS should ensure the amount of the PBG will be maintained intact being a revolving guarantee by receiving the bank guarantee for penalty amount to be recovered by the CGHS”.

6.10 The Ministry, on being asked about the status of implementation of each of the recommendations contained in the performance audit report of CAG, submitted the following information in their post evidence written reply :

Recommendations	Action Taken Report
<p>CGHS may take action against the HCOs, which are repeatedly submitting inflated bills against the terms and conditions of the Memorandum of Agreement, so that such instances are minimized. Additionally, automatic validation control system should be included in the IT Platform to restrict the item wise claim amount to the CGHS approved rate.</p>	<p>It is accepted that there is difference in claimed amount and approved amount. The deductions are on account of scrutiny of bills as per CGHS rates.</p> <p>However, in the new NHA-IT platform on which hospital bills are being processed, there are triggers in the software to flash suspected/fraudulent claims which can be scrutinized thoroughly.</p>

	At present it would not be possible to make automatic revalidation of items under conservative system on account of multiple variable factors that come into play in respect of an individual claims.
Excess, irregular, unauthorized payments may be recovered from the concerned HCOs.	<p>The Bill Clearing Agency (BCA) stopped making initial payments to HCOs since 2015. Therefore, there is no scope of excess payment to HCOs since then. However, final report of audit is being examined and isolated cases of excess payments, if any, will be taken care of. Similarly, cases of payment of bills of Serving employees, who are not entitled for availing cashless facilities, but where the payment was released by the BCA/CGHS to the HCOs are also being examined.</p> <p>Bill processing has now shifted to IT platform of National Health Authority, since June, 2021. There is no scope of occurrence of such errors in the IT system.</p>
CGHS may prescribe strict deadlines for submission of claims and may also include penalty clause in the MoA with the HCOs so that they submit bills in the prescribed time frame.	Revised Timelines are being finalized in consultation with empanelled HCOs and will be incorporated in the new Memorandum of Agreement at the time of extension/ renewal of empanelment.
CGHS may identify bottlenecks and take remedial action so that processing and settlement of claims at BCA/CGHS level may be done as per the prescribed timeline.	The bill processing has shifted to NHA-IT Platform since June, 2021 for expeditious settlement thereof, in more transparent and paperless environment., these issues shall be taken care of.
<p>The decision in respect of the bills destroyed by fire of ₹17.03 crore and lost/untraceable bills amounting to ₹4.86 crore which were forwarded by BCA for approval is yet to be taken by CGHS.</p> <p>All such bills may be reconciled and settled.</p>	The matter is under examination in the Ministry.



<p>Unutilized amount lying with BCA and amount recoverable from HCOs may be reconciled and recovered.</p>	<p>The matter is being examined for issue of instruction to UTI-ITSL to return the amount of ₹ 38.70 crore to Pay &amp; Accounts Officer of the Ministry, for reconciliation. Recoveries from HCOs, if any shall be made thereafter.</p>
<p>CGHS may ensure that all the empanelled HCOs must have NABH/NABL certification or QCI recommendation within specified timeline.</p>	<p>Since 2017 only those HCOs which are either NABH/NABL accredited or QCI recommended are considered for empanelment.</p>
<p>CGHS should monitor the validity of the existing PBGs so that fresh ones may be obtained if the previous ones had expired. Further, being a revolving guarantee, CGHS should ensure that the amount of the PBG is maintained intact, by receiving the bank guarantee for penalty amount recovered by the CGHS.</p>	<p>GFR 2017 provisions in this regard are followed.</p>
<p>SMS alert system may be generated for the beneficiaries availing credit facilities regarding their treatment/expenses at the time of discharge.</p>	<p>This is being examined in consultation with NHA and NIC.</p>

## CHAPTER-VII

### Infrastructure.

**7.1** The Committee have been informed that majority of CGHS owned buildings of wellness centres are relatively new and do not require major repair/renovation works. Some minor repairing renovation work is got done through Central Public Works Department (CPWD). It has further been informed that CGHS have adequate funds both for maintenance of existing buildings as well as construction of new buildings and that delay in starting or completing construction/renovation/maintenance work of buildings lies on the part of CPWD but not due to unavailability of funds.

**7.2** Further, when asked to furnish details of the number of proposals received for renovation and construction of new buildings for CGHS, the Ministry in their post evidence written reply submitted as under :

Year	Proposals received for constructions	Proposals received for Renovations
2020	10	11
2021	6	3
2022	1	0

**7.3** On being asked about how many CGHS Wellness centres are currently housed in rented building across the country, the Ministry in their written reply has stated that at present 122 CGHS wellness centres are housed in rented buildings.

**7.4** With regard to repairing and maintenance of rented buildings, the Committee have been informed that an SOP has been put in place to ensure that maintenance is done by the owners. Further, the Ministry also claimed that they were unaware of the owners of the buildings housing the wellness centres located in Bandra (Mumbai) and Pusa Road (Delhi).

## CHAPTER-VIII

### Staffing under CGHS

**8.1** As regards staffing under CGHS, the Committee has been furnished the details of the sanctioned and existing strength of Doctors/medical officers and other staff, as under:

Staff	GDMO/Specialists	Other Staff
Sanctioned strength	1994	5054
Existing strength	1504	3339

**8.2** On being asked about the steps being taken to recruit/depute separate officers/staff to manage the administrative responsibilities in CGHS centres to lessen the burden on doctors, so that they can devote complete attention to treatment of patients, the Ministry, in its written reply, has informed as under:

“There are 25 sanctioned posts of Administrative Officers under CGHS. As per the Recruitment Rules these posts are to be filled up by departmental promotion or through Deputation. Only 8 Posts could be filled up as there are no eligible CGHS Staff for promotion to the post of Administrative Officer. For deputation there was lukewarm response. Medical officers are engaged to perform the administrative functions and also to perform technical jobs like medical scrutiny of bills, etc. as an interim measure and shall be replaced as and when the posts of Administrative officers are filled up”.

The Ministry further elaborated that Additional Directors (AD) of CGHS cities function as the administrative heads and that administrative and clerical staff posted in the office of ADs assist them in the discharge of their official duties as Administrative head. Presently, there is no separate sub-cadre of Administrative and management personnel under Central Health Services.

**8.3** On being further asked to furnish details of recruitment process undertaken during the last three financial years to fill up vacancies, the Ministry in its written reply has informed as under:

“Recruitment of Medical Officers is made by CHS division of MoHFW regularly through UPSC.

#### Other Staff

Due to absence of expertise and infrastructure at the offices of Additional Directors and consequent piling up of vacancies, a decision was taken to fill the posts of other staff through Staff Selection Commission for uniformity and transparency.

SSC has already been requested for filling up of Group C vacant posts. In this regard, follow up with the concerned authorities is being done to ensure speedy processing. In this regard, all concerned Additional Directors have been directed to submit all vacancies of Group C updated as on 31.03.2022 to the respective zonal heads (if not done already) for onward submission to SSC. In addition, letters have also been sent to all zonal head (ADs) to approach the respective regional offices of Staff Selection Commission (SSC) on fast track basis for confirmation of vacancies already submitted to SSC and also follow-up for any procedural formalities as and when the window/portal of SSC opens on priority basis, so that recruitment process for vacant posts may be completed at the earliest.

Earlier in CGHS, the recruitment was being done City-wise by engaging Govt. agencies for conducting examination. Each CGHS City had to go through all the processes for recruitment even for one vacant post & agencies were being paid separately for each recruitment process leading to increased expenditure, wastage of time as well as manpower. Even candidates also applied for different recruitment process separately and accordingly, had to pay examination fee for each recruitment process. In order to streamline the recruitment process in CGHS, integrated recruitment was implemented in CGHS by dividing CGHS Cities in four zones for recruitment purpose, wherein zonal heads (AD) are compiling the vacancies city-wise for each category of posts and conducting integrated recruitment examination. To further streamline the recruitment process, the zones for CGHS cities have been re-organized (into 9 zones) in conformity with the corresponding regional offices of SSC and to make the Integrated recruitment in CGHS more efficient.

All Additional Directors have already been directed to hold regular DPCs for all promotional posts and subsequent reminders have also been sent in this regard. Also, all ADs have also been directed to ensure where DPC gets delayed due to any reason, the same may be brought to the notice of the Directorate of CGHS for taking necessary measures in that regard“.

**8.4** Replying to a query from the Committee during evidence about filling up of existing vacancies, the Ministry informed as under:

“Doctors are recruited by the Ministry’s CHS Division, through UPSC by the Central Health Service annual exam, which is a Group A service of the Union. Every year we get a quota of officers recruited by them. There is always a mismatch between the numbers that we get and our requirement. For the next two years, we have planned to over peg our requirement so that we get more doctors. This is for the allopathic doctors.

For AYUSH doctors, the cadre control is with the Ministry of AYUSH. Once they are recruited, they post them with the CGHS.

The third stream is, paramedics, which includes mostly nurses and pharmacists. Till about three years ago, the recruitment was done locally by the ADs concerned. They had difficulty, and there were complaints. So, we approached the SSC and they have agreed. Two years ago, they took up this responsibility and started recruiting people. Meanwhile, this pandemic came. So, things got slightly delayed. But now we have started receiving panels to make appointments out of that. Things will slightly improve, and maybe over two to three years we will have a better number.”

**8.5** On being asked about any time bound plans to ensure that all vacant posts are filled-up, the Ministry in their post evidence written reply submitted as under :

“For paramedical posts, Integrated Recruitment System has been implemented in CGHS, wherein the CGHS cities all over India have been divided into nine (09) zones in conformation with the regional offices of Staff Selection Commission. The respective Zonal Head/Additional Directors (ADs) will undertake the recruitment process of CGHS staff through the concerned regional offices of Staff Selection Commission. For clerical posts, requisition has been sent to SSC (HQ) for selection of candidates through centrally conducted examinations.

Every year Combined Medical Service examination is being conducted by UPSC for filling up of the posts of GDMOs. 349 vacancies were reported to UPSC for recruitment of Medical Officers through CMSE-2021. The interview for the same is going on in UPSC. 314 vacancies have been reported to UPSC for recruitment of Medical Officers through CMSE- 2022. The written examination for same has already been conducted by UPSC.

For filling up of the regular vacancies of Non-Teaching Specialist Sub-Cadre of CHS, 109 vacancies have already been reported to UPSC for recruitment of Non-Teaching Sub-cadre of CHS. Further 20 vacancies will be reported to UPSC shortly on receipt of NOC from DoPT and Ministry of Defence. Pending recommendations from UPSC, concerned units/organizations are permitted to make contractual appointments against the vacant posts, as a stop-gap arrangement, in public interest”.

8.6 The Committee desired to know about the number of retired doctors appointed to work at various CGHS Centres and the age limit fixed for such retired doctors for appointment. In reply, the Ministry has furnished the following information :

<b>S. No.</b>	<b>CGHS City</b>	<b>Number of Doctors</b>
01	Jaipur	01
02	Kanpur	09
03	Chennai	08
04	Meerut	14
05	Nagpur	05
06	Lucknow	Nil
07	Hyderabad	Nil
08	Dehradun	03
09	Jabalpur	11
10	Patna	02
11	Pune	03
12	Shillong	01
13	Mumbai	23
14	Kolkata	12
15	Bhubaneswar	03
16	Guwahati	04
17	Prayagraj	14
18	Chandigarh	09
19	Ranchi	02
20	Ahmedabad	12
21	Bhopal	02
22	Bangalore	05
23	Trivandrum	Nil
24	Delhi (HQ)	143
<b>Total</b>		<b>286</b>

Age limit is upto 70 years for engagement of retired Doctors on Contract basis.

**8.7** During evidence, on the suggestions of the Committee that the Ministry should strive for recruiting permanent or regular staff in all positions, on the lines of recruitment of GDMOs, the Ministry responded as under:

“.....whenever Department of Expenditure, Ministry of Finance sanctions a new CGHS dispensary, they sanction with the conditionality that they are approving only the post of doctor and pharmacist; for other posts they make it a condition that they have to be taken on contract ”.

**8.8** On being asked further the reasons specified by Department of Expenditure (Ministry of Finance ) for not sanctioning recruitment of permanent staff in Group C and D positions at CGHS Wellness centres, the Ministry, in their post evidence written reply submitted as under :

“There is no ban on filling of vacant posts of Group C. The Group ‘D’ posts have been abolished as per recommendations of 6<sup>th</sup> CPC. The work of Safai Karmacharis and Security has been outsourced”.

**8.9** Observing that large number of posts of Specialists are lying vacant in CGHS, the Committee desired to know the reasons for non-filling up of these vacancies. In response, the Ministry, in their post evidence written reply submitted as under :

“The Main reason for vacancies in the Grade of Specialist and GDMOs is the low joining rate of the candidates recommended by the UPSC based on the requisition sent by the M/o Health & Family Welfare. Other reasons include preference of GDMOs to pursue Post-Graduation studies and Super Speciality study by Specialists and Resignation, Superannuation, Voluntary Retirement, death etc. in the cadre”.

## **PART-II**

### **OBSERVATIONS/RECOMMENDATIONS**

#### **Utilization of Budgetary allocation**

1. The Committee observe that the initiative to provide a specialised medical service on subsidised rates to Government employees through CGHS has been a very useful step by the Government which is being expanded over the years. They note that the allocation of budget to CGHS has been continuously increased over last five Financial years as the network of CGHS coverage has reached to 75 cities now. From an allocation of ₹ 2,890.82 crore in the year 2017-18, the allocation has risen to ₹ 4,495 crore in the current Financial year. They further note with satisfaction that the utilisation of budget has been more than 95% of the total allocation during these years. The Committee do expect that CGHS shall spend 100% budget in the coming years. While responding to the query regarding reasons for surrendering of allocated funds, the Ministry has stated 'savings on account of non-filling of vacant posts' as one of the reasons. The stated reason of the Ministry is not acceptable, as allocated budget is meant for complete utilisation as per demands raised by the Ministry and not for savings.

The Committee further observe that a number of new Wellness Centres have been approved on 05.04.2021 to be established in various cities. However, no separate or special allocation have been made in the 2021-22 Budget to meet the expenditure on opening of new wellness centres. The Committee, therefore, would like to be apprised of any financial grant during supplementary stage in the current year for the same. They strongly recommend 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, since no separate Budget is allocated for the purpose. The Committee, feel that such a step will enable the Ministry to set a time-bound date and target for completion of the process to open new wellness centres. It will also enable the Ministry to review and evaluate the



progress of the work vis-a-vis the financial allocation. As the Government has changed the timelines for presentation and approval of Demands for Grants of various Ministries by Parliament to ensure proper and optimum utilisation of funds, the Committee, are hopeful that the Ministry will initiate necessary action in line to streamline the process of budgetary allocation and expenditure.

The Committee, are surprised to know the fact that the limited presence of PAOs is one of the reasons for savings/surrender. Hence, they are of the opinion that the Ministry must review that location / posting place of DDOs and PAOs, because of which bill payments are getting delayed and on many occasions are not being settled and paid during the current financial year. CGHS centres/set-ups are spread all over the country, but as per information furnished by the Ministry, PAOs are located only in 5 cities. The Committee, desire that the Ministry must take up this matter with the Controller General of Accounts (CGA), Ministry of Finance, to explore the possibility of increasing the number of PAOs, so that the settlement of budgetary expenditure could be completed in a time bound manner within the financial year.

### **Need for augmenting Wellness centres**

2. The Committee note that as per norms there has to be atleast 6,000 Central Government employees for opening of CGHS wellness centre in a new city and atleast 2,000 primary card holders for opening CGHS wellness centre in an existing CGHS covered city. The Committee, however, are aware that there still are many cities and towns where there is a sizable number of Central Government employees/beneficiaries, but no CGHS wellness centres are functioning in such cities due to the existing norms. The Committee would also like to highlight the fact that there are many Central Government employees posted in remote towns/cities of the country, particularly in the North East and other hilly States, who are unable to avail benefits under CGHS. Such beneficiaries have to travel long distances to reach the nearest CGHS centres to address their medical needs. The Committee, are of the opinion that, this

scenario, apart from being financially draining on the beneficiaries, also affects the productivity of employees. Therefore, the Committee would like the Ministry to revise norms/guidelines for establishing 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. The Committee would like to be apprised of the steps taken in this regard. Such review must be undertaken inter-alia also with the objective of exploring the possibilities of establishing centres in towns and cities, where it doesn't meet the existing norms. They feel that the Government needs to consider relaxation of existing norms or create new norms for opening new wellness centres particularly for beneficiaries of hilly and difficult States viz. Himachal Pradesh, Uttarakhand, Jammu & Kashmir, UT of Ladakh and North Eastern States. The Committee are also of the opinion that the Government should consider onboarding retired doctors of the State Governments on contract basis, in such cities/towns in the initial phase till the process of recruitment of doctors is completed for posting in such locations.

### **Need to review Infrastructure**

3. The Committee, note from the submission of the Ministry that majority of the CGHS owned buildings housing the wellness centres are relatively new and do not require major repair/renovation work. The Committee are, however, not convinced as beneficiaries visiting the centres have often highlighted poor infrastructure of some of the wellness centres viz. shabby buildings, broken windows, lack of proper sitting arrangements, lack of proper lights, cleanliness and availability of other basic amenities, etc. The Committee, therefore are of the opinion that the condition of available infrastructure, including condition of the buildings should be regularly reviewed by the Estate Management Division of the Ministry and necessary renovation or maintenance work planned accordingly. A well maintained building or infrastructure will create a healthy and positive atmosphere in the centres. As the Ministry has already submitted

that sufficient funds are available for maintenance of existing buildings, the Committee recommend that the fund must be judiciously used for the upkeep and maintenance of wellness centres, rather than surrendering funds at the end of a financial year. As the Ministry has submitted that during the period/year 2020-2022, 17 proposals for construction and 14 proposals for renovation of buildings have been received, the Committee would like to be apprised of the details of those projects/CGHS centres and the status of their constructions/renovations.

4. As regards CGHS centres operating in rental buildings, the Committee note that 122 CGHS wellness centres are housed in rental buildings. The Committee were surprised as well as intrigued by the submission of the Ministry that some rental buildings viz. Bandra (Mumbai) and Pusa Road (Delhi), to name a few, are so old that the names of owners of those buildings are unavailable in official records. The Committee are unable to comprehend as to how this arrangement is carried on without the name of an owner. They urge upon the government to maintain proper records of all CGHS centres housed in rental buildings, as payments or funds for rent, etc. are debited from Government exchequer. 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. apart from having to face the whims and fancies of the owners, the Committee, strongly recommend 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. As the Ministry has informed that land for building CGHS centres at suitable locations are required to be allotted by State Government, the Committee, further recommend the Government to vigorously pursue with the concerned State Governments for allotment of land for the purpose. As some closed PSUs have valuable land/buildings at prime locations, the Ministry can explore utilisation of such properties too.

### **AYUSH units/centres under CGHS**

5. The Committee are happy to note the steps taken by the Ministry to strengthen the process of consultations and treatment under Indian system of medicine for CGHS beneficiaries, which is gaining worldwide popularity now. The Committee also note with satisfaction that the number of AYUSH units under CGHS have increased to 97, from 85 prior to 2018. However, the Committee have observed that the number of beneficiaries visiting the AYUSH units for treatment/consultation are very less as compared to the number of beneficiaries visiting allopathic wellness centres. Reasons could be either the beneficiaries do not have sufficient information on the benefits of Indian system of medicines or are just reluctant to go for consultation or treatment due to various inhibitions. The Committee, therefore, recommend that the Ministry along with their proposals to expand the CGHS AYUSH units to new cities, must also strive to promote the process and benefits of treatment under Indian system of medicines through their Department of AYUSH. The Committee, believe that such measures taken by the Ministry will be in consonance with the vision of the Government to ensure optimal development and propagation of indigenous AYUSH system of healthcare in the country.

### **Staffing- Need to fill up vacancies**

6. The Committee are concerned to note that around 30 percent of sanctioned strength of Doctors, paramedical and administrative staff for all CGHS set-ups in the country are lying vacant. It is really worrisome that out of the sanctioned strength of 1997 doctors, 490 posts are lying vacant. No wonder, patients are made to wait for long time in CGHS dispensaries due to non-availability of doctors. The Committee, while taking note of the steps taken by the Ministry to fill-up the vacant posts, recommend the Ministry to pursue strongly with the concerned recruiting Departments/Agencies so that the recruitment process can be completed expeditiously. The Ministry should not shrug off its responsibilities by leaving it to the UPSC/SSC or other recruiting agencies to complete the recruitment process. Since providing medical

assistance under CGHS is their responsibility, they must constantly follow up with them to ensure that the process is not delayed. Medical service being an essential and emergency service, recruitment to vacancies should be the top priority for the Government. The Committee are of the view, that opening or operating CGHS centres without sufficient doctors has no meaning and causes inconvenience to beneficiaries.

7. The Committee observe that beneficiaries are facing inconvenience at CGHS centres due to poor doctor-beneficiary ratio. Most of the CGHS centres have around 2 doctors only present at a time and long lines of patients can be witnessed outside their chambers any time. The Committee would therefore urge 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. The Committee are of the view that such pro-active step would help the Government to make proper assessment of the number of doctors which will be required in future, to cater to the needs of growing number of beneficiaries.

8. The Committee also note that number of posts in the grade of Specialist and GDMOs are lying vacant, due to low joining rate of candidates recommended for appointment, as well as preference of GDMOs to pursue further studies. The Committee recommend that the Government review the terms and conditions of services in the grade of Specialist and GDMOs and make necessary amendments or changes in the service conditions to attract bright candidates. The Committee are convinced that such a step will help the government in addressing the low joining rate of candidates, as well as attrition of incumbents.

#### **Process of Referral under CGHS**

9. The Committee are aware of the fact that for availing treatment in a CGHS empanelled private hospital, a patient is required to obtain a referral from CGHS dispensary. However, at present, the referral process is cumbersome. Once a patient is referred to any private empanelled hospital, if the doctor (at

the empanelled hospital) prescribes any tests/investigation/treatment, the CGHS beneficiary needs to return to the dispensary and get referral from the CGHS doctor for the prescribed tests/investigation/treatment. The Committee, have observed that this process where a patient has to get referral done every time tests/investigations/treatment are prescribed by the doctor at any private empanelled hospital adds to the woes of a patient with poor health. The Committee, would like to believe that CGHS has been envisioned for seamless treatment of the beneficiary, rather than troubling the beneficiary with procedures/rules to obtain referrals time and again, once he or she has obtained initial referral from any CGHS dispensary. As most of the Government procedures are digitised, the Committee would like the Ministry to review the archaic referral system and recommend 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. The Committee feel that this would also reduce the long queues witnessed outside CGHS dispensaries and will also help in reducing the workload on doctors. The Committee would like to be updated on the action taken in this regard.

#### **Need for efficiency in supply of medicines.**

10. Under CGHS, the medicines which are not available in the dispensary are indented and procured through Authorised local Chemists and provided to the beneficiaries. The Committee, have observed that in certain cases the medicines which are indented are not procured in time and the beneficiaries have to procure it by themselves from open market. This creates inconvenience as well as dissatisfaction among beneficiaries, who are making regular contributions to the Central Government Health Scheme. Also, it has come to the notice of the Committee that in many cases, the bid/contract of the Authorised local Chemist are not renewed well in time and the dispensary is not in a position to supply the medicines. The Committee strongly hold that when

any beneficiary is contributing under CGHS, it is the primary responsibility of the dispensaries to provide not only medical consultations, but also requisite medicines at the earliest. The Committee would like the Ministry of Health and Family Welfare to look into the cases wherein bids/contracts were not renewed/not awarded afresh on time, leading to delays in procurement and subsequent distribution of medicines. The Committee, would like to be apprised of the changes/reforms brought into the guidelines for local purchase of medicines, so as to ensure uninterrupted supply of the same.

### **Need for relaxation in the process of direct consultation**

11. Under CGHS, beneficiaries aged 75 years and above can go directly to any private CGHS empanelled hospital and take consultations from the doctor for any ailment. The Committee, appreciate the existing guidelines but they are of the view that these guidelines of direct consultation should be extended to all the beneficiaries aged 60 years and above. Fixing age bracket of 75 years for availing direct private consultations must have been done with a vision to provide relief to aged beneficiaries. The Committee, would like 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. Once beneficiaries 60 years and above are put under one category of seeking direct private consultation, the mounting pressure on doctors would be really manageable with the existing 70% workforce. Also, the beneficiaries aged 60 and above would be saved from visiting dispensaries for the mere sake of getting referral. The Committee, would recommend the Ministry to take appropriate action and apprise them.

### **Need to expand the ambit of Cashless treatment**

12. The Committee note the submission of the Ministry regarding certain categories of beneficiaries being provided treatment on cashless basis. The Committee have also observed that serving employees of Ministries/Departments, except those serving in the M/O Health and Family Welfare and its subordinate offices, are not entitled for this facility. In this regard, the Committee are not convinced by the reason specified by the Ministry in their submission for not extending cashless treatment to employees/beneficiaries of all Ministries/Departments. The Committee have been informed that processing and payment of hospital bills pertaining to CGHS pensioner beneficiaries are being completed on the IT-platform of NHA. The Committee, therefore, are of the opinion that it is high time the Ministry consider using IT platforms for the benefit of all stakeholders, as far as cashless treatment are concerned.

Beneficiaries may not have the required resources or the time to apply for drawing Advances during certain circumstances. The Committee, therefore, would like to underline the importance of extending the facility of cashless treatment to all beneficiaries including serving employees of all Ministries/Departments. The Ministry may consider using the NHA-IT platform or explore the possibility of developing a new software or IT platform for the common use of all Ministries and Departments, to streamline the process for payment/reimbursement of cashless treatment. Through such a software/IT platform, the expenditure with regard to the concerned Budget Head can be monitored and payment/reimbursement to beneficiaries by all Ministries and Departments streamlined. The Committee, therefore, strongly recommend the Ministry to seriously consider expanding the ambit of cashless treatment and apprise them of the action proposed/taken.

### **Working Hours of centres and e-Sanjeevani**

13. The Committee are aware that CGHS wellness centres start functioning early in the morning and closes by mid-day/afternoon. The Committee, feel that



the existing working hours of the centres are one of the reasons for huge rush of beneficiaries witnessed at a given time in the centres. Ideally the wellness centres need to be kept functioning till the evening hours for the convenience of those in-service beneficiaries who may need consultations after office hours and also to manage the huge rush usually witnessed at the centres. Hence, the Ministry may also consider making the centres functional during evening hours, at those locations where the rush of beneficiaries is too high, on a pilot basis. The Ministry may also 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. At the same time, the Committee appreciate the e-Sanjeevani initiative of the Ministry to start an online consultation service for patients, although the same is at an initial phase presently. The Committee recommend that e-Sanjeevani can be a boon to elderly and immobile patients in particular provided it ensures an efficient service as well as streamlining of medicines availability nearby.

### **Punctuality of doctors**

14. The Committee are constrained to note a very common complaint that doctors posted in some CGHS centres, on many occasions, are not found to be present during duty hours or are granted leave without posting any substitutes. It can cause immense hardship to the serious patients, particularly in current COVID surges. Nonetheless, the Committee acknowledge the efforts made by the Government to ensure regular attendance of doctors, including installation of biometric attendance system at CGHS centres etc. and desire to strictly monitoring and reviewing attendance of doctors and other staff in the CGHS periodically. The Committee also recommend deputing substitute doctors whenever an incumbent is granted leave, so that beneficiaries visiting the centres do not face any inconvenience. The Committee also urge upon the Government to display the names of doctors going on leave on the notice board of the centres well in advance, for the information of beneficiaries. Sending such

information on registered mobile numbers of area beneficiaries would be most appreciated.

### **Payment/settlement of bills of empanelled hospitals.**

15. The Committee, note that bills amounting to ₹ 1500 crore are in different stages of processing for payment to HCOs/empanelled hospitals, while the bills worth ₹ 1083 crore have been cleared during the current financial year 2022-23. The Committee are happy to note that since June, 2021, credit hospital bills are being uploaded on NHA-IT platform for online processing by NHA and online payment by CGHS in a paperless and transparent mode. However, the Committee, have also observed that many bills due for payment, are carried over to the next financial year owing to various reasons, which is affecting the credibility of CGHS with regard to timely payment of bills to hospitals. It ultimately translates in refusal of treatment to CGHS beneficiaries by some of the empanelled hospitals or demand for a security deposit before starting the treatment. The Committee, therefore, recommend 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 10<sup>th</sup> day of the following month and CGHS must initiate action for settlement and payment of all such bills by the 30<sup>th</sup> day of that month. The Committee, also urge upon CGHS to consider payment of 80% of the total outstanding due to a hospital till final settlement/payment of the bills, if there is any discrepancy or lacunae in the bills submitted by those hospitals. Such a step will be in the interest of both the beneficiaries and hospitals and will also address various grievances related to denial of treatment by hospitals in the wake of non-clearance of outstanding dues by CGHS.

16. The Committee, notice that a Performance Audit covering the period 2016-17 to 2020-21 was conducted by C&AG, to examine payment of hospital bills by CGHS. However, the Committee, have observed that some of the

recommendations are still under consideration of the Government. It is worth mentioning that in line with the recommendations of the Committee in the above para, the C&AG has also highlighted the need for a prescribed timeline for submission/settlement of claims by hospitals and imposing penalty on hospitals for non-adherence to such timelines. During evidence, the Committee, were informed that revised timelines are being finalised and will be incorporated in the new MoA to be signed with HCOs. The Ministry also submitted their action taken on the matters raised by C&AG. The Committee, hope that the procedure pending is since completed and therefore, would like to be apprised of action taken in this matter.

17. As regards rates for treatment, the Committee, have been informed that the revision of rates for treatment/diagnosis under CGHS was last undertaken in October, 2014 in Delhi and in the year 2015 in other cities. It has been informed that for cancer and kidney surgeries, rates were revised. However, virtually a decade has nearly passed. The Committee observe that the rates for treatment or diagnosis under CGHS are very low as compared to prevailing rates of hospitals in general now. This scenario appears to be one of the prime reasons that hospitals are reluctant to provide treatment to CGHS beneficiaries. The Committee also learn that many empanelled hospitals have shown scant interest for renewal or extension of MoA for empanelment due to the wide gap in rates fixed by CGHS in comparison to prevailing general rates or market rates. The Committee, therefore, recommend 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.

**Need for regular interaction with local MPs.**

18. The Committee were informed about CGHS Panchayat initiative by the Ministry between the Ministry and elected representatives at few cities during the evidence. The Committee underline the need for regular healthy interaction between public representatives and Government Organisations/Departments with regard to monitoring and effective delivery of public services. Till now, there is hardly any interaction between the CGHS set ups/officials and local MPs of the area or region of any CGHS set-up, apart from the 5 cities claimed by the Ministry. As they stated to cover the entire country within 6 months, i.e. December, 2022, the Committee desire to be apprised of the dates and cities concerned in all CGHS Panchayats till date. The Committee would also like to know about any concrete steps further taken, based on the feedback of these Panchayats. Further, they recommend the Government to devise a mechanism, to ensure that every CGHS set-up in the country regularly interacts, preferably every 3 months, with the local MP. The Committee strongly feel that such an initiative will help in strengthening the services delivered by CGHS, as Members of Parliament apart from being public representatives, are also beneficiaries themselves, hence their feedback in such interactions will greatly benefit CGHS.

**NEW DELHI;  
02 February, 2023  
13 Magha,1944(saka)**

**GIRISH BHALCHANDRA  
BAPAT  
CHAIRPERSON  
COMMITTEE ON ESTIMATES**

**Annexure –A****State-wise CGHS Wellness Centres**

<b>Sl. No.</b>	<b>State / Union Territory</b>	<b>City</b>	<b>Allopathic Wellness Centres</b>	<b>AYUSH Units</b>
1	Andhra Pradesh	Guntur	1	0
		Nellore	1	0
		Rajahmundry	1	0
		Vijayawada	1	0
		Visakhapatnam	2	0
2	Assam	Guwahati	5	1
		Dibrugarh	1	0
		Silchar	1	
3	Bihar	Chappra	1	0
		Darbhanga	1	0
		Gaya	1	0
		Muzzafarpur	1	0
		Patna	5	2
4	Chhattisgarh	Raipur	2	0
5	Delhi	Delhi	88	35
6	Goa	Panaji	1	0
7	Gujarat	Ahmedabad	8	2

		Gandhinagar	1	0
		Vadodara	1	0
8	Haryana  *Under Administrative control of CGHS, Delhi	Ambala	1	0
		Faridabad*	1	0
		Gurgaon*	2	1
		Sonipat*	1	0
9	Himachal Pradesh	Shimla	1	0
10	Jammu & Kashmir (UT)	Jammu	2	0
		Srinagar	1	0
11	Jharkhand	Dhanbad	1	0
		Ranchi	3	0
12	Karnataka	Bengaluru	10	4
13	Kerala	Thiruvananthapuram	3	0
		Kannur	1	0
		Kozhikode	1	0
		Kochi	1	0
14	Madhya Pradesh	Bhopal	2	0
		Gwalior	1	0
		Jabalpur	5	0
		Indore	1	1
15	Maharashtra	Mumbai	26	5
		Nagpur	12	3
		Pune	9	2

		Nashik	1	0
16	Manipur	Imphal	1	0
17	Meghalaya	Shillong	2	1
18	Mizoram	Aizawl	1	0
19	Nagaland	Kohima	1	0
20	Odisha	Berhampur	1	0
		Bhubaneswar	3	1
		Cuttack	1	0
21	Punjab	Amritsar	1	0
		Jalandhar	1	0
22	Puducherry	Puducherry	1	0
23	Rajasthan	Ajmer	1	0
		Jodhpur	1	0
		Jaipur	7	2
		Kota	1	0
24	Sikkim	Gangtok	1	0
25	Tamil Nadu	Chennai	14	4
		Tiruchirapalli	1	0
		Tirunalveli	1	0
26	Telangana	Hyderabad	13	6
27	Tripura	Agartala	1	0
28	Uttrakhand	Dehradun	3	0

29	Uttar Pradesh	Agra	1	0
	*Under Administrative control of CGHS, Delhi	Prayagraj	7	2
		Aligarh	1	0
		Baghpat	1	0
		Bareilly	1	0
		Ghaziabad*	1	0
		Gorakhpur	1	0
		Greater Noida*	1	0
		Indirapuram*	1	0
		Kanpur	9	3
		Lucknow	9	3
		Meerut	6	2
		Moradabad	1	0
		Noida*	2	0
		Saharanpur	1	0
		Sahibabad*	1	0
Varanasi	2	0		
30	West Bengal	Jalpaiguri	1	0
		Kolkata	19	3
		Siliguri	1	0
31	Chandigarh (UT)	Chandigarh	1	0
	<b>Total</b>		<b>334</b>	<b>97</b>



## MINUTES OF FOURTH SITTING OF THE COMMITTEE ON ESTIMATES (2022-2023)

The Committee sat on Tuesday, the 21<sup>st</sup> June, 2022 from 1600 hrs. to 1745 hrs. in Room No '2', First Floor, Block-A, Parliament House Annexe Extension Building, New Delhi.

### PRESENT

**Shri Girish Bhalchandra Bapat – Chairperson**

#### Members

2. Kunwar Danish Ali
3. Shri P.P. Chaudhary
4. Shri Nihal Chand Chauhan
5. Shri K. Muraleedharan
6. Shri Kamlesh Paswan
7. Dr. K.C. Patel
8. Col. Rajyavardhan Singh Rathore
9. Shri Ashok Kumar Rawat
10. Shri Francisco Cosme Sardinha
11. Shri Sunil Dattatray Tatkare
12. Shri Shyam Singh Yadav

### SECRETARIAT

1. Smt. Anita B. Panda - Additional Secretary
2. Smt. Geeta Parmar - Additional Director

### MINISTRY OF HEALTH AND FAMILY WELFARE

1. Shri Rajesh Bhushan - Secretary
2. Shri Alok Saxena - AS & DG
3. Dr. G.D. Paliya - Addl. Director, CGHS
4. Shri Kiranjit S Nagi - Advisor (Parliament)

2. At the outset, the Chairperson welcomed the representatives of the Ministry of Health and Family Welfare to the sitting of the Committee convened to have briefing on

the subject 'Assessment of various initiatives under Central Government Health Scheme(CGHS)'.  
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3. Thereafter, the Secretary, Ministry of Health and Family Welfare made a brief power point presentation highlighting *inter-alia* scope of the CGHS, salient features of medical facilities available to the beneficiaries under CGHS, procedure for taking treatment at CGHS empanelled hospitals, categories of beneficiaries entitled for cashless treatment, various achievements under CGHS like development of the infrastructure, Governance and IT related initiatives, performance of CGHS medical officers and staff in dealing with COVID-19 pandemic, various provisions to CGHS beneficiaries for Covid infection, opening of new wellness centres in various States/Cities, etc.

4. The Members, then, raised several queries on the issues relating to effective implementation of CGHS like necessity of CGHS Hospital/facilities to work in close co-ordination with public representatives, steps being taken to avoid delays in reimbursement of outstanding dues to empanelled hospitals, need for simplification of the process for treatment in empanelled hospitals, provision of adequate infrastructure, upgradation of diagnostic machineries/equipments, availability of medicines at CGHS centres and measures being devised to improve overall functioning of CGHS centres, etc.

5. The representatives of the Ministry responded to the queries raised by the Members. The Chairperson thanked the representatives of the Ministry for furnishing the required information on the subject. The Ministry was asked to furnish written replies, on the points, which remained unanswered within two weeks.

6. The witnesses, then, withdrew.

7. A verbatim record of the proceedings has been kept

**The Committee then adjourned.**

## MINUTES OF EIGHTH SITTING OF THE COMMITTEE ON ESTIMATES (2022-2023)

The Committee sat on Wednesday, the 24<sup>th</sup> August, 2022 from 1100 hrs. to 1310 hrs. in Room No '2', Parliament House Annexe Extension Building, New Delhi.

### PRESENT

**Shri Girish Bhalchandra Bapat – Chairperson**

#### Members

2. Kunwar Danish Ali
3. Shri Sudarshan Bhagat
4. Shri P.P. Chaudhary
5. Shri Pinaki Misra
6. Shri K. Muraleedharan
7. Dr. K.C. Patel
8. Col. Rajyavardhan Singh Rathore
9. Shri Francisco Cosme Sardinha
10. Shri Jugal Kishore Sharma
11. Shri Srinivas Kesineni
12. Shri Sunil Dattatray Tatkare

#### SECRETARIAT

1. Smt. Anita B. Panda - Additional Secretary
2. Smt. Geeta Parmar - Additional Director

#### Representatives of the Ministry of Health & Family Welfare

1. Shri Rajesh Bhushan - Secretary
2. Shri Alok Saxena - AS & DG (CGHS)
3. Dr. Nikhilesh Chandra - Director (CGHS)
4. Dr. G.D. Paliya - AD(HQ) CGHS

2. At the outset, the Chairperson welcomed the Secretary and other officials of the Ministry of Health and Family Welfare to the sitting of the Committee convened to take oral evidence of the Ministry on the subject, 'Assessment of various initiatives under CGHS'. Their attention was also drawn to the Direction 55(1) of 'Directions by the Speaker, Lok Sabha' about the confidentiality of the proceedings of the Committee.

3. Then, the Secretary, Ministry of Health & Family Welfare made a power point presentation highlighting the medical facilities in non-CGHS areas, opening of new CGHS Wellness Centres, CGHS in North-Eastern States, infrastructure of CGHS, sanctioned and existing strength of Doctors and other staff, grievance redressal mechanism for beneficiaries, various aspects of the Associated Reproductive Technology (Regulation) Act, 2021, performance audit of CGHS by C&AG to examine payment at hospital bills by CGHS, etc.

4. Thereafter, the Chairperson and other Members of the Committee raised several queries on issues related to the subject like pending dues to empanelled hospitals, grievances of beneficiaries relating to claims, need for including Members of Parliament in various panels on CGHS, need for regular interaction of CGHS officials with local MPs, vacancies in CGHS setups/centres, contractual recruitment, punctualities of Doctors, availability of medicines in CGHS centres, status of implementation of the recommendations contained in the Performance Report of C&AG on CGHS, budget of CGHS, etc.

5. The representatives of the Ministry responded to the queries raised by the Members. The Chairperson thanked the representatives of the Ministry and asked them to furnish written replies to the queries which remained unanswered, within two weeks.

6. The witnesses, then, withdrew.

7. A verbatim record of the proceedings has been kept.

*The Committee then adjourned.*

**MINUTES OF THE FOURTEENTH SITTING OF THE COMMITTEE ON ESTIMATES  
(2022-23)**

The Fourteenth Sitting of the Committee was held on Thursday, 02 February, 2023 at 1500 hrs. to 1545 hrs. in Room No.52B, Parliament House, New Delhi-110001

**PRESENT**

Shri Nihal Chand Chauhan – Convener

**MEMBERS**

2. Shri Kunwar Danish Ali
3. Shri Kalyan Banerjee
4. Shri Sudarshan Bhagat
5. Shri P.P. Choudhary
6. Shri Harish Dwivedi
7. Dr. Sanjay Jaiswal
8. Shri Dharmendra Kumar Kashyap
9. Shri Mohanbhai Kalyanji Kundariya
10. Shri Kamlesh Paswan
11. Dr. K.C. Patel
12. Shri Vinayak Bhaurao Raut
13. Shri Rajiv Pratap Rudy
14. Shri Saikia Dilip
15. Shri Jugal Kishore Sharma
16. Smt. Sangeeta Kumari Singh Deo
17. Shri Sunil Dattatray Tatkare
18. Shri Shyam Singh Yadav

## SECRETARIAT

1. Smt. Anita.B.Panda - Additional Secretary
2. Shri Muraleedharan.P - Director
3. Shri R.C.Sharma - Additional Director

2. XXX XXX XXX

3. The Committee then took up for consideration and adoption of the following two draft Reports:

i) Assessment of various initiatives under CGHS.

ii) XXX XXX XXX

4. The Committee after due deliberations adopted the draft Reports. The Committee then, authorised the Chairperson to finalize the draft Reports on the basis of factual verification received from the concerned Ministry and present the same to Lok Sabha.

***The Committee, then, adjourned.***