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**STANDING COMMITTEE ON LABOUR, TEXTILES AND SKILL DEVELOPMENT**  
**(2024-25)**  
**(EIGHTEENTH LOK SABHA)**

**MINISTRY OF LABOUR AND EMPLOYMENT**

**Action Taken by the Government on the Observations/ Recommendations of the Committee contained in their Fifty-First Report (Seventeenth Lok Sabha) on the Employees State Insurance Corporation – Applicability and benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund of the Ministry of Labour & Employment.**

**SEVENTH REPORT**



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

**August, 2025/Shravana, 1947 (Saka)**



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**COMPOSITION OF THE STANDING COMMITTEE ON LABOUR, TEXTILES AND  
SKILL DEVELOPMENT (2024-25)**

**Shri Basavaraj Bommai – Chairperson**

**MEMBERS**

**LOK SABHA**

- |    |                                     |
|----|-------------------------------------|
| 2  | Shri Mani A.                        |
| 3  | Shri G. M. Harish Balayogi          |
| 4  | Shri Aashtikar Patil Nagesh Bapurao |
| 5  | Shri Partha Bhowmick                |
| 6  | Shri Yogender Chandolia             |
| 7  | Shri Ram Prasad Chaudhary           |
| 8  | Shri Chandra Prakash Choudhary      |
| 9  | Shri G. Lakshminarayana             |
| 10 | Shri Asit Kumar Mal                 |
| 11 | Shri Kali Charan Munda              |
| 12 | Shri Rudra Narayan Pany             |
| 13 | Shri Kartick Chandra Paul           |
| 14 | Shri Tanuj Punia                    |
| 15 | Shri Pradeep Purohit                |
| 16 | Shri Mukesh Rajput                  |
| 17 | Shri Raja Ram Singh                 |
| 18 | Shri Adhikari Soumendu              |
| 19 | Shri V. K. Sreekandan               |
| 20 | Shri Manoj Tigga                    |
| 21 | Shri Chavan Ravindra Vasantryao     |

**RAJYA SABHA**

- |    |                                    |
|----|------------------------------------|
| 22 | Smt. Jaya Amitabh Bachchan         |
| 23 | Shri Ritabrata Banerjee            |
| 24 | Shri Naresh Bansal                 |
| 25 | Shri Govindbhai Laljibhai Dholakia |
| 26 | Shri Rajendra Gehlot               |
| 27 | Dr. Syed Naseer Hussain            |
| 28 | Shri Maharaja Sanajaoba Leishemba  |
| 29 | Shri Shibu Soren                   |
| 30 | Vacant                             |
| 31 | Vacant                             |

**SECRETARIAT**

- |   |                          |   |                  |
|---|--------------------------|---|------------------|
| 1 | Shri Lalkithang          | - | Joint Secretary  |
| 2 | Ms. K. Muanniang Tunglut | - | Director         |
| 3 | Ms. Mili Dinesh          | - | Deputy Secretary |

## **INTRODUCTION**

I, the Chairperson, Standing Committee on Labour, Textiles and Skill Development (2024-25) having been authorized by the Committee, present on their behalf this Seventh Report on Action taken by the Government on the Observations/Recommendations of the Committee contained in their Fifty-First Report (Seventeenth Lok Sabha) on the Employees State Insurance Corporation – Applicability and benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund of the Ministry of Labour & Employment.

2. The Fifty-First Report was presented to Lok Sabha and laid in Rajya Sabha on 20<sup>th</sup> September, 2023. The Ministry of Labour and Employment furnished their replies on 18<sup>th</sup> October, 2024 indicating Action Taken on the Observations/Recommendations contained in the Fifty-First Report. The Committee considered and adopted the Draft Report at their sitting held on 31<sup>st</sup> July, 2025.

3. An analysis of the action taken by the Government on the Observations/Recommendations contained in the Fifty-First Report (Seventeenth Lok Sabha) is given at Appendix-II.

4. For ease of reference, the Observations/Recommendations of the Committee have been printed in bold type in the body of the Report.

**New Delhi;  
31<sup>st</sup> July, 2025  
09 Shravana, 1947 (Saka)**

**BASAVARAJ BOMMAI  
CHAIRPERSON,  
STANDING COMMITTEE ON LABOUR,  
TEXTILES AND SKILL DEVELOPMENT**

## CHAPTER- I

### REPORT

This Report deals with the action taken by the Government on the Observations/Recommendations of the Committee contained in their Fifty-First Report (Seventeenth Lok Sabha) on 'The Employees State Insurance Corporation – Applicability and benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund' of the Ministry of Labour & Employment.

2. The Fifty-First Report was presented to Lok Sabha/ laid in Rajya Sabha on 20<sup>th</sup> September, 2023. It contained 29 Observations/ Recommendations. Replies of Government in respect of all the recommendations have been received and are categorized as under:-

- |   |   |
|---|---|
| (i) Recommendations/Observations which have been accepted by the Government – <b>Rec. Para Nos. 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 15, 16, 18, 19, 20, 21, 23, 24, 26, 27, 28 and 29.</b> | <b>Chapter-II<br/>Total:23<br/>Percentage:79.31</b> |
| (ii) Recommendation/Observation which the Committee do not desire to pursue in view of the Government's reply – <b>Rec. Para No. 25</b>   | <b>Chapter-III<br/>Total:01<br/>Percentage:3.45</b> |
| (iii) Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration – <b>Rec. Para Nos. 8, 14 and 17</b> | <b>Chapter-IV<br/>Total:03<br/>Percentage:10.34</b> |
| (iv) Recommendations/Observations in respect of which replies of the Government are interim in nature - <b>Rec. Para Nos. 7 and 22</b>  | <b>Chapter-V<br/>Total:02<br/>Percentage:6.90</b>   |

**3. The Committee desire that Action Taken Notes in respect of Observations/ Recommendations contained in Chapter-I and final action taken reply in respect of the Recommendations contained in Chapter-V of this Report, for which interim reply has been given by the Government, may be furnished to them at the earliest.**

**4. The Committee will now deal with some of their earlier Observations/ Recommendations which either require reiteration or merit further comments.**

## **I. COVERAGE OF THE ESI SCHEME**

### **(Recommendation Para No. 1)**

5. The Committee, in their Fifty-First Report, had noted that the ESI Act, 1948 applies to factories employing 10 or more persons. The Central Government is fully responsible for running the Scheme and ESIC does not receive subsidy from the Government. Presently, the employees of factories and establishments covered under the Act drawing wages up to Rs.21,000 per month (Rs.25,000 for Persons with Disabilities) are covered under the Scheme. The Employees' and Employers' contribution was reduced from 1.75% to 0.75% and 4.75% to 3.25% of the wages w.e.f. 01.07.2019. There was overall reduction in contribution from 6.5% to 4% (2.5% decrease). The proceeds are utilized to provide medical care and various cash benefits to the Insured Persons (IPs). The average daily wages during a wage period for exemption from payment of employee's contribution which was Rs.137 earlier was raised to Rs.176 w.e.f. 06 September 2019.

6. The Committee had further noted that the number of IPs in 2018-19, 2019-20, 2020-21 and 2021-22 was 3.50, 3.41, 3.39 and 3.10 crore respectively, and the number of beneficiaries during the corresponding period was 13.56, 13.24, 13.16 and 12.04 crore. Thus, there is noticeable decrease in IPs as well as beneficiaries since 2018-19. The reasons for decrease in the number of IPs as well as beneficiaries, as intimated by the Ministry, include, *inter-alia* out-break of the Covid-19 Pandemic owing to which the companies/ factories were completely shut down and employees working in such companies were compelled to leave the place of work for some period.

7. The Committee had also noted that the net revenue for two years prior to reduction of the contribution was Rs.43,274 crore and for three years following the

reduction, it was Rs.44,587 crore. Thus, the average annual revenue prior to, and after the reduction of the contribution is Rs.21,637 crore and Rs.14,862 crore respectively. Thus, the average annual reduction of ESIC's revenue following the cutting down of the contribution was to the extent of Rs.6775 crore.

8. As intimated by the Ministry, presently, there is no proposal to change the wage limit for coverage under the ESI Scheme.

9. The Committee had wished to highlight the fact that with the passage of time, wages have increased. The last revision of the wage ceiling was effected from 01 January 2017 viz. approx. 6 years 9 months back and the prevailing wage limit of Rs.176 per day for exemption from paying contribution was effected w.e.f. 06 September 2019. In the light of the changing economic scenario, the Committee had impressed upon the Ministry/ESIC the need for reviewing the provisions relating to coverage, contribution and entitlement of wages. An expert Committee could be constituted for suggesting the changes 'required' in the provisions with a view to increasing coverage by a considerable extent and provide benefits to maximum number of IPs and beneficiaries. The Committee had wished to be apprised of the action taken in this regard.

10. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

"The decision regarding upward revision of wage ceiling for ESI coverage and other issues are taken after comprehensive exercise to assess as to whether the existing ESI infrastructure would be able to meet the requirement of the employees and families, which are likely to increase consequent upon of the enhanced wage ceiling. At present, there are 165 ESI hospitals, 1695 ESI dispensaries and 869 Insurance Medical Practitioners (IMPs) across the country.

For the purpose, a committee comprising the officers and members of the ESI Corporation had been constituted for examination of the issue and make suitable recommendations. The report of the committee has been received recently and issue is under examination".

**11. Impressing upon the Ministry/ESIC the need for reviewing the provisions relating to coverage, contribution and entitlement of wages under the Employees State insurance (ESI) Scheme, the Committee had desired that**



**an expert committee be constituted for suggesting the changes ‘required’ in the provisions. In their Action Taken Note furnished to the Committee, the Ministry have intimated that a committee comprising of officers and members of the ESI Corporation had been constituted for the purpose. Further, the report of the committee has since been received and the issue is under examination. However, there is no specific decision taken by the Ministry/ESIC. Given the increase in wages over the passage of time and the fact that the last revision of wage ceiling was effected in 2017 while the wage limit for exemption from paying contribution was last revised in 2019, the Committee stress the urgency for an upward revision of wage ceiling and exemption limit under the ESI Scheme and urge the Ministry/ESIC to examine the report in all urgency and in the least possible time so that the wage ceiling and exemption limit are enhanced accordingly with a view to substantially increase coverage and provide benefits to maximum number of IPs and beneficiaries. The action taken in this regard may be communicated to this Committee immediately.**

## **II. EXTENDED COVERAGE UNDER CODE ON SOCIAL SECURITY, 2020**

### **(Recommendation Para No. 2)**

12. The Committee had noted that the ESI Act, 1948 along with 8 other Central Labour Acts has been subsumed in the Code on Social Security, 2020 (Act 36 of 2020) which was notified on 29 September, 2020. The code is, however, yet to be enforced. The Central Government has notified the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13 November 2020 for stakeholder consultation; and the final rules are yet to be notified.

13. The benefits currently available under the ESI Act will be retained in the Code. All the benefits relating to medical, sickness, maternity, disablement and dependence benefits are proposed to be retained. The coverage of ESI will expand

pan India to all establishments employing ten or more employees under the Code as against only the notified district areas currently.

14. The Committee had further noted that as per Section 1(4) of the Code on Social Security, 2020 read with its First Schedule, provision has been made for voluntary coverage of establishments with less than 10 persons. At present, the ESI Act does not contain this provision. Coverage of plantations as an establishment, on opting for the same by the employer has been provided for in the Code. As per the proviso of First Schedule of the Code, *ibid*, establishments engaged in hazardous or life-threatening occupations will have to cover every single employee. Provision for formulating special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code. As per the provisions of Section 142 of the Code on Social Security, 2020, the establishment of identity through Aadhaar for the employees or unorganized workers or any other person, either for himself or dependents, has been made mandatory for availing services, seeking benefits, receiving payment, etc. Further, the definition of 'wages' under ESI Act, 1948 is proposed to be replaced with the definition of 'wages' as contained under Code on Social Security 2020. The Code defines 'wages' under Section 2(88) as basic pay plus dearness allowance plus retaining allowance. The definition excludes bonus, conveyance allowance, PF/pension contribution, payment towards special expenses because of the nature of the job, HRA, remuneration payable under settlement between parties or the order of the Tribunal, overtime allowance, commission, etc. The proviso to the section in the Code states that if the total of the components that are excluded is more than 50% of gross remuneration, then such percentage of remuneration, which is in excess of 50% will be added to the wages.

15. The Committee had noted that with the implementation of the Code, the coverage of ESI is to expand pan-India. The Ministry have admitted that considering the existing infrastructure, expanding the coverage without proper development/ augmentation of facilities will not be in the interest of Insured Persons/beneficiaries. The Committee were also concerned to note that out of 3.73 crore Insured Persons (IPs) as on 12 May 2023, Aadhaar numbers of only 17,531 IPs have been seeded by ESIC.

16. The Committee had expressed concern to note that at present the Ministry/ESIC is not fully geared up to provide extended coverage as envisaged under the Code on Social Security, 2020. The Committee were of the considered view that preparatory work for implementation of the plan of action already identified by ESIC, *viz* conduct of extensive surveys; collection of data from Government Departments; identification of common business identifiers for establishments by the ESIC in consultation with EPFO; use of Aadhar for

identification of members/insured persons, etc. need to be undertaken in right earnest. The Committee had also urged upon the Ministry to seriously have a re-look at its approach for gearing up the medical/health infrastructure, prepare a 'Vision Document' and ensure that administrative, infrastructural, legal, technical and financial hurdles do not in any way dilute the spirit of Code on Social Security, 2020 for pan India coverage of ESI Scheme in the larger interest of present and future beneficiaries including those in the Unorganized Sectors, as also gig workers, platform workers and similar other beneficiaries.

17. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“In order to identify the uncovered factories/establishments/employees under the ESI scheme, field offices are advised to liaise with EPFO, other departments of the state and central government, local offices like Central Board of Secondary Education, universities, Food and Drugs Administration, field offices of Ministry of Commerce, Ministry of Industries, Ministry of Corporate affairs, MSME, GST, Confederation of Indian Industry, etc. and obtain data available with them regarding factories/establishment registered with them.

The data as collected is scrutinized at the level of the field offices of the ESIC (regional and sub-regional offices) across the country and to units, which are found to be coverable under ESI scheme, letters are issued to them explaining the benefits under the scheme and requesting for coverage under it.

The field offices were again communicated on 21.09.2023 for liaisoning with EPFO and other departments/ offices for obtaining data available with them regarding factories/establishment registered thereon. As per the data received, there were a total of 291283 factories/ establishments identified for coverage under the ESI scheme and 92089 were non-coverable.

At present, the ESI scheme has been notified in 674 districts out of 778 districts of the country, which includes 571 fully notified districts under ESI coverage and 103 partially notified districts under ESI coverage. There are remains 104 districts where the ESI scheme is yet to be notified. Thus, there is a total of 207 districts (103 partially notified districts and 104 non-notified districts) which are awaiting full coverage under ESI scheme.

For implementation of ESI scheme in non-notified areas/districts of the country, instructions have been issued by the ESIC to all its field offices and state governments to make necessary medical arrangements through dispensaries, empanelment of Modified Insurance Medical Practitioner (m-IMP)/ Modified Employer Utilization Dispensary (mEUD) for providing primary care medical services to insured persons and their families. Apart that tie-up arrangements have also been made by the ESIC with public/private and PMJAY empanelled hospitals for arrangement of secondary and tertiary care medical services to IPs and their families. Despite all out efforts by the ESIC, the goal of achieving pan India implementation of the ESI scheme in all districts by the end of 2022 could not be realized so far. In this regard, necessary collaboration with the regional offices and medical institutions are being made to expedite infrastructure creation to ensure completion of medical arrangements in the pending districts as early as possible., As the creation of medical infrastructure is a time-consuming process and influenced by various factors also, it has affected the expansion plan of the ESI Scheme. However, consistent efforts are being made to expedite in the remaining districts also to implement the scheme the pan-India implementation at the earliest.

Recruitment process for existing vacancies in respect of medical officers/nursing/paramedical staff is already underway. This will further improve medical/health infrastructure of the ESIC.

Following steps have also been initiated with futuristic vision to gear up and strengthen medical infrastructure: -

- i. Dashboard monitoring regarding procurement, purchase, installation, maintenance and condemnation of the medical equipment has been started.
- ii. Comprehensive Medical Manual covering all the aspects of Medical Equipment, i.e. procurement, purchase, installation, maintenance and condemnation is also under finalisation.
- iii. Enhancement of DOP for procurement of medical equipment to empower HoDs of ESIC user institutions has also been carried out for procurement of medical equipment.
- iv. Revised and updated medical equipment norms have been issued for facilitating ESIC user institutions for procurement of medical equipment.
- v. In order to have a uniform criterion for provision of Human Resource in the existing and upcoming new ESIC Hospitals and Dispensaries. Human Resource norms were approved on 15.12.2023. These norms aim to guide ESIC in enhancing the delivery of healthcare services to its beneficiaries, ensuring efficiency, quality and responsiveness to the evolving healthcare landscape. The manpower norms pertain to all category of Hospitals from

100 bed Hospitals to 1000 bed Hospitals and Dispensaries (02 doctor, 03 doctor and 05 doctor Dispensary).

- vi. The ESIC has strong commitment to provide good quality medical services of primary, secondary and tertiary levels to its beneficiaries in best possible ways. Goal is to develop in-house speciality and super-speciality services by incorporating modern technologies in ESI Hospitals. It has embarked on a significant expansion of the Health Scheme to cater to the growing demands of ESI Beneficiaries. The aim is to make the most efficient use of existing medical infrastructure and establish additional hospitals and dispensaries in close proximity to the beneficiaries' locations. The ESIC referral policy-2023 (ESIC Operational manual 2023 for Super Speciality and Speciality Services) has been framed accordingly, which will act as a reference document for situations where referrals to tie-up Hospitals are required to offer services that are not available in-house.

For further strengthening its health infrastructure, ESIC and National Health Authority (NHA) have entered into a collaboration to cover a total of 157 districts in the country for providing medical care to respective beneficiaries. Besides, 26 ESIC hospitals have been selected for providing medical services to Pradhan Mantri Jan Arogya Yojana (PM-JAY) beneficiaries.

As of now, total 26 ESIC hospitals have been approved (15 ESIC hospitals had been approved in the year 2019 and 11 new ESIC hospitals had been approved in the year 2024) for opening In-house secondary and tertiary medical care services to PJMAY beneficiaries, so that the benefit of health facility in these Hospitals can also be Utilized by PMJAY beneficiaries and the health and simultaneously the human resource infrastructure of these ESIC hospitals can be optimally utilized.

Further, for the mutual benefit of ESI beneficiaries and PMJAY beneficiaries, ESIC and NHA have decided to take the collaboration forward, Pan-India integration of ESIC and NHA has been approved by ESIC. Technical integration of NHA's and ESIC's digital platform is underway to devise modalities for Pan India integration and implementation.

ESIC's own infrastructure is also being developed in a time bound manner. A five-year plan for construction activities to augment the medical infrastructure has also been prepared.

#### **Aadhar Seeding of IPs/beneficiaries:**

Section 142 of the Social Security Code, 2020 relating to applicability of Aadhaar authentication has been notified on 13.01.2023 by the Government. The notification has enabled ESIC to collect Aadhaar detail for the database of beneficiaries on voluntary basis as per the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies Benefits and Services) Act, 2016, read with Rule 5 of the Aadhaar Authentication for Good Governance (Social Welfare, Innovation, Knowledge) Rules, 2020.

The Aadhaar seeding of the beneficiaries has accordingly been initiated by the ESIC and it is continuously monitoring the progress. Directions/instructions are being issued by the ESIC from time to time to its field offices across the country to expedite, on priority basis, the Aadhaar seeding of the beneficiaries. In this regard, special kiosks have also been setup at various ESIC/ESI Scheme (ESIS) hospitals and dispensaries across the country. All regional and sub-regional offices of the ESIC are encouraging the employers, employees and beneficiaries to achieve the target of Aadhaar seeding.

The following steps have also been taken for completion of the tasks:

- i. Aadhaar seeding through biometric devices, because a number of the IPs do not have any mobile phone or have changed their registered mobile number.
- ii. Coordinating with the EPFO with request for sharing the Aadhaar details of common beneficiaries in both ESIC and EPFO databases for faster Aadhaar seeding.
- iii. Face-recognition based Aadhaar seeding module is also under development.

The work of Aadhaar seeding of the IPs is going on at a fast pace by the corporation. Till 30.09.2024, more than 1.26 Crore Aadhaar of IPs and beneficiaries have been seeded by the ESI Corporation.

**Extended coverage of ESI scheme to Unorganized worker, gig and platform workers under the Code on Social Security, 2020:**

- i. As per section 45 of CoSS, 2020, ESIC has been entrusted with the work of providing benefits as per chapter IV of the Code to unorganized/gig/platform workers on payment of user charges under the scheme to be notified by the central govt as per Section 109(1) and 114(1) of the Code.
- ii. Accordingly, once such a scheme is notified, the ESI Corporation will take necessary action to decide the modalities towards it viz. scale of benefits,

amount of contribution and financial implication etc. for platform workers to avail the benefits under the scheme.

iii. ESI Regulations will accordingly be finalized and notified by the ESIC.”

**18. The Committee acknowledge the measures taken by the Ministry/ESIC towards extending the coverage of the ESI Scheme as envisaged under the Code on Social Security 2020. However, as far as implementation of the ESI Scheme in non-notified areas/districts, recruitment process of existing vacancies in respect of medical officers/nursing/paramedical staff, augmenting medical infrastructure, work of Aadhaar seeding of IPs and beneficiaries, etc. are concerned, a lot of groundwork needs to be done. In the Action Taken Note of the Ministry, it is mentioned that the official Rules for the Code on Social Security has to be notified. The Committee feel that the Rules should be notified immediately. The Committee, also desire that the Ministry in co-ordination with ESIC undertake a phased and strategic capacity building initiative to ensure preparedness for the extended coverage mandated under the Code. Infrastructure expansion, digital integration *viz.*, developing and implementing a robust centralized IT system for real-time data, processing of claims and beneficiary tracking, human resource strengthening, awareness campaigns for employers and workers, pilot projects in select States/districts to test systems, identify bottlenecks and refine operational procedures, establishing a dedicated task force to monitor and evaluate implementation progress and readiness as well as addressing gaps on real-time basis, etc. may be taken up on priority. The Committee are of the firm opinion that these steps will ensure the evolution of ESIC into a more agile and capable institution ready to fulfill the broader mandate as envisioned under the Social Security Code. The Committee are deeply concerned to note that out of 3.73 crore Insured Persons (IPs), only 1.26 crore Aadhaar of IPs (as on 30.09.2024) have been seeded by ESIC which is very dismal. Since the provision of formulating a special scheme for unorganized/Gig and platform workers have been included in the Codes, the**

**seeding process has to be expedited on war footing. Despite the numerous challenges that need to be overcome in this exercise, well planned and targeted strategies can mitigate each of these hurdles thus paving way for guaranteed success in preparing the groundwork before the Social Security Code actually comes into effect.**

### **III. MEDICAL FACILITIES UNDER ESI SCHEME**

#### **(Recommendation Para No. 3)**

19. The Committee had noted that the Ministry had initiated efforts to extend medical facilities in the Union Territory of Lakshadweep in the year 2016. As intimated by the Ministry, building the medical infrastructure in the Union Territory having population of 60000, area of 32 square km., 8 islands which are upto 302 km. apart from each other has been a challenge. The Committee have, from time to time, emphasized the need for providing medical facilities under the Scheme in the Union Territory. The Committee were appreciative of the fact that, the challenges have been met and as emphasized upon them, the ESI Scheme has now been implemented in the entire area of Kavaratti, Agatti and Minicoy Islands of the Union Territory of Lakshadweep w.e.f. 01May, 2023. The Committee had also been apprised that the Ministry has to depend upon the State Governments for opening dispensaries and hospitals under the ESIS so that the coverage can be notified.

20. The Committee had impressed upon the Ministry to pursue the State Governments the matter of covering new districts and the Scheme, which is presently applicable in 610 districts (492 fully notified and 118 partially notified) is notified in all the districts of the country in a time bound manner and thereby achieve the objective of providing medical facilities under the Scheme to all parts of the country. The Committee had wished to be apprised of the progress in this direction.

21. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“Currently, the ESI scheme has been notified in 674 districts out of 778 districts in the country, which includes 571 fully notified and 103 partially notified districts. However, there are still 104 districts where the scheme has not yet been notified. Therefore, a total of 207 districts (103 partially notified districts and 104 non-notified districts) are yet to be fully covered under the ESI scheme. As the creation of medical infrastructure is a time-



consuming process and influenced by various factors also, it has affected the expansion plan of the ESI Scheme and the coverage of all districts by 2022 could not be met. However, consistent efforts are being made to expedite in the remaining districts also to implement the scheme the pan-India implementation at the earliest.

In this regard, ESIC is consistently pursuing the matter with respective state governments for arrangement of the medical care as early as possible. In this regard, brief about the action taken by the ESIC are as under:

1. A communication was issued on dated 30.09.2022 to the respective Regional Directors of ESIC for making special efforts for expediting the creation of infrastructure for the operationalization of Dispensary-cum-Branch Offices (DCBOs) and Branch Offices (BOs).
2. A letter was also issued by the ESIC again on 22.11.2022 to all the Regional Directors of ESIC requesting for the submission of proposals within the stipulated timeline.
3. A D.O letter from the Director General, ESIC was also sent on 01.11.2022 to 22 Chief Secretaries of the states, emphasizing the need for the completion of primary care medical arrangements in the non-notified areas of the districts of the country.
4. A letter was also sent to all the Regional Directors of ESIC on 22.05.2023 for expedite the implementation of the ESI scheme in the non- notified districts.
5. Communication was also sent on 21.08.2023 to all Regional Directors, ESIC with a request to make special efforts for operationalization of approved DCBOs/BOs/ Modified Insured Medical Practitioners (mIMP) /PMJAY empanelment for implementation of ESI scheme in non-notified areas and submission of proposals to ESIC Headquarters at the earliest.
6. Letter 14.02.2024 again issued to the respective Regional Directors for submission of proposal to ESIC for implementation of ESI Scheme in pending districts.
7. DO letter dated 23.04.2024 - issued to the respective Regional Directors for taking up the matter with State Govt.
8. DO letter dated 05.07.2024 issued to Chief Secretary of the State for necessary medical arrangements in non-notified areas.

For implementation of ESI scheme in non-notified areas/districts of the country, instructions have been issued to all the field offices of ESIC/state governments to make necessary arrangements through dispensaries and/or empanelment of Modified Insurance Medical Practitioner (m-IMP)/ Modified Employer Utilization Dispensary (mEUD) for providing primary care medical services and tie-up arrangement with public/private and PMJAY hospitals for arrangement of secondary/tertiary care medical services. Despite the efforts made by the ESI Corporation, the goal of achieving pan-India implementation of the

ESI Scheme in all districts by the end of 2022 could not be realized. Further actions and collaboration with the regional offices and medical services are being made to expedite infrastructure creation and to ensure the completion of medical arrangements in the pending districts.

As creation of medical infrastructure is a time-consuming process influenced by various factors, the expansion plan of the ESI Scheme has been affected. However, efforts are being made to expedite the pan-India implementation of the ESI scheme as early as possible.”

**22. The Committee note that the ESI Scheme has been notified in 674 districts out of 778 districts in the country, which includes 571 fully notified and 103 partially notified districts. A total of 207 districts (103 partially notified districts and 104 non-notified districts) are yet to be fully covered under the ESI Scheme. The Committee understand that creation of medical infrastructure is a time-consuming process, influenced by various factors and the expansion plan of the ESI Scheme and the coverage of all districts by 2022 could not be met. Despite the setbacks, the Committee urge the Ministry/ESIC to remain unwavering in their focus to cover all the remaining 207 districts in a stipulated time period and ensure timely access to healthcare and social security for unorganised and underserved workers. Providing basic healthcare facilities to the myriad unorganised workers being a pre-requisite for ensuring equitable and inclusive growth, the Committee desire that the Government should temporarily fill the gap in non-notified areas/districts of the country by involving State Government health services/private providers, establish a dashboard to monitor district-wise implementation and beneficiary feedback, launch mobile ESI clinics in remote and rural areas, etc. to promptly cater to**

**the medical necessities of these non-notified areas/districts. The lessons learnt so far in the efforts for expansion of the ESI Scheme and coverage of all districts by 2022 may be utilised to adopt a fresh strategy for the pan-India implementation of the Scheme expeditiously.**

#### **IV. INSURANCE MEDICAL PRACTITIONERS**

##### **(Recommendation Para No. 7)**

23. The Committee, in their Fifty-First Report, had noted that to supplement the ESI dispensary network, 1003 Private Medical Practitioners have been empanelled as Insurance Medical Practitioners (IMPs). Each IMP is allowed to register upto 2000 IP family units. The IMPs under the panel system are paid capitation fee of Rs.500/-per IP per year, since 8<sup>th</sup> September 2016, for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine.

24. The Committee had observed that the capitation fee being paid to the IMPs at Rs. 41 per IP per month is meagre and needs to be revised considering the inflation rate and also the fact that the last revision was affected was back in 2016. The Committee had desired that an appropriate administrative decision in this regard be taken by the Ministry/ESIC on priority.

25. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“To augment the resources of the ESIC & ESIS ecosystem, a revised Insurance Medical Practitioner (IMP) scheme to enrol doctors in areas where ESIC doesn't have its own presence has been prepared. Accordingly, a proposal for revised policy of IMP was submitted before the 85<sup>th</sup> meeting of the Medical Benefit Council of the ESIC, which recommended the following: -

1. One IMP for 1000 IPs (two IMPs for 1000 IPs for Northeast)
2. Remuneration has been recommended to be changed from existing Rs 500 to Rs 700 with minimum consultation 1.5 times the number of IPs enrolled.
3. Provision of Annual Health check-up camp has been recommended.
4. The enhancement of the remuneration is proposed keeping in view the recent hike in OPD consultation rates by CGHS, MoHF&W.

Action has been taken on recommendation regarding annual health check and remaining recommendations are also under consideration”.

**26. Observing that the capitation fee being paid to the Insurance Medical Practitioners (IMPs) at Rs 41 per IP per month is meagre and needs to be revised, the Committee had desired that an appropriate administrative decision be taken by the Ministry/ESIC on priority. In their Action Taken Note furnished to the Committee, the Ministry have stated that a proposal for revised policy of IMP was submitted before the 85<sup>h</sup> meeting of the Medical Benefit Council of the ESIC, which recommended one IMP for 1000 IPs (two IMPs for 1000 IPs for Northeast), change in remuneration from the existing Rs. 500 to Rs. 700 with minimum consultation 1.5 times the number of IPs enrolled, provision of annual health check-up camp, etc. The Ministry have also intimated that action has been taken regarding annual health check-up while the remaining recommendations are under consideration. The Committee emphasize the need to enrol doctors in areas where ESIC does not have its presence for providing medical care to the IPs and urge the Ministry/ESIC to implement the remaining recommendations, particularly the enhanced remuneration for IMPs, at the earliest.**

**V. EMPLOYER UTILIZATION DISPENSARIES**

**(Recommendation Para No. 8)**

27. In their Fifty-First Report, the Committee had noted that the Employer Utilization Dispensaries (EUDs) were set up where the employer agreed to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. In this Scheme, the employer opens the dispensary in the premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum.

28. The Committee had also noted that out of 15.94 lakh Establishments, only 04 EUDs have been approved for which the capitation fee of Rs. 38 per IP per month is being paid to the employer.

29. The Committee had impressed upon the Ministry to take urgent steps to encourage the employers, having requisite infrastructure, to establish EUDs so that the medical care is available to the workers at their workplace. The Committee had also desired that the Scheme be suitably revised so as to cover the workers of nearby establishments, which do not have the necessary infrastructure on some mutually agreed terms and conditions. Concurrently, the capitation fee be suitably increased keeping in view the rise in prices.

30. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“Employer Utilization Dispensaries (EUDs) were also a mechanism of providing medical care to IPs and their families, where the employer agreed to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. Besides, ESIC also provide medical, surgical equipment and drugs and dressing through nearest ESIC hospital. Other facilities such as rent for space, furniture, non-medical equipment, computer, printers, telephone and internet connectivity etc. were also being provided through respective Regional Offices.

At present 20 EUD / m-EUD are functioning in ESIC across the country. No proposal is pending from the States for opening of a new EUD/m-EUD.”

**31. The Committee are deeply concerned that the reply of the Ministry had not indicated any pro-active steps taken to facilitate setting up of Employer Utilization Dispensaries (EUDs) to ensure medical care to the workers at their workplace, provide coverage to workers of nearby establishments which do not possess the necessary infrastructure through revision of the ESI Scheme and bring about suitable enhancement in the capitation fee in respect of the IP family, as desired by them. Being of the firm view that implementation of their recommendation would provide IPs and their families easy access to basic medical care, especially in underserved areas, the Committee reiterate**

**their earlier recommendation and urge the Ministry/ESIC to act upon it in right earnest. In addition to enhancement of the capitation fee, the Committee desire that incentives may also be provided to employers to establish their own dispensaries in their premises, wherever there is a shortage of ESI dispensaries, thereby supplementing the efforts of ESIC and ensuring coverage of more IPs. The Committee, therefore, call upon the Ministry to seek the collaboration of all the States along with undertaking a special drive so that employers are motivated to come forward and utilise the scheme. The specific steps taken in this direction may be communicated to the Committee.**

## **VI. HOSPITAL DEVELOPMENT COMMITTEES**

### **(Recommendation Para No. 14)**

32. The Committee were happy to note that the composition of ESIC/ESIS Hospital Development Committees (HDCs) had been revised whereby one of the members of the Committee was a local member nominated by Member of Parliament of the area. The Committee, however, found that HDCs have been constituted only in 36 of 51 ESIC hospitals and 57 of 109 ESIS hospitals. Of these, the nominees of local Member of Parliament have been nominated in 19 ESIC and 24 ESIS HDCs.

33. The Committee had desired that the HDCs in the remaining ESIC and ESIS hospitals be constituted expeditiously and nomination of local representatives of Member of Parliament of the area be ensured. The Committee had further desired that the meetings of HDCs of both ESIC and ESIS hospitals be held at regular intervals.

34. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“In view of constitution of the Hospital Development Committee (HDC) and nomination of local representatives of Member of Parliament of the area, instructions on 15.01.2020 have been issued to all Medical Superintendents of ESIC/ESIS hospitals regarding revision of the composition of ESIC/ESIS HDCs accordingly.

Further, instructions have also been sent on 15<sup>th</sup> May 2023 to the Zonal Medical Commissioners of the ESIC to ensure constitution of HDCs in every ESIC/ESIS hospitals of their zone. Accordingly, consistent efforts are being made to ensure constitution of HDCs in all ESI hospitals at the earliest as well as to hold their meetings regularly.

As per the information available HDC is existing in 46 ESIC Hospitals 80 meetings have been conducted in ESIC Hospitals. Further 36 HDC are existing in ESIS Hospitals and 105 meetings of HDC have been conducted post formation of HDC Committee.”

**35. The Committee had desired expeditious constitution of Hospital Development Committees (HDCs) in the remaining ESIC and ESIS hospitals, nomination of local representatives of Member of Parliament of the area to the HDCs and holding of HDC meetings of both ESIC and ESIS hospitals at regular intervals. While providing the number of existing HDCs and the number of HDC meetings held, the reply of the Ministry is silent regarding nominees of local representatives of Members of Parliament of the area and the frequency of HDC meetings. The Committee, hence reiterate their earlier recommendation and urge the Ministry to take immediate steps to nominate local representatives of Member of Parliament of the area in the HDCs, wherever necessary and ensure that HDC meetings in ESIC and ESIS hospitals are conducted at regular/periodic intervals.**

## **VII. TELE-CONSULTATION THROUGH E-SANJEEVANI PORTAL**

### **(Recommendation Para No. 17)**

36. In their earlier Report, the Committee were happy to note that all ESI hospitals along with 1950 Doctors have been on-boarded on e-Sanjeevani Portal of

the Ministry of Health & Family Welfare for providing tele-consultation services. As on July 2023, more than 70,000 patients have been provided tele-consultation through this platform. The Committee had been apprised that, at present, there is no demarcation of ESI/non-ESI patients on the portal. In this context, the Committee found that in the e-Sanjeevani application, a provision exists for CGHS beneficiaries to enter beneficiary ID and also to upload CGHS Card at the time of availing services.

37. The Committee had urged the Ministry/ ESIC to approach the Ministry of Health & Family Welfare to provide facility of entering beneficiary ID and also uploading Card at the time of availing services to ESI beneficiaries so that the data regarding online tele-consultation provided by ESI doctors to ESI & non-ESI beneficiaries is readily available. The Committee had also desired that awareness campaigns be launched through ESIC/ESIS hospitals/dispensaries as well as through employers regarding availability of online tele-consultation facility and IPs may be encouraged to utilize the same.

38. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“Ministry of Health & Family Welfare (MoHF&W) has launched e-sanjeevani 2.0 in August 2023. Accordingly, the ESIC hospitals are being onboarded on e-sanjeevani 2.0 and taking necessary action for increasing the utilization of this portal for tele-consultation.

A staggered media campaign on various initiatives of ESIC including the tele consultation through e-sanjeevani are part of its efforts towards facilitating the easy availability and accessibility of the medical services, which includes the following:

1. Drug Delivery to Homes of ESI Beneficiaries
2. Preventive Health Check-Up camp for Senior Citizens
3. Chemotherapy Facilities at ESIC Hospitals
4. 5G enabled Ambulance Services
5. AAA Mobile App
6. Dhanwantri Module
7. Hub & Spoke Model
8. E-Sanjeevani App
9. Convergence with PMJAY, etc.”



**39. The Committee find that the reply of the Ministry has not addressed the core issue of providing facility of entering beneficiary ID and also uploading card at the time of availing services through the e-Sanjeevani Portal of the Ministry of Health and Family Welfare for ready availability of the data regarding online tele-consultation provided by ESI doctors, specifically to ESI beneficiaries. As regards launching of awareness campaigns regarding availability of the online tele-consultation facility and encouraging IPs to utilize the same, the Ministry have stated that a staggered media campaign on various initiatives of ESIC including the tele-consultation service are part of its efforts towards facilitating the easy availability and accessibility of the medical services. Emphasizing the need for easy availability of data regarding online tele-consultation provided by ESI doctors specifically to ESI beneficiaries, the Committee reiterate their earlier recommendation and urge the Ministry to take up the matter with the Ministry of Health and Family Welfare so that the data is made available at the earliest. For wide publicity of the online tele-consultation facility through e-Sanjeevani Portal, the Committee desire that ESIC/ESIS hospitals/dispensaries as well as employers be pursued to launch vigorous awareness campaigns through print and electronic media as well as social media platforms so that the benefits of the facility and health care services due to IPs and their families are disseminated to them and they are encouraged to avail the same.**

## **VIII. EMPLOYEES STATE INSURANCE SCHEME**

### **(Recommendation Para No. 22)**

40. The Committee, in their Fifty-First Report, had noted that ESIC, from time-to-time approaches State Governments to take over low performing ESIS hospitals. The Committee appreciate that ESIC has recently taken over ESIS hospital at Kota (Rajasthan) and the proposal to take over three more hospitals at Vijayawada (Andhra Pradesh), Maithan (Jharkhand) and Bhopal (Madhya Pradesh) is under process.

41. The Committee had desired the Ministry/ESIC to expedite the formalities of taking over these hospitals on priority. The Committee had also appreciated the efforts made by the ESIC requesting all the State Government to provide their consent for taking over such State Government ESI hospitals where State is willing. The Committee had further recommended that the ESI hospitals at Jagadhari, Haryana; Chaudwar, Odisha; and Bhilwara, Rajasthan be taken over by ESIC. The Committee had urged the Ministry/ESIC to continue their efforts in this direction and apprise them of the outcome of the same.

42. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“It is mentioned that ESIS hospital, Sonagiri, Bhopal, Madhya Pradesh and ESIS hospital, Maithan, Jharkhand have been taken over by ESIC on 20.06.2023 and 29.08.2023 respectively. For taking over the ESIS hospital, Vijayawada (Andhra Pradesh), ESIC has requested the State Government to nominate a representative for signing of MoU and complete other formalities of handing/taking over of the hospital.

Regarding recommendation of Committee in respect of the taking over of ESIS hospitals at Jagadhari (Haryana), Chaudwar (Odisha) and Bhilwara, (Rajasthan), the following is conveyed:

1. **ESIS Hospital, Jagadhari, Haryana**- In response to this office DO letter dated 02.01.2023, Principal Secretary, Labour Department, Government of Haryana vide DO letter dated 19.06.2023 has informed that requisition to fulfil vacant posts for the post of medical officers in ESIS hospitals, Haryana has already been sent to Haryana Public Service Commission and the advertisement for the same has also been floated. Once the required appointments are done, there will be no scarcity of doctors in hospitals and hospitals will run efficiently.
2. **ESIS Hospital, Chaudwar, Odisha**-The Principal Secretary, Govt. of Odisha, on 29.09.2023, has been requested again to convey consent of the State Government to hand over the state-run ESI hospitals including the ESIS hospital, Chaudwar to ESI Corporation.

3. **ESIS Hospital, Bhilwara, Rajasthan**-Earlier, ESIC vide letter dated 25.05.2022 requested the State Government to send their consent for handing over ESIS hospital, Bhilwara as per terms and conditions of MoU. Again, State Government of Rajasthan vide DO letter dated 02.01.2023 was requested to handover ESIS hospitals to ESIC. Principal State Government of Rajasthan has been requested again on 29.09.2023 to convey consent of the State Government to hand over the state-run ESI hospitals including ESIS hospital, Bhilwara to the ESI Corporation.”

**43. In pursuance of the recommendation of the Committee for taking over of ESIS hospitals at Jagadhari, Haryana; Chaudwar, Odisha; and Bhilwara, Rajasthan by ESIC, the Ministry have conveyed that advertisement for filling the vacant posts of medical officers in ESIS hospitals, Haryana has been floated and once the required appointments are done, there will be no scarcity of doctors and hospitals will run efficiently. In respect of the ESIS hospitals in Odisha and Rajasthan including Chaudwar and Bhilwara, Principal Secretaries of the State Governments have again been requested on 29.09.2023 to convey consent for handing over the hospitals to the ESI Corporation. The Committee are deeply concerned at the delay in taking over such hospitals by ESIC as the vulnerable workers are unnecessarily made to suffer on account of poor or lack of medical services. The Committee, hence urge the Ministry/ESIC to pursue the State Governments concerned for filling up the vacant posts of medical officers in ESIS hospitals expeditiously and complete the process of handing over the low performing ESIS hospitals across the country without further loss of time so that such hospitals are run efficiently and no worker is deprived of proper medical care.**

## **IX. SPECIAL AWARENESS CAMPAIGNS ON ESI SCHEME**

### **(Recommendation Para No. 29)**

44. In their earlier Report, the Committee were surprised to find that ESIC does not organise any special awareness campaigns about their Scheme and facilities. Raising awareness involves the process of informing the general public about a policy or scheme, increasing levels of consciousness for obtaining optimum benefits of the scheme or policy, for which awareness campaigns need to be organized.

45. The Committee, therefore, desired that the Ministry should come up with guidelines for organizing special awareness campaigns about the ESIC Scheme, highlighting its benefits, for covering more workers. The Committee also desired that local public representative should also be involved in the awareness campaigns. The Committee appreciated the idea of involving other wings of the Ministry like EPFO, etc. and work in coordination with them while organizing these campaigns. The Committee had liked to be apprised of the progress made in that regard.

46. In their Action Taken Note furnished to the Committee, the Ministry of Labour & Employment have stated as follows:-

“The ESIC undertakes various activities to make Insured workers/beneficiaries aware about the ESI scheme and benefits, which inter-alia includes:

- i. ESIC undertakes periodic publicity about various benefits available under the ESI Scheme pan-India using mediums of Print, Outdoor and Radio. “Awareness campaign in NE States”. “Aadhar Seeding of beneficiaries on voluntary basis has also been started.
- ii. The Field Offices/Hospitals/MCHs undertake various outreach programs including Awareness Camps, Seminars, Health Check-up Camps, Health Talks, etc. to make Insured Workers/beneficiaries aware.
- iii. Suvidha Samagams/ Grievance Redressal Days are used as tool to spread awareness about various benefits amongst the visitors.
- iv. A Special Services Fortnight is observed every year throughout all the offices/hospitals /MCHs of ESIC, under which various outreach programs, awareness activities are undertaken.

- v. Initiatives undertaken by ESIC is publicised through Press Release/Media Briefings. PIB is roped in for release of press release invariably.
- vi. Official Social Media Handles of ESIC are used to spread awareness about ESI Scheme/benefits/initiatives on regular basis through images, creatives, AVs, testimonials, etc.
- vii. Recent initiatives, benefits etc. regularly updated on ESIC website i.e. [www.esic.gov.in](http://www.esic.gov.in) for viewing by the visitors of website.
- viii. Brochure, pamphlets, magazines, samachar, etc. are designed and printed for publicising the ESI Scheme. These are also made available on official website for further viewing and downloading. The field offices/hospitals get these brochures, pamphlets, etc. translated in respective vernaculars for printing and further distribution amongst beneficiaries.”

**47. The Committee acknowledge the various initiatives taken by the ESIC to make Insured Workers/beneficiaries aware about the ESI Scheme and benefits. However, the Committee find that their recommendation for framing guidelines for organizing special awareness campaigns, involving local public representatives in such awareness campaigns and coordination with other wings of the Ministry like EPFO, etc. in organizing such campaigns, have not been addressed in the reply of the Ministry. The Committee genuinely perceive that such efforts would ensure widespread dissemination of information, build trust among beneficiaries and enhance the outreach and effectiveness of ESIC services, particularly among unorganised and vulnerable workers. Workers being the backbone of the economy, their good health goes a long way in strengthening the overall development of the country. The Committee, therefore, seek immediate intervention of the Ministry for coming up with guidelines for organizing special awareness campaigns on the ESI Scheme and its benefits, garnering**

**assistance/support from every quarter including local public representatives and various wings of the Ministry for execution of such campaigns so that the benefits of the ESI Scheme reach every corner of the country as well as each and every worker.**

## CHAPTER-II

### RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

#### (Recommendation Para No. 1)

The ESI Act, 1948 applies to factories employing 10 or more persons. The Central Government is fully responsible for running the Scheme and ESIC does not receive subsidy from the Government. Presently, the employees of factories and establishments covered under the Act drawing wages up to Rs.21,000 per month (Rs.25,000 for Persons with Disabilities) are covered under the Scheme. The Employees' and Employers' contribution was reduced from 1.75% to 0.75% and 4.75% to 3.25% of the wages w.e.f. 01.07.2019. There was overall reduction in contribution from 6.5% to 4% (2.5% decrease). The proceeds are utilized to provide medical care and various cash benefits to the Insured Persons (IPs). The average daily wages during a wage period for exemption from payment of employee's contribution which was Rs.137 earlier was raised to Rs.176 w.e.f. 06 September 2019.

The Committee further note that the number of IPs in 2018-19, 2019- 20, 2020-21 and 2021-22 was 3.50, 3.41, 3.39 and 3.10 crore respectively, and the number of beneficiaries during the corresponding period was 13.56, 13.24, 13.16 and 12.04 crore. Thus, there is noticeable decrease in IPs as well as beneficiaries since 2018-19. The reasons for decrease in the number of IPs as well as beneficiaries, as intimated by the Ministry, include, *inter alia* out-break of the Covid-19 Pandemic owing to which the companies/ factories were completely shut down and employees working in such companies were compelled to leave the place of work for some period.

The Committee also note that the net revenue for two years prior to reduction of the contribution was Rs.43,274 crore and for three years following the reduction, it was Rs.44,587 crore. Thus, the average annual revenue prior to, and after the reduction of the contribution is Rs.21,637 crore and Rs.14,862 crore respectively. Thus, the average annual reduction of ESIC's revenue following the cutting down of the contribution was to the extent of Rs.6775 crore.

As intimated by the Ministry, presently, there is no proposal to change the wage limit for coverage under the ESI Scheme.

The Committee wish to highlight the fact that with the passage of time, wages have increased. The last revision of the wage ceiling was effected from 01 January 2017 viz. approx. 6 years 9 months back and the prevailing wage limit of Rs.176 per day for exemption from paying contribution was effected w.e.f. 06 September 2019. In the light of the changing economic scenario, the Committee impress upon the Ministry/ESIC the need for reviewing the provisions relating to coverage, contribution and entitlement of wages. An expert Committee could be constituted for suggesting the changes 'required' in the provisions with a view to increasing coverage by a considerable extent and provide benefits to maximum number of IPs and beneficiaries. The Committee wish to be apprised of the action taken in this regard.

### **(Reply of Government)**

The decision regarding upward revision of wage ceiling for ESI coverage and other issues are taken after comprehensive exercise to assess as to whether the existing ESI infrastructure would be able to meet the requirement of the employees and families, which are likely to increase consequent upon of the enhanced wage ceiling. At present, there are 165 ESI hospitals, 1695 ESI dispensaries and 869 Insurance Medical Practitioners (IMPs) across the country.

For the purpose, a committee comprising the officers and members of the ESI Corporation had been constituted for examination of the issue and make suitable recommendations. The report of the committee has been received recently and issue is under examination.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **Comments of the Committee**

Please see Para No. 11 of Chapter-I

### **(Recommendation Para No. 2)**

The ESI Act, 1948 along with 8 other Central Labour Acts has been subsumed in the Code on Social Security, 2020 (Act 36 of 2020) which was notified on 29 September, 2020. The code is, however, yet to be enforced. The Central Government has notified the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13 November 2020 for stakeholder consultation; and the final rules are yet to be notified.



The benefits currently available under the ESI Act will be retained in the Code. All the benefits relating to medical, sickness, maternity, disablement and dependence benefits are proposed to be retained. The coverage of ESI will expand pan India to all establishments employing ten or more employees under the Code as against only the notified district areas currently.

The Committee further note that as per Section 1(4) of the Code on Social Security, 2020 read with its First Schedule, provision has been made for voluntary coverage of establishments with less than 10 persons. At present, the ESI Act does not contain this provision. Coverage of plantations as an establishment, on opting for the same by the employer has been provided for in the Code. As per the proviso of First Schedule of the Code, *ibid*, establishments engaged in hazardous or life-threatening occupations will have to cover every single employee. Provision for formulating special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code. As per the provisions of Section 142 of the Code on Social Security, 2020, the establishment of identity through Aadhaar for the employees or unorganized workers or any other person, either for himself or dependents, has been made mandatory for availing services, seeking benefits, receiving payment, etc. Further, the definition of 'wages' under ESI Act, 1948 is proposed to be replaced with the definition of 'wages' as contained under Code on Social Security 2020. The Code defines 'wages' under Section 2(88) as basic pay plus dearness allowance plus retaining allowance. The definition excludes bonus, conveyance allowance, PF/pension contribution, payment towards special expenses because of the nature of the job, HRA, remuneration payable under settlement between parties or the order of the Tribunal, overtime allowance, commission, etc. The proviso to the section in the Code states that if the total of the components that are excluded is more than 50% of gross remuneration, then such percentage of remuneration, which is in excess of 50% will be added to the wages.

The Committee note that with the implementation of the Code, the coverage of ESI is to expand pan-India. The Ministry have admitted that considering the existing infrastructure expanding the coverage without proper development/augmentation of facilities will not be in the interest of Insured Persons/beneficiaries. The Committee are also concerned to note that out of 3.73 crore Insured Persons (IPs) as on 12 May 2023, Aadhaar numbers of only 17,531 IPs have been seeded by ESIC.

The Committee express concern to note that at present the Ministry/ESIC is not fully geared up to provide extended coverage as envisaged under the Code on Social Security, 2020. The Committee are of the considered view that preparatory

work for implementation of the plan of action already identified by ESIC *viz.* conduct of extensive surveys; collection of data from Government Departments; identification of common business identifiers for establishments by the ESIC in consultation with EPFO; use of Aadhar for identification of members/insured persons, etc. need to be undertaken in right earnest. The Committee also urge upon the Ministry to seriously have a re-look at its approach for gearing up the medical/health infrastructure, prepare a 'Vision Document' and ensure that administrative, infrastructural, legal, technical and financial hurdles do not in any way dilute the spirit of Code on Social Security, 2020 for pan India coverage of ESI Scheme in the larger interest of present and future beneficiaries including those in the Unorganized Sectors, as also gig workers, platform workers and similar other beneficiaries.

### **(Reply of Government)**

In order to identify the uncovered factories/establishments/employees under the ESI scheme, field offices are advised to liaise with EPFO, other departments of the state and central government, local offices like Central Board of Secondary Education, universities, Food and Drugs Administration, field offices of Ministry of Commerce, Ministry of Industries, Ministry of Corporate affairs, MSME, GST, Confederation of Indian Industry, etc. and obtain data available with them regarding factories/establishment registered with them.

The data as collected is scrutinized at the level of the field offices of the ESIC (regional and sub-regional offices) across the country and to units, which are found to be coverable under ESI scheme, letters are issued to them explaining the benefits under the scheme and requesting for coverage under it. The field offices were again communicated on 21.09.2023 for liaisoning with EPFO and other departments/offices for obtaining data available with them regarding factories/establishment registered thereon. As per the data received, there were a total of 291283 factories/establishments identified for coverage under the ESI scheme and 92089 were non-coverable.

At present, the ESI scheme has been notified in 674 districts out of 778 districts of the country, which includes 571 fully notified districts under ESI coverage and 103 partially notified districts under ESI coverage. There are remains 104 districts where the ESI scheme is yet to be notified. Thus, there is a total of 207 districts (103 partially notified districts and 104 non-notified districts) which are awaiting full coverage under ESI scheme.

For implementation of ESI scheme in non-notified areas/districts of the country, instructions have been issued by the ESIC to all its field offices and state governments to make necessary medical arrangements through dispensaries, empanelment of Modified Insurance Medical Practitioner (m-IMP)/ Modified Employer Utilization Dispensary (mEUD) for providing primary care medical services to insured persons and their families. Apart that tie-up arrangements have also been made by the ESIC with public/private and PMJAY empanelled hospitals for arrangement of secondary and tertiary care medical services to IPs and their families. Despite all out efforts by the ESIC, the goal of achieving pan India implementation of the ESI scheme in all districts by the end of 2022 could not be realized so far. In this regard, necessary collaboration with the regional offices and medical institutions are being made to expedite infrastructure creation to ensure completion of medical arrangements in the pending districts as early as possible., As the creation of medical infrastructure is a time-consuming process and influenced by various factors also, it has affected the expansion plan of the ESI Scheme. However, consistent efforts are being made to expedite in the remaining districts also to implement the scheme the pan-India implementation at the earliest.

Recruitment process for existing vacancies in respect of medical officers/nursing/paramedical staff is already underway. This will further improve medical/health infrastructure of the ESIC.

Following steps have also been initiated with futuristic vision to gear up and strengthen medical infrastructure: -

- vii. Dashboard monitoring regarding procurement, purchase, installation, maintenance and condemnation of the medical equipment has been started.
- viii. Comprehensive Medical Manual covering all the aspects of Medical Equipment, i.e. procurement, purchase, installation, maintenance and condemnation is also under finalisation.
- ix. Enhancement of DOP for procurement of medical equipment to empower HoDs of ESIC user institutions has also been carried out for procurement of medical equipment.
- x. Revised and updated medical equipment norms have been issued for facilitating ESIC user institutions for procurement of medical equipment.
- xi. In order to have a uniform criterion for provision of Human Resource in the existing and upcoming new ESIC Hospitals and Dispensaries. Human Resource norms were approved on 15.12.2023. These norms aim to guide ESIC in enhancing the delivery of healthcare services to its beneficiaries, ensuring efficiency, quality and responsiveness to the evolving healthcare landscape. The manpower norms pertain to all category of Hospitals from 100 bed Hospitals to 1000 bed Hospitals and Dispensaries (02 doctor, 03 doctor and 05 doctor Dispensary).

- xii. The ESIC has strong commitment to provide good quality medical services of primary, secondary and tertiary levels to its beneficiaries in best possible ways. Goal is to develop in-house speciality and super-speciality services by incorporating modern technologies in ESI Hospitals. It has embarked on a significant expansion of the Health Scheme to cater to the growing demands of ESI Beneficiaries. The aim is to make the most efficient use of existing medical infrastructure and establish additional hospitals and dispensaries in close proximity to the beneficiaries' locations. The ESIC referral policy-2023 (ESIC Operational manual 2023 for Super Speciality and Speciality Services) has been framed accordingly, which will act as a reference document for situations where referrals to tie-up Hospitals are required to offer services that are not available in-house.

For further strengthening its health infrastructure, ESIC and National Health Authority (NHA) have entered into a collaboration to cover a total of 157 districts in the country for providing medical care to respective beneficiaries. Besides, 26 ESIC hospitals have been selected for providing medical services to Pradhan Mantri Jan Arogya Yojana (PM-JAY) beneficiaries.

As of now, total 26 ESIC hospitals have been approved (15 ESIC hospitals had been approved in the year 2019 and 11 new ESIC hospitals had been approved in the year 2024) for opening In-house secondary and tertiary medical care services to PJMAY beneficiaries, so that the benefit of health facility in these Hospitals can also be Utilized by PMJAY beneficiaries and the health and simultaneously the human resource infrastructure of these ESIC hospitals can be optimally utilized.

Further, for the mutual benefit of ESI beneficiaries and PMJAY beneficiaries, ESIC and NHA have decided to take the collaboration forward, Pan-India integration of ESIC and NHA has been approved by ESIC. Technical integration of NHA's and ESIC's digital platform is underway to devise modalities for Pan India integration and implementation.

ESIC's own infrastructure is also being developed in a time bound manner. A five-year plan for construction activities to augment the medical infrastructure has also been prepared.

### **Aadhar Seeding of IPs/beneficiaries:**

Section 142 of the Social Security Code, 2020 relating to applicability of Aadhaar authentication has been notified on 13.01.2023 by the Government. The notification has enabled ESIC to collect Aadhaar detail for the database of beneficiaries on voluntary basis as per the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies Benefits and Services) Act, 2016, read with Rule 5 of the Aadhaar Authentication for Good Governance (Social Welfare, Innovation, Knowledge) Rules, 2020.

The Aadhaar seeding of the beneficiaries has accordingly been initiated by the ESIC and it is continuously monitoring the progress. Directions/instructions are being issued by the ESIC from time to time to its field offices across the country to expedite, on priority basis, the Aadhaar seeding of the beneficiaries. In this regard, special kiosks have also been setup at various ESIC/ESI Scheme (ESIS) hospitals and dispensaries across the country. All regional and sub-regional offices of the ESIC are encouraging the employers, employees and beneficiaries to achieve the target of Aadhaar seeding.

The following steps have also been taken for completion of the tasks:

- iv. Aadhaar seeding through biometric devices, because a number of the IPs do not have any mobile phone or have changed their registered mobile number.
- v. Coordinating with the EPFO with request for sharing the Aadhaar details of common beneficiaries in both ESIC and EPFO databases for faster Aadhaar seeding.
- vi. Face-recognition based Aadhaar seeding module is also under development.

The work of Aadhaar seeding of the IPs is going on at a fast pace by the corporation. Till 30.09.2024, more than 1.26 Crore Aadhaar of IPs and beneficiaries have been seeded by the ESI Corporation.

**Extended coverage of ESI scheme to Unorganized worker, gig and platform workers under the Code on Social Security, 2020:**

- iv. As per section 45 of CoSS, 2020, ESIC has been entrusted with the work of providing benefits as per chapter IV of the Code to unorganized/gig/platform workers on payment of user charges under the scheme to be notified by the central govt as per Section 109(1) and 114(1) of the Code.
- v. Accordingly, once such a scheme is notified, the ESI Corporation will take necessary action to decide the modalities towards it viz. scale of benefits, amount of contribution and financial implication etc. for platform workers to avail the benefits under the scheme.
- vi. ESI Regulations will accordingly be finalized and notified by the ESIC.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para No. 18 of Chapter-I

### **(Recommendation Para No. 3)**

The Committee note that the Ministry had initiated efforts to extend medical facilities in the Union Territory of Lakshadweep in the year 2016. As intimated by the Ministry, building the medical infrastructure in the Union Territory having population of 60000, area of 32 square km., 8 islands which are upto 302 km. apart from each other has been a challenge. The Committee have, from time to time, emphasized the need for providing medical facilities under the Scheme in the Union Territory. The Committee are appreciative of the fact that, the challenges have been met and as emphasized upon them, the ESI Scheme has now been implemented in the entire area of Kavaratti, Agatti and Minicoy Islands of the Union Territory of Lakshadweep w.e.f. 01May, 2023. The Committee have also been apprised that the Ministry has to depend upon the State Governments for opening dispensaries and hospitals under the ESIS so that the coverage can be notified.

The Committee impress upon the Ministry to pursue the State Governments the matter of covering new districts and the Scheme, which is presently applicable in 610 districts (492 fully notified and 118 partially notified) is notified in all the districts of the country in a time bound manner and thereby achieve the objective of providing medical facilities under the Scheme to all parts of the country. The Committee wish to be apprised of the progress in this direction.

### **(Reply of Government)**

Currently, the ESI scheme has been notified in 674 districts out of 778 districts in the country, which includes 571 fully notified and 103 partially notified districts. However, there are still 104 districts where the scheme has not yet been notified. Therefore, a total of 207 districts (103 partially notified districts and 104 non-notified districts) are yet to be fully covered under the ESI scheme. As the creation of medical infrastructure is a time-consuming process and influenced by various factors also, it has affected the expansion plan of the ESI Scheme and the coverage of all districts by 2022 could not be met. However, consistent efforts are being made to expedite in the remaining districts also to implement the scheme the pan-India implementation at the earliest.

In this regard, ESIC is consistently pursuing the matter with respective state governments for arrangement of the medical care as early as possible. In this regard, brief about the action taken by the ESIC are as under:

1. A communication was issued on dated 30.09.2022 to the respective Regional Directors of ESIC for making special efforts for expediting the creation of infrastructure for the operationalization of Dispensary-cum-Branch Offices (DCBOs) and Branch Offices (BOs).
2. A letter was also issued by the ESIC again on 22.11.2022 to all the Regional Directors of ESIC requesting for the submission of proposals within the stipulated timeline.
3. A D.O letter from the Director General, ESIC was also sent on 01.11.2022 to 22 Chief Secretaries of the states, emphasizing the need for the completion

of primary care medical arrangements in the non-notified areas of the districts of the country.

4. A letter was also sent to all the Regional Directors of ESIC on 22.05.2023 for expedite the implementation of the ESI scheme in the non- notified districts.
5. Communication was also sent on 21.08.2023 to all Regional Directors, ESIC with a request to make special efforts for operationalization of approved DCBOs/BOs/ Modified Insured Medical Practitioners (mIMP) /PMJAY empanelment for implementation of ESI scheme in non-notified areas and submission of proposals to ESIC Headquarters at the earliest.
6. Letter 14.02.2024 again issued to the respective Regional Directors for submission of proposal to ESIC for implementation of ESI Scheme in pending districts.
7. DO letter dated 23.04.2024 - issued to the respective Regional Directors for taking up the matter with State Govt.
8. DO letter dated 05.07.2024 issued to Chief Secretary of the State for necessary medical arrangements in non-notified areas.

For implementation of ESI scheme in non-notified areas/districts of the country, instructions have been issued to all the field offices of ESIC/state governments to make necessary arrangements through dispensaries and/or empanelment of Modified Insurance Medical Practitioner (m-IMP)/ Modified Employer Utilization Dispensary (mEUD) for providing primary care medical services and tie-up arrangement with public/private and PMJAY hospitals for arrangement of secondary/tertiary care medical services. Despite the efforts made by the ESI Corporation, the goal of achieving pan-India implementation of the ESI Scheme in all districts by the end of 2022 could not be realized. Further actions and collaboration with the regional offices and medical services are being made to expedite infrastructure creation and to ensure the completion of medical arrangements in the pending districts.

As creation of medical infrastructure is a time-consuming process influenced by various factors, the expansion plan of the ESI Scheme has been affected. However, efforts are being made to expedite the pan-India implementation of the ESI scheme as early as possible.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para No. 22 of Chapter-I

#### **(Recommendation Para No. 4)**

The Committee note that under the ESI Act, the employers are under obligation to ensure that their share of contribution is paid to ESIC within six-monthly intervals in a financial year. In case of default by the employer in payment of contribution, recovery is affected after following the procedure laid down. If the employer is not contributing deliberately and if the stipulated time period is exceeded, there is no provision for the employee to voluntarily contribute his share. The Committee note that despite penal provisions being available under ESI Act, Negotiable Instruments Act and various Sections of IPC for taking action against wilful defaulter employers, there are occasions where the employee, despite having contributed his share, is made to suffer on account of default on the part of the employer.

The Committee express concern in this regard and desire that the Ministry strengthen the monitoring mechanism, ensure strict enforcement of the penal provisions so as to deter violators and also devise a suitable mechanism to prevent such instances, which would minimize the sufferings of the employees.

#### **(Reply of Government)**

To ensure strict enforcement of the penal provisions in order to deter violators vis-a-vis devise a suitable mechanism to prevent such instances, and minimizing the sufferings of the employees, following changes have been proposed in online module to strengthen the monitoring mechanism:

- Automated SMS/ communication to employers for non-filing of contribution, non-payment of contribution and confirmation of payment of contribution at their registered mobile number and email id.
- Alert for pending notices in the online application of employers.
- Automatic generation of demand notices in case of non-generation of challan till 30<sup>th</sup> of next month by the employer.
- To make available Radio button in the login of the revenue officer which automatically delivers the revenue notices directly to the employer via email.
- Automated SMS to be sent to IP's regarding non-filing of contribution & non-payment of contribution by the employer at their registered mobile number.
- Provision for validation of data such as email, phone number at the time of filing the contribution for the months of April and October respectively in the Insurance Module is being made so that the database can be cleaned, and the communication may directly reach the employer.
- System driven verification of the same email id and mobile number with multiple employers and same mobile number with multiple IPs and email,



SMS along with physical communication for sending to employers and IPs for correction of data.

- Defaulter action may be given top priority by Regional/Sub Regional Offices.
- Up dation of GSTIN in the employer database may be done to assist them in times of closure of the unit (surrendering of GST number may be taken as a concrete source of closure information).
- SMS to defaulters and connected insured persons have been started from 01.05.2024.
- Automatic generation of Demand Notices/Defaulter Notices is also under development.

Notice to the employer in case of default is also under consideration through batch process by each region from the defaulter list (automatically drawn by the module) and dispatched to the employer to make defaulter action automated.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

#### **(Recommendation Para No. 5)**

The Committee noted that in order to address the issue of non-allocation of funds through State Budget for running the ESI Scheme, ESIC had encouraged the States to form State ESI Societies, which will provide autonomy in terms of availability and utilization of funds; timely engagement of medical manpower on contract till the time regular manpower is made available; timely settlement of reimbursement bills of the insured persons/beneficiaries without waiting for state budgetary release; better availability of drugs/ dressings in ESIS hospitals and dispensaries; procurement of equipment to upgrade medical services due to better decision making by the Society, repair & maintenance of State-run hospitals and dispensaries, etc. Further, in the case of ESI Society, the entire expenditure up to maximum ceiling is being borne by ESI Corporation, whereas in other cases, where a society has not been formed, the expenditure is shared in the ratio of 7:1 by ESI Corporation and the States respectively.

The Committee further note in this regard that as on 04May, 2023, while 22 States/UTs have consented to form the ESI Societies; 04 States **viz.** Andhra Pradesh, Kerala, Telangana, West Bengal have refused to form Societies; 08 States/UT **viz.** Assam, Bihar, Dadra Nagar Haveli & Daman Diu, Goa, Haryana, Ladakh, Manipur and Rajasthan have not responded; and the provision is not applicable in the case of 02 Union Territories viz. Delhi and Lakshadweep. The Committee have also been apprised that the Societies have been operationalized in

04 States **viz.** Maharashtra, Chhattisgarh, Tripura and Himachal Pradesh and the funds are directly transferred to the bank account of these Societies since 2019 except in the case of Himachal Pradesh, where, though the Society has been registered, the matter is continuing under correspondence. The Committee have also been apprised that formation of a Society depends on the States which have to register the Society as per Societies Registration Act and State Specific Public Trust Act. The Committee find that although the Ministry have taken up the matter with the States, which have given consent to constitute the Societies, a lot remains to be done.

The Committee, therefore, urge the Ministry to vigorously pursue the matter regarding constitution of the Societies with those 22 States, which have consented to constitute the Societies so as to ensure timely operationalization of Societies and thereby contribute to the betterment of the medical facilities provided under the ESI Scheme. The Committee also urge the Ministry to make sincere efforts to resolve the concerns expressed by the 04 States which have not agreed to form the Societies. The Committee further desire the Ministry/ESIC to pursue the matter with the 08 States which have not yet responded so that the laudable intent with which formation of State Level Societies has been conceived is truly served.

### **(Reply of Government)**

ESIC is working towards the constitution of ESI societies across states through proactive measures. The Corporation is engaged with stakeholders for early formation of ESI societies. Stakeholders have been requested to form the societies which will bring positive outcomes in the improvement of medical facilities for IPs and their dependents. Following communications have also been issued to Chief Secretary and Regional Offices for formation of the society in the states:

- i. Letters dated 19.07.2022 & 22.07.2022 from DG, ESIC issued to the Chief Secretaries of States/UTs requesting to complete formation of State ESI Society by 31.03.2023 in order to be eligible for the incentive of 100% expenditure up to the ceiling.
- ii. Letters from Insurance Commissioner, ESIC were also issued on 06.10.2023 to all Regional Directors to follow up with states for formation of the societies.
- iii. Letters by DG, ESIC were issued again on 05.12.2023 to Chief Secretaries of respective states/UTs with a request for completion of the formation of the society in their states.
- iv. Communication from DG, ESIC was also issued on 16.01.2024 to Chief Secretary, Tamil Nadu with a request for operationalization of society in the state.

- v. Regular follow-up with the States/UTs through official communications/meetings with Principal Secretary (Labour/Health) of the Departments dealing ESIS.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 6)**

The Committee note that at present, medical services to ESI beneficiaries are provided through a network of 160 ESI hospitals (51 ESIC and 109 ESIS) in 25 States/UTs. Of these, 6 are non-functional due to decrease in number of beneficiaries in the area. Further, 1502 Dispensaries (36 ESIC and 1466 ESIS) are also presently functional in 33 States/UTs. The Committee have been apprised that ESIC has given in-principal approval for setting up 76 new ESI hospitals (18 ESIC and 58 ESIS) in 24 States/UTs. In addition, 47 Dispensary-cum-Branch Offices (DCBO) and 180 ESIS Dispensaries have also been sanctioned. Besides, ESIC has entered into tie-up arrangements with 2204 public/private hospitals across the country for providing cashless secondary/tertiary medical services that are not available in ESI hospitals.

The Committee find that out of 76 hospitals proposed to be set up, 39 hospitals were sanctioned in 2019. Of these, only 2 Hospitals at Angul (Odisha) and Bikaner (Rajasthan) have been completed and operationalized; 16 are under construction; 02 under tendering; 07 under estimation and in respect of the remaining 12 hospitals, allotment of land is under process. In respect of the 37 hospitals sanctioned after 2019, the Ministry/ESIC has not provided information regarding the target date of completion and operationalization despite being specifically asked for, which is improper and regrettable.

The Committee are dissatisfied with the pace of progress of setting up of new hospitals. The Committee are of the view that the constraints that may be impeding the estimation/allotment of land/ tendering/ construction process need to be looked into with a sense of urgency and commitment.

The Committee, impress upon the Ministry/ESIC to fix targets, chalk-out year-wise plan and gainfully utilize the earmarked funds for the purpose and ensure that the hospitals are operationalized in a time bound manner so as to meet the present as well as future requirements. This is essential as the coverage of ESI is to expand pan India after implementation of the Social Security Code, 2020.

### **(Reply of Government)**

ESIC has formulated a comprehensive plan for year-wise completion of the sanctioned ESI hospitals. The focus is on optimizing utilization of earmarked funds to ensure timely operationalization of the hospitals. ESIC is committed to a time-bound approach and will strive to meet the objectives of the Social Security Code 2020 on priority basis: in this regard, as on 30.05.24, there are 120 projects, comprising ESI Hospitals, Dispensaries, Dispensary-cum-Branch Offices (DCBOs), etc. are being executed by the ESIC, which are at the different stages s detailed below: -

a. On-going projects	:	46
b. Tendering by CPWD	:	15
c. Tendering by ESIC for PSUs	:	18
d. Estimation stage	:	05
e. Concept plan stage	:	07
f. Land under consideration	:	32

The ESIC has taken various efforts/steps to monitor the early completion of the aforesaid projects including the projects which are to complete in 2023-24: -

- a. The construction work is being executed by the appointed government agencies, i.e., PSU's/CPWD. ESIC has constituted a Project Monitoring Unit (PMU) at the level of ESIC Regional Offices. The PMU regularly visits the construction sites and also reports the progress of the project to ESIC Hqrs. The reports of the PMU are reviewed at ESIC Hqrs. and accordingly, instructions/directions are issued to the construction agency on time for early completion of project.
- b. PMU of ESIC also reports the other issues which obstructs early completion of projects. Accordingly, instructions/directions are to issued to the appointed construction agencies from time to time for necessary follow up action.
- c. ESIC has launched its own Construction Dashboard for monitoring the progress of all the on-going construction projects.
- d. The monitoring of projects is done at the ESIC Hqrs. through regular reviews at various levels including Director General, ESIC Insurance Commissioner (PMD) and Chief Engineer, ESIC.
- e. Further all Deans/Medical Superintendents have also been instructed vide letter dated 21.02.2023 for monthly progress report.
- f. Periodically site visits are undertaken by the engineers posted at Hqrs. as well as those posted at the regional offices. If any issues observed, then instructions are issued to the construction agency.
- g. ESIC has also made efforts for obtaining suitable land, occupancy certificate, fire NOC, approvals from local authorities, etc., after liaising with the state govt. so that the projects could be completed in time.

- h. ESIC has also approved the SOP with the prescribed timelines for various construction activities for construction agencies (CPWD & PSUs) as well as for ESIC and the same was circulated to all concerned.
- i. A committee has been formed for finalization of standard norms for drawings, designs, layouts, etc. for construction of hospitals. The standard norms are under finalisation.
- j. Further, construction projects are also distributed into 5 zones, i.e., North, South, East, West & Northeast Zone, which are headed by Zonal Medical Commissioners & Zonal Insurance Commissioners for monitoring of projects which are under execution in their respective zones. This will improve the monitoring activities at PMD level.
- k. **Five-year plan**  
ESIC has prepared a plan upto 2028-29 for completion of the projects, as follows: -

2024-25	2025-26	2026-27	2027-28	2028-29
37	64	131	150	185

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 9)**

The Committee were apprised in November, 2019 of the decision of ESIC to open a Dispensary cum Branch Office (DCBO) in each of the covered districts. However, in the light of the recommendations made at meeting of Committee of Secretaries (CoS) held on 27.12.2019 to discuss measures for improving efficiency and accessibility in EPFO and ESIC through IT, ESIC revised the criteria and derived new norms for setting up of DCBOs, which *inter-alia* included, DCBOs shall be opened only on need basis and in only such districts which have no ESI Dispensary; and where the IP population has achieved the threshold limit of 3000 or more; DCBO are to be located at such a place which is easily accessible by public transport from every corner of the district and have the maximum IP population within 10 kilometres range. Subsequently, the ESIC approved that DCBO will be opened considering both covered and coverable number of IPs and if the number of IPs (both coverable and covered) crosses the threshold limit of 3000, DCBO will be set up subject to the consent/ NOC from the State Government concerned. As intimated by the Ministry, in addition to the existing 89 DCBOs, 47 new DCBOs have been sanctioned.

The Committee had been apprised by the representatives of the Ministry during evidence held in November 2020 that there are some Districts which have

very less number of IPs especially in the North-Eastern States and Andaman & Nicobar Islands. The Committee also note that IMPs have not been empanelled in Andaman & Nicobar Islands, Lakshadweep, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The Committee feel that there is scope for rationalization of criteria for setting up of DCBOs on the basis of IPs. Considering the fact that relaxation has already been provided to the North-eastern/Hilly areas for setting up 100 bedded hospitals.

The Committee desire the Ministry have a re-look on this aspect. The Committee also call upon the Ministry to ensure that 47 new DCBOs are set up on priority and in a time bound manner and the norms for providing medical facility through IMPs are strictly adhered to so that the benefit of providing medical assistance is timely provided to the IPs.

### **(Reply of Government)**

It is submitted that instructions have already been issued by the ESIC to all its regional and sub-regional offices to make efforts for finalizing accommodation by acquiring land including hiring of building for opening of Branch Office/ Dispensary-cum-Branch Office, as the alternatives, in accordance with the ESIC policy. The matter is regularly follows up with the field units.

An Agenda for Expansion of ESIC Medical Services and Infrastructure in Northeast Region and Sikkim has been approved in 193<sup>rd</sup> Corporation Meeting of ESIC, which includes:

1. **Establishing of RO/SRO in each state of NER including Sikkim:** The agenda will be submitted separately after completion of pre-implementation survey. The setting up of RO/SRO will be prioritized in terms of the number of IPs and geographical necessities. However, Camp Cum liaison office at Gangtok in Sikkim has been established.
2. **Two Doctor Dispensary:** All one doctor dispensary may be upgraded to two doctor dispensaries with same minimum criteria of 1000 IPs. This will also enable the dispensary to be designated as hub dispensary which can provide medical facilities to surrounding areas within reasonable commuting time, including medical services through mobile van. In areas where there are no alternative, primary care services may be provided through IMP and tie-up arrangement with PMJAY empanelled private hospitals.
3. **Relaxation of Norms for Catchment Area (Medical Infrastructure):** The IP population in North Eastern States is very sparse and much below even the approved norms. The catchment area may be increased or kept fluid in order to enable clubbing of 2-3 or more districts in one catchment area.

The ESIC has also decided that acquiring of land or hiring of building on rent will be done in a priority manner keeping in view using ESIC's own land for construction, hiring accommodation in govt./ PSU offices, identification of land parcels under Gatishakti, etc.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 10)**

The Committee note that the norms for setting up of ESI Hospitals in the country depend upon the minimum number of IPs in the catchment area ranging from minimum of 50,000 to 5,00,000 IPs. For 100 bedded hospitals, the catchment area should have at least 50,000 IPs, and for 600 bedded hospitals, the catchment area should have at least 5,00,000 IPs. The Committee further note that the IP population is taken in a radius of 25 Km and there should not be any other ESI Hospital within a radius of 50 Km. Further, if there is another ESI Hospital existing within 50 Km, then each ESI Hospital should fulfill these norms in the respective catchment area viz., if the two hospitals are at a distance of 40 Km, then each hospital should meet these norms within the 20 Km radius. The Committee have also been apprised that the norms have since been updated in June 2022, which, *inter alia* provide that instead of considering the present IP population, health facilities may be created based on projected number of IP population in future viz., upcoming 05 years in case of hospitals, and 03 years in case of dispensaries.

In case of non-notified districts or non-notified areas of partially implemented districts, new dispensaries may be established based on number of coverable employees instead of Insured Persons, as ascertained in the pre-implementation survey data.

**(Reply of Government)**

ESI Corporation during its 188<sup>th</sup> meeting held on 18/19<sup>th</sup> June 2022 has approved for the updation of guidelines regarding ESIC norms for setting up of new hospitals/dispensary based on futuristic IP population/geographical necessity throughout the country. The health facilities are now created based on projected futuristic number of IP Population in upcoming 05 years in case of hospitals and 03 years in case of dispensaries.

**(Recommendation Para No. 11)**

The Committee are happy to note that based on projected number of IP population in the future, two places, i.e., Iddukki (Kerala) and Agartala (Tripura) have been identified for setting up a 100 bedded hospital at each location. The Committee desire that formalities for setting up the hospitals at these two places be completed on priority and the endeavour be drawn to its logical end so that the targeted IPs are benefitted. The Committee would also like to be apprised of the outcome of the survey conducted at various places across the country and the action taken by the Ministry/ESIC thereon. The Committee further desire that the examination of the matter of setting up of ESI hospital at Bulandshahr be expedited.

**(Reply of Government)**

Regarding setting up of ESI hospital, Bulandshahar, Uttar Pradesh, it is informed that ESIC has accorded in-principal approval for setting up of a 30 bedded ESI hospital, Bulandshahar in Uttar Pradesh vide letter dated 05.06. 2023..

**Status of 100 bedded ESI Hospital, Idukki (Kerala):**

- ESIC has given in-principal approval for setting up of 100 bedded ESI Hospital at Idukki in its 189<sup>th</sup> meeting held on 03.12.2022. Kattappana Municipality vide their letter dated 07.09.2023 has given willingness to hand over 4.60 acres of land to ESIC free of cost Accordingly, The matter has been taken up with the state government for allotment/transfer of 4.60 acres of land at the earliest.

**Status of 100 bedded ESI Hospital at Agartala (Tripura):**

ESIC has given in-principal approval for setting up of 100 bedded ESI Hospital at Shyamlibazar, Agartala on 03.12.2022. Thereafter, the state govt. offered 5 acres of land at R.K.Nagar, Khayerpur, possession of which was taken up by the ESIC on 13.01.2023 Further action is being taken by the ESIC for construction of the Hospital.



### **Status of 30 bedded ESI Hospital at Bulandshahr (Uttar Pradesh):**

ESIC has given in-principal approval for setting up of a 30 bedded ESI Hospital at Bulandshahr, Uttar Pradesh on 05.06.2023. Thereafter the matter was taken up with the state government for allotment of suitable and the same is awaited.

### **Status of 100 bedded ESI Hospital, Idukki (Kerala):**

The NIT for assigning the construction work to PSU has been floated on 16.03.2024 and technical bid is also opened. The same is under process.

### **Status of 100 bedded ESI Hospital at Agartala (Tripura):**

The NIT for assigning the construction work to PSU has been floated on 05.03.2024 and Technical Bid also opened. Technical bid has been opened on 05.04.2024. The same is under process.

In order to identify the uncovered factories/establishments/employees, field offices were advised vide letter dated 22.09.2023 to liaise with EPFO, other departments of the State and Central Government or their local offices like Central Board of Secondary Education, universities, Food and Drugs Administration, field offices of Ministry of Commerce, Ministry of Industries, Ministry of Corporate affairs, MSME, GST, Confederation of Indian Industry, etc. and obtain data available with them regarding factories/establishment registered with them.

The data received is then scrutinized at the level of ROs/SROs and already covered units are segregated and units which are found to be coverable, letters are sent to such employers explaining benefits of ESI scheme for their coverage under it. During the year 2023-24 till November 1748 such surveys were conducted by the field offices of ESIC.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 12)**

The Committee feel that in view of the diversified nature of concentration of Industrial Hubs at different parts of the country, it may not be appropriate to have a uniform criterion for setting up new hospitals across the country.

The Committee, therefore, desire that for setting up new hospitals, the criteria should also include the aspect of concentration of Industrial Hubs at various geographical locations. Further, instead of taking into account the number of IPs, it would be preferable to consider the number of coverable employees. The Committee also feel that the norms pertaining to IP population in a radius of 25 Km and the criteria that there should not be any other ESI Hospital within a radius of 50 Km also needs to be reviewed with the intent to provide medical facilities to maximum number of IPs. Access to medical assistance/treatment, in near vicinity, can, at times, prove to be lifesaving.

### **(Reply of Government)**

It is submitted that setting up of ESI hospital is an ongoing process, which is based on specified number of Insured Persons (IPs) in an area in accordance with the ESIC norms. As per the norms, minimum 50000 IP population is required within a radius of 25 kms. of the proposed location for setting up of a 100 bedded hospital.

Further, ESI Corporation, in its meeting held on 18-19<sup>th</sup> June 2022, decided that “health facilities may be created based on projected futuristic number of IP population in upcoming 05 years for setting up of new hospital”.

At present, there are 165 ESI hospitals are functioning across the country. ESI Corporation has also given in-principal approval for setting up of 104 new ESI hospitals across the country.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 13)**

The Committee are pleased to note that ESIC and National Health Authority (NHA) collaboration has expanded to cover a total of 157 districts of the country. Besides, 15 ESIC hospitals have been selected for providing medical services to Pradhan Mantri Jan Arogya Yojana (PM-JAY) Beneficiaries and as on February 2023, 1608 beneficiaries have availed medical treatment services amounting to Rs.2.97 crore. Further, it has been proposed to expand the convergence to the remaining areas of the country and explore providing primary care/ OPD consultation services to PM-JAY beneficiaries through ESIC hospitals.

The Committee are of the considered view that the steps taken by the Ministry/ESIC are in right direction and need to be pursued earnestly.

The Committee would call upon the Ministry to expedite the proposal of convergence with PM-JAY in more districts so as to provide primary care/ OPD consultation services to PM-JAY beneficiaries.

### **(Reply of Government)**

ESIC and National Health Authority (NHA) have entered into a collaboration to cover a total of 157 districts in the country for providing medical care to respective beneficiaries. Besides, 26 ESIC hospitals have been selected for providing medical services to Pradhan Mantri Jan Arogya Yojana (PM-JAY) beneficiaries.

As of now, total 26 ESIC hospitals have been approved (15 ESIC hospitals had been approved in the year 2019 and 11 new ESIC hospitals had been approved in the year 2024) for opening In-house secondary and tertiary medical care services to PJMAY beneficiaries, so that the benefit of health facility in these Hospitals can also be Utilized by PMJAY beneficiaries and the health and simultaneously the human resource infrastructure of these ESIC hospitals can be optimally utilized. (List of the 26 hospitals is attached as **Annexure-I**).

Further, for the mutual benefit of ESI beneficiaries and PMJAY beneficiaries, ESIC and NHA have decided to take the collaboration forward, Pan-India integration of ESIC and NHA has been approved by ESIC. Technical integration of NHA's and ESIC's digital platform is underway to devise modalities for Pan India integration and implementation.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 15)**

The Committee are appreciative of the fact that so far, approximately 7 lakh non-insured persons have been treated in underutilized ESI hospitals and there has been increase in availing OPD & IPD facilities at such hospitals from 76,914 in 2019-20 to 2,44,369 in 2022-23.

The Committee impress upon the Ministry to launch an awareness campaign through all possible means so as to enable the general public in availing the facility in larger numbers. This step will not only be in the interest of non-insured persons but also help in utilizing the infrastructure and manpower in the underutilized hospitals. The Committee further desire that the State Governments should also be advised to adopt similar approach in respect of underutilized hospitals that are run by them.

**(Reply of Government)**

Under the convergence of ESIC with PMJAY, 26 ESIC hospitals have been approved for opening in-house secondary and tertiary medical care services to PJMAY Beneficiaries, so that the benefit of health facility in these hospitals can also be utilized by PMJAY beneficiaries and simultaneously the human resource infrastructure of these ESIC Hospitals can be optimally utilized.

The collaboration aims to enhance the overall efficiency and resource utilization within the healthcare sector. ESIC has planned to launch an extensive awareness campaign to educate the general public in this regard.

At present 07 ESIC Hospitals are providing medical services to the persons other than the Insured Persons, whose details are as under:

- i. ESIC Hospital Alwar, Rajasthan
- ii. ESIC Hospital Bihta, Bihar
- iii. ESIC Hospital Kalaburagi (Gulbarga), Karnataka
- iv. ESIC Hospital Sarojini Nagar, Lucknow, Uttar Pradesh
- v. ESIC Hospital Jajmau, Kanpur, Uttar Pradesh
- vi. ESIC Hospital Varanasi, Uttar Pradesh
- vii. ESIC Hospital Bareilly, Uttar Pradesh

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 16)**

The Committee note that with a view to providing facilities for early detection and diagnosis of Occupational Diseases among ESI beneficiaries, ESIC has at present established Occupational Disease Centres (ODCs) in only 07 States/UTs. While 02 ODCs are located in ESIC hospitals at Basaidarapur (New Delhi) and Indore (Madhya Pradesh), the other five ODCs are located in medical colleges at Faridabad (Haryana), Joka (Kolkata), Alwar (Rajasthan), Bihta (Patna) and K. K. Nagar (Chennai). These ODCs also cater to the needs of ESI beneficiaries of the neighbouring States, which refer the suspected cases. The Committee have also been apprised that State run ESIS hospitals are being identified to develop ODCs in States where ESIC hospitals are not available. The Committee further note that an MoU with ICMR-National Institute of Occupational Health, Ahmedabad has been signed to undertake research.

The Committee find that there are inherent provisions in the ESI Act, 1948, which recognize occupational disease as an employment injury and insured persons become eligible for permanent disability benefit on the basis of identification of occupational disease. Considering the provisions contained in the Act, it is imperative on the part of the Ministry/ESIC to pay special and focused attention on early detection and diagnosis of occupational diseases. This can be achieved in the real sense by increasing the ODCs in various parts of the country, especially where the number of cases reported are on the higher side.

The Committee also desire that the process of identification of ESIS hospitals for the purpose of development of ODCs be expedited. Further, as no laboratory has been established in ESIC or ESIS Hospitals for the purpose of research, the Committee recommend the Ministry/ESIC to consider setting up their own laboratories for undertaking research activities so as to minimize the dependence on other sources for medical services.

### **(Reply of Government)**

The ESIC is taking steps to address the requirement of better monitoring, surveillance and timely diagnosis of occupational diseases in the IP population for promoting workplace safety and ensuring the welfare of workers across industries.

In this regard, a Public Health Unit (PHU) has been set up at ESIC Hqrs in the month of April 2023 which is examining the work-related illness data on regular basis. Based on the outcome of work-related illness profiling and outcomes, ESIC will take stock of requirement of establishing more ODCs in future. The scope

of work of existing ODCs has been extended in hub and spoke model for wider coverage.

The standard operating procedures (SOP) for ODCs have also been formulated recently which inter-alia consists of issue of directions for setting up necessary laboratory services for the detection of occupational diseases. The key responsibilities of Occupational Disease Centres in new SOPs are as under: -

1. Equip ESIC Health Facilities for Management of Occupational Disease.
2. Occupational Disease Prevention.
3. Health Promotion.
4. Promote Safety Measures.
5. Research and Education.
6. Reporting and Documentation.
7. Data Sharing amongst ODCs and Other Institutions.
8. Injury and Illness Compensation.
9. Monitoring and Evaluation.
10. Ethical Consideration.

Further, the key responsibility of the ESIC hospitals in new SOPs are as under:

- i. Establishment of a dedicated occupational health division or clinic to facilitate incident reporting and maintaining records.
- ii. The hospitals will also collaborate with the ODCs in identifying and enlisting healthcare professionals, including doctors, nurses, and auxiliary personnel, for training in the field of occupational health.
- iii. The hospitals will also collaborate with the ODCs to ensure the establishment or arrangement of essential laboratory services.
- iv. ESIC Hospitals should regularly conduct screening camps to actively detect health issues related to occupational exposures among workers.
- v. ESIC health facilities endeavour to enhance worker awareness of various occupational diseases by developing Information Education Communication (IEC) materials or informative charts/audio-visual aids and the placement of informative charts and audio-visual aids in patient waiting areas.

An MoU has also been signed with ICMR in September 2023 to strengthen the disease surveillance and epidemiological analysis of disease prevalence in ESIC in coordination with PHU at the ESIC Hqrs.

The Public Health Unit ( PHU ) has been established in ESIC Hqrs. Office in coordination with ICMR-NIE. An epidemiological analysis of disease prevalence in ESIC has also been conducted and presented to the Labour Secretaries of the

States in conference of the State Labour Secretaries held in Delhi in Nov-2023. An SOP for disease data sharing with States and strengthening of functioning of the Occupational Disease Centres (ODCs) have been framed by the PHU to strengthen the disease surveillance in ESIC.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 18)**

The Committee have, time and again, expressed concern on the existence of large number of vacancies in the ESIC/ESIS hospitals and dispensaries, which adversely impacts the health services. The steps taken by the Ministry/ESIC to fill up the vacancies have not yielded the desired results and the situation continues to be bleak at the ground level. On in- depth analysis of the data furnished by the Ministry, the Committee find that in the 51 hospitals run by ESIC, 35% of posts of doctors, 26 % of posts of nurses and 53% posts of para-medical staff were vacant as on July 2023. In the case of 109 ESI hospitals run by State Governments, 35% posts of Specialists, GDMO, Nurses and para-medical staff continued to remain vacant as on March 2023. In the case of 36 dispensaries run by ESIC, 43% posts of doctors were vacant as on July 2023 (65% in U. P& 23% in Delhi). In the case of 1466 dispensaries run by State Governments, 21% posts of Doctors were vacant in July, 2023. (Jharkhand 72%, Bihar 64%, Goa 57% & Odisha 52%). It is equally a matter of concern that 45% of the posts in various cadres of the ESIC remained vacant as on July 2023.

The Ministry/ESIC have attempted to rationalize their position by indicating the progress of recruitment exercise undertaken/under process / proposed to be undertaken to fill up the vacancies at various levels. The Committee are, however, not convinced with the response of the Ministry/ESIC. Very glaringly, in some cases, make shift arrangements have been made through contractual engagements against regular vacancies.

The Committee trust that the orders of DoPT, Government of India with regard to the time period for which the sanctioned posts in various cadres could be kept vacant are being complied with by the Ministry.

### **(Reply of Government)**

ESIC is consistently taking necessary steps to compile and collate necessary data about vacancies at several levels in ESIC and advertising them from time to time to fill up these vacancies in various cadres including in medical cadres. During the completion of the process of regular recruitment against such vacancies in ESIC, contractual staff are engaged at unit/field level, as per their delegation of power.

ESIC has completed the recruitment process for the post of Associate Professor, Assistant Professor, Specialist Gr. II (Jr. Scale & Sr. Scale), Insurance Medical Officer (IMO) Gr. II and 1038 Gr 'C' Paramedical posts. The details of recruitment / recruitment processes are elaborated below: -

#### **Status of Recruitment in ESIC (Group A level Medical Posts / Group B level Nursing Officer / Group C level Paramedical cadres)**

Sl. No.	Name of post	Status / Action Plan
<b>Group A level Medical Posts</b>		
1.	Associate Professor	115 vacancies (Medical College -103, Dental College -12) advertised for the post of Associate Professor, 50 candidates were selected and offer of appointment to 49 candidates have been issued.
2.	Assistant Professor	Out of 491 vacancies advertised for the post of Assistant Professor, 349 candidates were selected and offer of appointment to 348 candidates have been issued. Candidature of 01 candidate has been cancelled.
3.	Specialist Gr.II (Sr. Scale) & Specialist Gr. II (Jr. Scale) for 16 Regions	Out of 334 vacancies advertised for the post of Specialist Gr. II (Jr. Scale & Sr. Scale) in 16 regions, 150 candidates were selected, and 62 candidates have joined.
4.	Specialist Gr.II (Jr./ Sr. Scale) for 4 States (Madhya Pradesh, Delhi, Telangana & Tamil Nādu Regions)	Out of 72 vacancies advertised for the post of Specialist Gr. II (Jr. Scale & Sr. Scale) in 4 states (Madhya Pradesh, Delhi, Telangana & Tamil Nādu regions), 38 candidates were selected and offer of appointment to 37 candidates have been issued. Candidature of 01 candidate has been cancelled.



5.	Insurance Medical officer (IMO) Gr.II	Out of 1120 vacancies advertised for the post of IMO (Gr.II), 890 candidates were selected and offer of appointment to 860 candidates have been issued. Candidature of 01 candidate has been cancelled.
6.	GDMOs recruitment	GDMO recruitment Matter has been taken up with DoP&T and UPSC on their advice on the mechanism framed by ESIC for recruitment of GDMOs through reserve list of Combined Medical Services Examination conducted annually by UPSC.

A meeting has been held on 28.08.2024 with AIIMS functionaries for recruitment of Doctors/Paramedical Posts for ESIC which resulted in following action:

Paramedical Staff		
1.	Paramedical Staff	Vacancies of Paramedical staff 1247 posts in 14 cadres have been forwarded to AIIMS for recruitment of the Paramedical staff.
Nursing Officer		
2.	Nursing Officer	Vacancies of Nursing Officer 574 posts have been forwarded to AIIMS for recruitment for Nurses through AIIMS NORCET exam.
Non-Medical Cadres		
	Gr. A and Gr. B cadres	DPC for promotion of Dy. Directors against 149 posts of Joint Directors has been held and minutes received from UPSC on 13.09.2024. Status of recruitment of 15 posts of Additional Commissioners: 50 applications have been received which are under scrutiny. Post of directors: 69 posts of Directors are vacant. Interviews are being conducted by UPSC for 33 posts. Recruitment Regulations in the grade of Regional Director Grade 'B'/Joint Director, Regional Director Grade 'A'/Director, Additional Commissioner, Insurance Commissioner in ESIC have been notified in Gazette of India as on 28.03.2024 for expediting the recruitment as per new RRs.
	Gr .C and Gr. D cadres	Indent for filling up of 1257 Vacancies for the post of MTS was sent to SSC on 25.07.2024. SSC has included the same in their current advertisement and exam has

		<p>been scheduled from 30 September to 14 November, 2024.</p> <p>Action is being taken to align RRs of Group C staff with those of the Central Govt. so that SSC can undertake recruitment for these posts on regular basis.</p>
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**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 19)**

From the information made available, the Committee also note that since 2020, 349 vacancies of Specialists/Super Specialists in ESIC were advertised, and of these only 168 could be filled. Even after completion of the recruitment exercise, 48% vacancies could not be filled up. In the case of ESI hospitals run by 15 State Governments, following the recruitment exercise vacancies of Specialists/Super Specialists that remained unfilled were to the extent of 75% in 2020, 58% in 2021, 63% in 2022 and 73% in 2023. As admitted by the Ministry, the shortage of manpower and lack of proper and up-to-date infrastructure in most of the ESI hospitals are the major constraints being faced by them in the smooth and effective running of ESI Hospitals/Dispensaries. As informed by the Ministry, this is also one of the major reasons for referral of beneficiaries, in many cases, to ESI empanelled hospitals; and overcrowding in the hospitals and consequent rise in the number of grievances.

In case of ESIS Hospitals run by the State Governments, the Committee feel that the Ministry/ESIC cannot evade from their responsibility by merely stating that the deployment/recruitment of staff comes under the administrative control of the State Governments concerned.

ESIC needs to play a proactive role in pursuing with the State Governments for filling up vacancies in the Hospitals/Dispensaries run by them. The matter also needs to be taken up with the recruiting agencies at the highest level, so as to ensure that the vacancies are filled on priority.

### **(Reply of Government)**

The observation has been noted for necessary action.

ESIC is also proactively following with the states to reduce manpower shortage in ESIS hospitals. Letter dated 02-Nov-2023 have been sent by the ESIC to all the Directorate of Medical Services (DIMS) to fill the vacancies and address shortcomings, if any, in the medical services due to them,

Further to sensitize the states to improve medical services, two meetings with all State /UT Labour & Employment Secretaries have been organized, one at Agra in June 23 and the other at Delhi in November 23 deliberations held to resolve various issues of the states.

State Governments have also been encouraged for formation of State ESI society, which will give them more autonomy in administration and management of funds.

Further, State Governments vide letter dated 02-Jan-2023 have also been requested to hand over the ESIS hospitals to ESIC, in cases where the states are facing difficulty in smooth running of these hospitals.

The Common Support Mission (CSM) has been formed with objective to improve the existing ESIS Medical Facilities by incentivizing those working better and to provide required support to those who are in need of hand holding for betterment of facilities.

The CSM is mandated to evaluate and assess the State, ESIS Hospitals and Dispensaries on the various parameters, which inter-alia includes availability of existing land and building infrastructure, need of new infrastructure, health service delivery assessment, implementation of Dhanwantari including hardware and connective issues, availability of necessary drugs/ dressings, consumable, equipments, etc. So far, CSM has visited ESIS hospitals and dispensaries in 11 states.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 20)**

Considering the shortage of manpower and lack of proper infrastructure, the Committee strongly recommend the Ministry to leave no stone unturned to fill up the vacancies in ESIC as well as ESIC/ESIS hospitals and dispensaries. If required, the Recruitment Rules be amended and restructuring, wherever considered necessary, be done so as to have requisite manpower in position and thereby enable in meeting the stipulations of the Code on Social Security, 2020. The Committee impress upon the Ministry/ESIC that the recruitment process already initiated and, at whatever stage, be completed with a sense of urgency and commitment. The committee would like to be apprised of the action taken by the Ministry/ESIC within a period of two months from the date of presentation of the Report.

### **(Reply of Government)**

Consequent upon approval of revision in the Employees' State Insurance Corporation (Staff and Condition of Service) regulations, 1959 in 190<sup>th</sup> meeting of ESI Corporation, and the publication of Employees' State Insurance Corporation (Staff and Condition of Service) Regulations, 2023 in the Gazette of India dated 19.06.2023, as a follow up action, a Committee was constituted for revising Recruitment Regulations in ESI Corporation. In the process, revision of 70 RRs of medical, nursing and paramedical posts (Medical-38, Paramedical-27 & Nursing-5) has been undertaken and the process for finalisation of RRs is underway.

ESIC has completed the recruitment process for the post of Associate Professor, Assistant Professor, Specialist Gr. II (Jr. Scale & Sr. Scale), Insurance Medical Officer (IMO) Gr. II and 1038 Gr 'C' Paramedical posts. The details of recruitment / recruitment processes are elaborated below: -

### **Status of Recruitment in ESIC (Group A level Medical Posts / Group B level Nursing Officer / Group C level Paramedical cadres)**

Sl. No.	Name of post	Status / Action Plan
Group A Medical Posts		
1.	Associate Professor	115 vacancies (Medical College -103, Dental College -12) advertised for the post of Associate Professor, 50 candidates were selected and offer of appointment to 49 candidates have been issued.
2.	Assistant Professor	Out of 491 vacancies advertised for the post of Assistant Professor, 349 candidates were selected,

		however, candidature of 01 candidates has been cancelled. Offer of appointment to 348 candidates have been issued.
3.	Specialist Gr.II (Sr. Scale) & Specialist Gr. II (Jr. Scale & Sr. Scale) in 16 regions, 150 candidates were selected, and 62 candidates have joined.	
4.	Specialist Gr.II (Jr./ Sr. Scale) for 4 States (Madhya Pradesh, Delhi, Telangana & Tamil Nadu Regions)	Out of 72 vacancies advertised for the post of Specialist Gr. II (Jr. Scale & Sr. Scale) in 4 states (Madhya Pradesh, Delhi, Telangana & Tamil Nādu regions), 38 candidates were selected however, candidature of 01 candidate has been cancelled. Offer appointment to 37 candidates have been issued.
5.	Insurance Medical officer (IMO) Gr.II	Out of 1120 vacancies advertised for the post of IMO (Gr.II) , 890 candidates were selected however, candidature of 01 candidate has been cancelled. Offer of appointment to 860 candidates have been issued.
6.	GDMOs recruitment	GDMO recruitment Matter has been taken up with DoP&T and UPSC on their advice on the mechanism framed by ESIC for recruitment of GDMOs through reserve list of Combined Medical Services Examination conducted annually by UPSC.

A meeting has been held on 28.08.2024 with AIIMS functionaries for recruitment of Doctors/Paramedical Posts for ESIC which resulted in following action:

Paramedical Staff		
1.	Paramedical Staff	Vacancies of Paramedical staff 1247 posts in 14 cadres have been forwarded to AIIMS for recruitment of the Paramedical staff.
Nursing Officer		
2.	Nursing Officer	Vacancies of Nursing Officer 574 posts have been forwarded to AIIMS for recruitment through AIIMS NORCET.
Non-Medical Cadres		
	Gr. A and Gr. B cadres	DPC for promotion of Dy. Directors against 149 posts of Joint Directors has been held and minutes received from UPSC on 13.09.2024.

		<p>Status of recruitment of 15 posts of Additional Commissioners: 50 applications have been received which are under scrutiny.</p> <p>Post of directors: 69 posts of Directors are vacant. Interviews are being conducted by UPSC for 33 posts.</p> <p>Also, it is informed that the Recruitment Regulations in the grade of Regional Director Grade 'B'/Joint Director, Regional Director Grade 'A'/Director, Additional Commissioner, Insurance Commissioner in ESIC have been notified in Gazette of India as on 28.03.2024 for expediting the recruitment as per new RRs.</p>
	Gr .C and Gr. D cadres	<p>Indent for filling up of 1257 Vacancies for the post of MTS was sent to SSC on 25.07.2024. SSC has included the same in their current advertisement and exam has been scheduled from 30 September to 14 November 2024.</p> <p>General Administration &amp; Medical Administration have been requested to align RRs of Group C staff with those of the Central Govt. so that SSC can undertake recruitment for these posts.</p>

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 21)**

The Committee note that during 2021-22, in the ESIC hospitals, while 12705 beds were sanctioned, 9678 beds were actually commissioned thereby resulting in shortfall in commissioning of 3027 beds (23.82%beds). During the corresponding period, 43% of the sanctioned beds were not commissioned in ESIS hospitals. The reasons adduced for commissioned beds being less than the sanctioned beds include *inter-alia*, hospital buildings being under construction/renovation, inadequate manpower, shortage of space, etc. Had the gap between sanctioned and commissioned beds been minimal, more number of needy beneficiaries could have availed IPD facilities.

The Committee, therefore, in the interest of beneficiaries, impress upon the Ministry/ESIC to resolve all issues responsible for the mismatch between sanctioned and commissioned beds in ESIC as well as ESIS hospitals.

### **(Reply of Government)**

As per recommendations of the Committee, ESIC vide letter dated 28.09.2023, requested all Directors of State ESI Scheme and Medical Superintendents of ESIC hospitals to resolve all issues responsible for the mismatch between sanctioned and commissioned beds and ensure commissioning of beds at par with the sanctioned bed capacities in all the ESI hospitals in order to optimally utilize the hospital infrastructure, thereby benefitting more Insured Persons/ ESI beneficiaries.

As mentioned in earlier reply, the Common Support Mission (CSM) has been implemented by the ESIC in 2024 with the objective of assessing health facilities in the states and provide necessary hand holding to states in the development of these health facilities. Gaps between commissioned and actual sanctioned beds in health facilities are also a part of this assessment and such gaps are discussed during debrief with states on conclusion of the Mission for corrective action in this regard. Six such Missions have already been conducted this year in the month of June and July-24.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 23)**

The Committee note that the State Governments are entitled for reimbursement of expenditure at a ceiling rate of Rs. 3000 per IP per annum. During the year 2021-22, while the entitlement of the State Governments was Rs. 7719.13 crore, the expenditure incurred was Rs. 4670.61 crore and, out of 30 States/UTs, 24 States/UTs had incurred less expenditure as compared to their entitlement. Further, Rs. 1439 per IP per annum was spent by State Governments during 2021-22 against the entitlement of Rs. 3000 per IP per annum.

The Committee have also been apprised that the State Governments are also entitled to an incentive of Rs. 200 per IP per annum over and above the ceiling of Rs. 3000 per IP per annum, if bed occupancy in all State ESI hospitals is more than 70% during the concluded financial year. The Committee note that West Bengal is the only State which has been provided bed occupancy incentive of Rs.20 crore in the year 2018-19 and Rs. 38.44 crore in the year 2019-20.

The Committee impress upon the Ministry/ESIC to encourage the State Governments to maximize utilization of funds as per their entitlement, which in turn would lead to better and updated medical facilities to the beneficiaries. The Committee also urge the Ministry to take urgent steps to persuade the State Governments to avail the benefits of bed occupancy incentive in the larger interest of beneficiaries.

**(Reply of Government)**

ESI Corporation is committed towards improvement of service delivery in State ESI medical institutions and in order to facilitate State Governments for making adequate provisions of medical services, better infrastructure and facilities, financial provisions/norms are revised by the ESIC from time to time. Recently, all State Governments have been communicated by DG, ESIC vide DO letter dated 10.07.2023 about their fund entitlements and incentive schemes for operation of ESI Scheme.

For awareness, a booklet, containing all the details about entitlements and incentive scheme available to State Governments has also been circulated and uploaded on the ESIC website. During its meetings with the State representatives, the ESIC, on several occasion, conveyed about the details of 'On Account' payment and incentive schemes. Incentive claims of State Governments are also processed expeditiously by the ESIC and settled.

Discussions on improvement of Services have taken place with state governments during conferences of Principal Secretaries in Agra and Delhi. ESIC has committed full support to states for the development of medical services in ESIS hospitals. States are urged to submit projects under Project Implementation Plans, where ESIC offers incentives under specific categories.

ESIC has established a Common Support Mission (CSM) to assist in the evaluation of ESIS hospitals in terms of functionality and competency as healthcare facilities. The mission is designed to provide guidance and support in the development of deficient services within ESIS hospitals

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**



### **(Recommendation Para No. 24)**

The Committee note that ESIC started 'ESIC Covid-19 Relief Scheme' to provide help and succor to the families of the IPs who died due to Covid- 19 and 90% of wages of deceased IPs were paid to the eligible dependents. The Scheme was in operation from 24.03.2020 to 23.03.2022 and, upto 31.03.2023, 38,203 beneficiaries (149, 15,855 and 22,199 beneficiaries in 2020-21, 2021-22 and 2022-23 respectively) were paid Rs. 151.16 crore. A total of 1,91,191 Covid patients were provided treatment in the Covid waves. As intimated by the Ministry, ESIC hospitals provided reasonable care to its beneficiaries and the general public during all three waves of Covid-19 pandemic. 22 ESIC hospitals were declared dedicated Covid hospitals to provide secondary and tertiary care to Covid affected patients. RTPCR tests were conducted in all ESIC medical colleges. 26 PSA plants were installed to make up for the increased oxygen demand during the second wave. All guidelines of the Ministry of Health and Family Welfare (MoHFW) were adopted by ESIC for convenience of the public. ESI hospitals and dispensaries conducted Covid-19 vaccination drive under the guidelines of MoHFW.

While appreciating the efforts made by ESIC during unprecedented Covid-19 pandemic, the Committee desire that the lessons learnt and shortcomings noticed in providing medical care/facilities to the beneficiaries including Doctors, Nurses and paramedical staff of ESIC and general public be rectified and it should be ensured that all arrangements including infrastructure development, equipment, manpower, medicines, etc. are in place and ESIC is fully geared up to handle such eventualities in future so as to provide service to the common people. The Committee trust that all claims received from dependents of Insured Persons (IPs) have been settled and monthly pay outs to the dependents is continuing as per the terms of the Scheme.

### **(Reply of Government)**

The following measures have already been taken by ESIC to prevent such adversary, if any, in future and handle difficulties/eventualities smoothly. In this regard, all ESIC user units have been instructed to ensure readiness of equipment including:

- i. Comprehensive Maintenance Contract/Annual Maintenance Contract
- ii. Optimum utilization of the equipment.
- iii. Availability of all essential equipment for delivery of medical services.
- iv. Monitoring of the status of equipment through online medical dashboard.

Many other steps are also being taken for rectification of issues arisen during the pandemic.

As far as the manpower is concerned, major recruitment process has already been started to fill the vacant posts in various cadres including the medical /nursing / paramedical cadres, details of which have already above in reply to the observations/ recommendations of the committee in preceding paras.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 26)**

The Committee were apprised that the dispensaries mainly provide primary care medical services and in-house laboratories are provided in hospitals where secondary care/tertiary care medical services are available. The Committee note from the data furnished by the Ministry that out of 1502 dispensaries run by ESIC/ESIS in 31 States/UTs, in-house laboratory service is available in 270 dispensaries in only 14 States/UTs. While no laboratory facility is available in 102 dispensaries in Gujarat, 68 in Maharashtra and 98 in Dispensaries Uttar Pradesh, laboratory facility is available in only 01 out of 113 dispensaries in Karnataka. Further, only Telangana has laboratory facility in all the 70 dispensaries. While agreeing with the contention of the Ministry that the dispensaries mainly provide primary care medical services, the Committee feel that providing laboratory facility in the dispensary itself is an added advantage to the beneficiaries. Such a step would also minimize the cases of referral to empanelled hospitals for investigations and would also minimize the inconvenience being faced by the beneficiaries for undergoing tests at far away ESIC/ESIS/ empanelled hospitals.

The Committee, call upon the Ministry to explore the possibility of providing laboratory facilities in all the 1502 dispensaries run by ESIC/ESIS especially in view of the fact that the coverage of ESIC is to be expanded to cover the entire country.

### **(Reply of Government)**

The ESIC has advised all the Directorate of Insurance Medical Services (DIMS) on 02.11.2023 to address the issue of non-availability of lab facilities in the dispensaries in state and provide necessary equipment, reagents, manpower, etc. as required.

For ESIC hospitals and dispensaries, the facility of home sample collection is being provided to the ESI beneficiaries by 8 ESIC Medical colleges on a pilot project basis. Home blood sample collection facility is also now being considered to be extended to all the ESIC hospitals for all the senior citizens and to other ESIC beneficiaries above 40 years annually as a part of annual health check-up, registered through AAA+ app of ESIC for home sample collection.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 27)**

As per section 26 of the Employees' State Insurance Act, 1948, all contributions paid under the Act and all other money received on behalf of the Corporation shall be paid into a fund called the Employees State Insurance Fund which shall be held and administered by the corporation. All money accruing or payable to the said fund is to be paid into the Reserve Bank of India or such other bank as maybe approved by the central government to the credit of the Employees' State Insurance Fund. In accordance with the provisions of the Act, expenditure is met and the funds which are not immediately required are invested through a Portfolio Manager appointed by ESI Corporation as per investment policy of ESIC. Apart from utilisation of the employees and employers share contribution for providing medical care and various cash benefits to the Insured Persons (IPs) for the contingencies like sickness, disablement, maternity benefit, dependent benefit and other charges required to administer the ESI scheme envisaged in the ESI Act, the surplus funds are kept invested in accordance with the investment policy approved by the Standing Committee of ESIC from time to time. According to the Ministry, the current Investment Policy of ESIC includes (i) Government Securities and related instruments (Government bonds) which ranges from 45% to 75%; (ii) Debt instruments (Fixed Deposits of scheduled commercial banks for more than one year) and AAA rated PSU Bonds ranging from 20% to 45%; and (iii) Short Term debt instruments and related instruments ranging from 5% to 10%. The Committee find that the investment amount has been constantly increasing during the last 7

years. As on 30th November 2022, 73.69% of investment was in Government Securities (G-sec, SDL, Government guaranteed and Government serviced bonds), 21.16% was s AAA rated PSU bonds and 5.14% in short term debt instruments. The Committee note that PSU bonds may carry credit risk and there is decreasing trend in interest received in the last few years. Under the head 'Government Securities' the interest received decreased from Rs.5115.04 crore in 2020- 21 to Rs. 4711.22 in 2021-22. Similarly, under the head 'Bank Fixed Deposits and SDA' the returns decreased from Rs.4075.48 crore in 2019-20 to Rs.1290.93 crore in 2021-22. The Ministry have, however, stated that none of the investments in ESIC's portfolio has seen a downgrade or default till date. Nevertheless, mainly on account of the downward trend in the interest money received, the Committee suggest that the investment policy should be reviewed annually without fail and more robust and productive strategy of investing the hard-earned money of the IPs should be chalked out.

### **(Reply of Government)**

Based on the review, the invest committee is formed from time to time by the ESIC. On the basis of the recommendation of this Investment Committee, investment policy is reviewed by the ESIC for necessary follow up action. from time to time. Standing Committee, followed by the ESI Corporation accords the approval for the revision in investment policy on the recommendations of the Investment Sub-Committee.

At present also, an investment committee has been formed by the ESIC to review the present policy. The committee has members representing employees' and employers from the ESI Corporation and officers from the Ministry of Labour and Employment and ESIC.

The observations of the Standing Committee will also be brought to the notice of the Investment Committee reviewing the investment patter presently.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

### **(Recommendation Para No. 28)**

The Ministry further informed the Committee that for inclusion of investment options in equity and related investments, asset backed, trust- structured and miscellaneous investments, as per the guidelines of the Ministry of Finance, the matter was placed before the ESI Corporation in December 2022 for revision. The Ministry also stated that the options of considering institutions like EPFO and NPS trust-PFRDA are also being examined by ESIC. The Corporation has accorded approval for initial investment starting at 5% and gradual increase up to 15% after review of two quarters in Exchange Trade Funds (ETFs) i.e. Nifty and Sensex only. The Committee note that there are issues relating to construction of more hospitals and Dispensaries, filling up of vacancies of doctors and medical staff, upgrading infrastructure in the hospitals in rural areas, failure to provide adequate medical services to IPs of newly covered areas, etc. all of which require a substantial amount of funds. The Committee expect that whatever roadmaps the Corporation has been working on is for the optimum benefit for the most deserving workers of the organised and unorganized sectors whose requirements should be given utmost importance by the Ministry.

The Committee are of the opinion that before making changes in the percentage of the amount of the investment, the Corporation should make diligent efforts to address these issues so as to meet the requirements of the Insured Persons.

### **(Reply of Government)**

The ESI Corporation, in its 189<sup>th</sup> meeting dated 3<sup>rd</sup>& 4<sup>th</sup> December 2022, approved the investment in equity, restricted to Exchange Traded Funds (ETF) with the objective to earn high rate of return by diversification. To mitigate the risk exposure, investment has been allowed in index-based funds only, i.e., Nifty50 and Sensex.

Further, as per the guidelines of the Ministry of Finance, upto 15% of total funds may be invested in equities and related instruments. However, ESIC has decided to start investment in ETF to the extent of 5% of new funds available for investment and increase up to 15% gradually, after review. Based on previous investment trends, total new funds available for investment may be approx. Rs.10,000 crores. The ESIC is also considering to start investment in ETF through the Asset Management Companies.

After review of 2 quarters by Investment Committee, proposal to increase the allocation (up to maximum 15% gradually) will also be considered by the ESIC. The direction of the Standing Committee will also be brought into the notice of the present investment committee.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**(Recommendation Para No. 29)**

The Committee are surprised to find that ESIC does not organise any special awareness campaigns about their Scheme and facilities. Raising awareness involves the process of informing the general public about a policy or scheme, increasing levels of consciousness for obtaining optimum benefits of the scheme or policy, for which awareness campaigns need to be organized.

The Committee, therefore, desire that the Ministry should come up with guidelines for organizing special awareness campaigns about the ESIC Scheme, highlighting its benefits, for covering more workers. The Committee also desire that local public representative should also be involved in the awareness campaigns. The Committee appreciate the idea of involving other wings of the Ministry like EPFO, etc. and work in coordination with them while organizing these campaigns. The Committee would like to be apprised of the progress made in this regard.

**(Reply of Government)**

The ESIC undertakes various activities to make Insured workers/beneficiaries aware about the ESI scheme and benefits, which inter-alia includes:

- ix. ESIC undertakes periodic publicity about various benefits available under the ESI Scheme pan-India using mediums of Print, Outdoor and Radio. "Awareness campaign in NE States". "Aadhar Seeding of beneficiaries on voluntary basis has also been started.
- x. The Field Offices/Hospitals/MCHs undertake various outreach programs including Awareness Camps, Seminars, Health Check-up Camps, Health Talks, etc. to make Insured Workers/beneficiaries aware.
- xi. SuvidhaSamagams/ Grievance Redressal Days are used as tool to spread awareness about various benefits amongst the visitors.

- xii. A Special Services Fortnight is observed every year throughout all the offices/hospitals /MCHs of ESIC, under which various outreach programs, awareness activities are undertaken.
- xiii. Initiatives undertaken by ESIC is publicised through Press Release/Media Briefings. PIB is roped in for release of press release invariably.
- xiv. Official Social Media Handles of ESIC are used to spread awareness about ESI Scheme/benefits/initiatives on regular basis through images, creatives, AVs, testimonials, etc.
- xv. Recent initiatives, benefits etc. regularly updated on ESIC website i.e. [www.esic.gov.in](http://www.esic.gov.in) for viewing by the visitors of website.
- xvi. Brochure, pamphlets, magazines, samachar, etc. are designed and printed for publicising the ESI Scheme. These are also made available on official website for further viewing and downloading. The field offices/hospitals get these brochures, pamphlets, etc. translated in respective vernaculars for printing and further distribution amongst beneficiaries.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para No. 47 of Chapter-I

**CHAPTER-III**  
**RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT**  
**DESIRE TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLY**

**(Recommendation Para No. 25)**

The Committee note that the ESIC has taken a number of steps to promote and strengthen AYUSH (Ayurveda, Yoga, Unani, Sidha& Homoeopathy) facilities/ services. The Committee, however, note that the ESIC has hired 21 Ayurvedic and 35 Homoeopathic Doctors on Contract basis since 2020-21, when the Covid-19 pandemic was at its peak. The Committee, in their 41st Report on Demands for Grants (2023-24) had impressed upon the Ministry to take appropriate measures for regularization of the services of doctors and paramedical staff working on ad-hoc or contractual basis. Subsequently, the Committee in their 46th Action Taken Report have desired that while undertaking the exercise to fill up regular posts, the doctors/nursing/para medical staff appointed on contractual basis, especially during COVID-19 pandemic, be granted due weightage and accorded priority in regular appointment.

The ESIC have, in this context, submitted that as per recruitment rules, contractual doctors cannot be regularized, however, they are eligible for participating in the procedure for recruitment on regular basis. The Committee note that in the light of judgment of Hon'ble Supreme Court, the Allopathic and Homeopathic doctors of NDMC, appointed on contract basis during Covid-19 pandemic, have been regularized. The Doctors engaged by ESIC on direct contractual basis on or before Covid-19 pandemic have served in a most testing time.

The Committee, therefore, strongly recommend the Ministry/ESIC to sympathetically consider the case of regularization of AYUSH doctors, who are direct contractual appointee/recruited uptill or during the spread of Covid-19 pandemic, by granting them suitable relaxation, as a onetime measure, which may not be treated as precedent.

**(Reply of Government)**

The matter has already been examined and the appointment of the contractual doctors on regular basis is always open for recruitment as per provisions under the Recruitment Rules through participation in the procedure.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**



**CHAPTER-IV**  
**RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF**  
**THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND**  
**WHICH REQUIRE REITERATION**

**(Recommendation Para No. 8)**

The Committee note that the Employer Utilization Dispensaries (EUDs) are set up where the employer agrees to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. In this Scheme, the employer opens the dispensary in the premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum.

The Committee note that out of 15.94 lakh Establishments, only 04 EUDs have been approved for which the capitation fee of Rs. 38 per IP per month is being paid to the employer.

The Committee impress upon the Ministry to take urgent steps to encourage the employers, having requisite infrastructure, to establish EUDs so that the medical care is available to the workers at their workplace. The Committee also desire that the Scheme be suitably revised so as to cover the workers of nearby establishments, which do not have the necessary infrastructure on some mutually agreed terms and conditions. Concurrently, the capitation fee be suitably increased keeping in view the rise in prices.

**(Reply of Government)**

Employer Utilization Dispensaries (EUDs) are also a mechanism of providing medical care to IPs and their families, where the employer agrees to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. Besides, ESIC also provide medical, surgical equipment and drugs and dressing through nearest ESIC hospital. Other facilities such as rent for space, furniture, non-medical equipment, computer, printers, telephone and internet connectivity etc. are also being provided through respective Regional Offices.

At present 20 EUD / m-EUD are functioning in ESIC across the country. No proposal is pending from the States for opening of a new EUD / m-EUD.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para Nos. 31 of Chapter-I

**(Recommendation Para No.14)**

The Committee are happy to note that the composition of ESIC/ESIS Hospital Development Committees (HDCs) has been revised whereby one of the members of the Committee is a local member nominated by Member of Parliament of the area. The Committee, however, find that HDCs have been constituted only in 36 of 51 ESIC hospitals and 57 of 109 ESIS hospitals. Of these, the nominees of local Member of Parliament have been nominated in 19 ESIC and 24 ESIS HDCs.

The Committee desire that the HDCs in the remaining ESIC and ESIS hospitals be constituted expeditiously and nomination of local representatives of Member of Parliament of the area be ensured. The Committee further desire that the meetings of HDCs of both ESIC and ESIS hospitals be held at regular intervals.

**(Reply of Government)**

In view of constitution of the Hospital Development Committee (HDC) and nomination of local representatives of Member of Parliament of the area, instructions on 15.01.2020 have been issued to all Medical Superintendents of ESIC/ESIS hospitals regarding revision of the composition of ESIC/ESIS HDCs accordingly.

Further, instructions have also been sent on 15<sup>th</sup> May 2023 to the Zonal Medical Commissioners of the ESIC to ensure constitution of HDCs in every ESIC/ESIS hospitals of their zone. Accordingly, consistent efforts are being made to ensure constitution of HDCs in all ESI hospitals at the earliest as well as to hold their meetings regularly.

As per the information available HDC is existing in 46 ESIC Hospitals 80 meetings have been conducted in ESIC Hospitals. Further 36 HDC are existing in ESIS Hospitals and 105 meetings of HDC have been conducted post formation of HDC Committee.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para Nos. 35 of Chapter-I

**(Recommendation Para No. 17)**

The Committee are happy to note that all ESI hospitals along with 1950 Doctors have been on-boarded on e-Sanjeevani Portal of the Ministry of Health & Family Welfare for providing tele-consultation services. As on July 2023, more than 70,000 patients have been provided tele-consultation through this platform. The Committee have been apprised that, at present, there is no demarcation of ESI/non-ESI patients on the portal. In this context, the Committee find that in the e-Sanjeevani application, a provision exists for CGHS beneficiaries to enter beneficiary ID and also to upload CGHS Card at the time of availing services.

The Committee, therefore, urge the Ministry/ ESIC to approach the Ministry of Health & Family Welfare to provide facility of entering beneficiary ID and also uploading Card at the time of availing services to ESI beneficiaries so that the data regarding online tele-consultation provided by ESI doctors to ESI & non-ESI beneficiaries is readily available. The Committee also desire that awareness campaigns be launched through ESIC/ESIS hospitals/dispensaries as well as through employers regarding availability of online tele-consultation facility and IPs may be encouraged to utilize the same.

**(Reply of Government)**

Ministry of Health & Family Welfare (MoHF&W) has launched e-sanjeevani 2.0 in August 2023. Accordingly, the ESIC hospitals are being onboarded on e-sanjeevani 2.0 and taking necessary action for increasing the utilization of this portal for tele-consultation.

A staggered media campaign on various initiatives of ESIC including the tele consultation through e-sanjeevani are part of its efforts towards facilitating the easy availability and accessibility of the medical services, which includes the following:

1. Drug Delivery to Homes of ESI Beneficiaries
2. Preventive Health Check-Up camp for Senior Citizens
3. Chemotherapy Facilities at ESIC Hospitals
4. 5G enabled Ambulance Services
5. AAA Mobile App
6. Dhanwantri Module

7. Hub & Spoke Model
8. E-Sanjeevani App
9. Convergence with PMJAY, etc.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para Nos. 39 of Chapter-I

## **CHAPTER-V**

### **RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT ARE INTERIM IN NATURE**

#### **(Recommendation Para No.7)**

Committee note that to supplement the ESI dispensary network, 1003 Private Medical Practitioners have been empanelled as Insurance Medical Practitioners (IMPs). Each IMP is allowed to register upto 2000 IP family units. The IMPs under the panel system are paid capitation fee of Rs.500/- per IP per year, since 8th September 2016, for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine.

The Committee observe that the capitation fee being paid to the IMPs at Rs. 41 per IP per month is meagre and needs to be revised considering the inflation rate and also the fact that the last revision was affected way back in 2016. The Committee desire that an appropriate administrative decision in this regard be taken by the Ministry/ESIC on priority.

#### **(Reply of Government)**

To augment the resources of the ESIC & ESIS ecosystem, a revised Insurance Medical Practitioner (IMP) scheme to enrol doctors in areas where ESIC doesn't have its own presence has been prepared. Accordingly, a proposal for revised policy of IMP was submitted before the 85<sup>th</sup> meeting of the Medical Benefit Council of the ESIC, which recommended the following: -

1. One IMP for 1000 IPs (two IMPs for 1000 IPs for Northeast)
2. Remuneration has been recommended to be changed from existing Rs 500 to Rs 700 with minimum consultation 1.5 times the number of IPs enrolled.
3. Provision of Annual Health check-up camp has been recommended.
4. The enhancement of the remuneration is proposed keeping in view the recent hike in OPD consultation rates by CGHS, MoHF&W.

Action has been taken on recommendation regarding annual health check and remaining recommendations are also under consideration.

**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

#### **Comments of the Committee**

Please see Para Nos. 26 of Chapter-I

### **(Recommendation Para No. 22)**

The Committee note that ESIC, from time-to-time approaches State Governments to take over low performing ESIS hospitals. The Committee appreciate that ESIC has recently taken over ESIS hospital at Kota (Rajasthan) and the proposal to take over three more hospitals at Vijayawada (Andhra Pradesh), Maithan (Jharkhand) and Bhopal (Madhya Pradesh) is under process.

The Committee desire the Ministry/ESIC to expedite the formalities of taking over these hospitals on priority. The Committee also Appreciate the efforts made by the ESIC requesting all the State Governments to provide their consent for taking over such State Government ESI hospitals where State is willing. The Committee further recommend that the ESIS hospitals at Jagadhari, Haryana; Chaudwar, Odisha; and Bhilwara, Rajasthan be taken over by ESIC. The Committee urge the Ministry/ESIC to continue their efforts in this direction and apprise them of the outcome of the same.

### **(Reply of Government)**

It is mentioned that ESIS hospital, Sonagiri, Bhopal, Madhya Pradesh and ESIS hospital, Maithan, Jharkhand have been taken over by ESIC on 20.06.2023 and 29.08.2023 respectively. For taking over the ESIS hospital, Vijayawada (Andhra Pradesh), ESIC has requested the State Government to nominate a representative for signing of MoU and complete other formalities of handing/taking over of the hospital.

Regarding recommendation of Committee in respect of the taking over of ESIS hospitals at Jagadhari (Haryana), Chaudwar (Odisha) and Bhilwara, (Rajasthan), the following is conveyed:

1. **ESIS Hospital, Jagadhari, Haryana-** In response to this office DO letter dated 02.01.2023, Principal Secretary, Labour Department, Government of Haryana vide DO letter dated 19.06.2023 has informed that requisition to fulfil vacant posts for the post of medical officers in ESIS hospitals, Haryana has already been sent to Haryana Public Service Commission and the advertisement for the same has also been floated. Once the required appointments are done, there will be no scarcity of doctors in hospitals and hospitals will run efficiently.
2. **ESIS Hospital, Chaudwar, Odisha-** The Principal Secretary, Govt. of Odisha, on 29.09.2023, has been requested again to convey consent of the State Government to hand over the state-run ESI hospitals including the ESIS hospital, Chaudwar to ESI Corporation.

3. **ESIS Hospital, Bhilwara, Rajasthan**- Earlier, ESIC vide letter dated 25.05.2022 requested the State Government to send their consent for handing over ESIS hospital, Bhilwara as per terms and conditions of MoU. Again, State Government of Rajasthan vide DO letter dated 02.01.2023 was requested to handover ESIS hospitals to ESIC. Principal State Government of Rajasthan has been requested again on 29.09.2023 to convey consent of the State Government to hand over the state-run ESI hospitals including ESIS hospital, Bhilwara to the ESI Corporation.

### **Annexure-I**

#### **List of 26 ESIC Hospitals approved for Opening of In-House secondary and tertiary Medical Care Services to PMJAY Beneficiaries**

<b>S. No.</b>	<b>Approved in 2019</b>	<b>S. No.</b>	<b>Approved in 2024</b>
<b>1.</b>	ESIC Hospital Bihta, Bihar	<b>16.</b>	ESIC Hospital Tinsukia, Assam
<b>2.</b>	ESIC Hospital Naroda, Gujarat	<b>17.</b>	ESIC Hospital Korba, Chhatisgarh
<b>3.</b>	ESIC Hospital Ankleswar, Gujarat	<b>18.</b>	ESIC Hospital Raipur, Chhatisgarh
<b>4.</b>	ESIC Hospital Gulbarga, Karnataka	<b>19.</b>	ESIC Hospital Bapunagar, Gujarat
<b>5.</b>	ESIC Hospital Andheri, Maharashtra	<b>20.</b>	ESIC Hospital Bari Brahmna , J&K
<b>6.</b>	ESIC Hospital Kolhapur, Maharashtra	<b>21.</b>	ESIC Hospital Maithan, Jharkhand
<b>7.</b>	ESIC Hospital Bibvewadi, Maharashtra	<b>22.</b>	ESIC Hospital Bhopal, Madhya Pradesh
<b>8.</b>	ESIC Hospital Bhiwadi, Rajasthan	<b>23.</b>	ESIC Hospital Angul, Orrissa
<b>9.</b>	ESIC Hospital Jaipur, Rajasthan	<b>24.</b>	ESIC Hospital Udaipur, Rajasthan
<b>10.</b>	ESIC Hospital Alwar, Rajasthan	<b>25.</b>	ESIC Hospital Bikaner, Rajasthan
<b>11.</b>	ESIC Hospital Lucknow, Uttar Pradesh	<b>26.</b>	ESIC Hospital Kota, Rajasthan
<b>12.</b>	ESIC Hospital Kanpur, Uttar Pradesh		
<b>13.</b>	ESIC Hospital Varanasi, Uttar Pradesh		
<b>14.</b>	ESIC Hospital Bareilly, Uttar Pradesh		

<b>15.</b>	ESIC Hospital Rudrapur, Uttrakhand		
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**[Ministry of Labour and Employment, Officer Memorandum No. H-11021/14/2020-SS-I dated 18.06.2024]**

**Comments of the Committee**

Please see Para Nos. 43 of Chapter-I

**New Delhi;  
31<sup>st</sup> July, 2025  
 09 Shravana, 1947 (Saka)**

**BASAVARAJ BOMMAI  
 CHAIRPERSON,  
 STANDING COMMITTEE ON LABOUR,  
 TEXTILES AND SKILL DEVELOPMENT**



**MINUTES OF THE THIRTEENTH SITTING OF THE  
STANDING COMMITTEE ON LABOUR, TEXTILES AND SKILL DEVELOPMENT  
(2024-25) HELD ON 31 July, 2025**

The Committee sat on Thursday, the 31<sup>st</sup> July, 2025 from 1500 hrs. to 1645 hrs. in Committee Room No.1, Block 'A', Parliament House Annexe-Extension Building, New Delhi.

**PRESENT**

**Shri Basavaraj Bommai- Chairperson**

**MEMBERS**

**LOK SABHA**

2. Shri G. M. Harish Balayogi
3. Shri Ram Prasad Chaudhary
4. Shri G. Lakshminarayana
5. Shri Asit Kumar Mal
6. Shri Rudra Narayan Pany
7. Shri Kartick Chandra Paul
8. Shri Tanuj Punia
9. Shri Pradeep Purohit
10. Shri Mukesh Rajput
11. Shri Raja Ram Singh
12. Shri Adhikari Soumendu
13. Shri Manoj Tigga
14. Shri Chavan Ravindra Vasantao

**RAJYA SABHA**

15. Shri Ritabrata Banerjee
16. Shri Naresh Bansal
17. Shri Govindbhai Laljibhai Dholakia
18. Shri Rajendra Gehlot

**SECRETARIAT**

- |                              |   |                  |
|------------------------------|---|------------------|
| 1. Shri Lalkithang           | - | Joint Secretary  |
| 2. Ms. K.Muanniang Tunglut   | - | Director         |
| 3. Ms. Mili Dinesh           | - | Deputy Secretary |
| 4. Shri S. Lalengzau Ngaihte | - | Deputy Secretary |

2. At the outset, the Chairperson welcomed the Members to the sitting of the Committee, convened for consideration and adoption of the following Draft Reports on:

- (i) Action Taken by the Government on the Observations/ Recommendations of the Committee contained in their Fifty- First Report (Seventeenth Lok Sabha) on the subject 'The Employees State Insurance Corporation-Applicability and Benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund' pertaining to the Ministry of Labour and Employment;
- (ii) Action Taken by the Government on the Observations/ Recommendations of the Committee contained in their Fifty-Third Report (Seventeenth Lok Sabha) on the subject 'Development and Promotion of Jute Industry pertaining to Ministry of Textiles';
- (iii) Action Taken by the Government on the Observations/ Recommendations of the Committee contained in their Fifty- Sixth Report (Seventeenth Lok Sabha) on the subject 'Implementation of Skill Acquisition and Knowledge Awareness for Livelihood Promotion (SANKALP) Project' pertaining to the Ministry of Skill Development & Entrepreneurship; and
- (iv) Action Taken by the Government on the Observations/ Recommendations of the Committee contained in their Third Report (Eighteenth Lok Sabha) on 'Demands for Grants (2024-25)' pertaining to the Ministry of Skill Development & Entrepreneurship.

3. After some deliberations, the Committee adopted the aforesaid Draft Reports with some modifications and authorised the Chairperson to finalise the Reports and present the same to Parliament.

**The Committee then adjourned.**

## (Vide Para No. 3 of Introduction of the Report)

**ANALYSIS OF ACTION TAKEN BY THE GOVERNMENT ON OBSERVATIONS/  
RECOMMENDATIONS CONTAINED IN THEIR FIFTY-FIRST REPORT OF THE  
STANDING COMMITTEE ON LABOUR, TEXTILES AND SKILL DEVELOPMENT  
(SEVENTEENTH LOK SABHA)**

		<b>Total</b>	<b>Percentage</b>
<b>I.</b>	Total number of Recommendations	<b>29</b>	
<b>II.</b>	Recommendations/Observations which have been accepted by the Government – <b>Rec. Para Nos. 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 15, 16, 18, 19, 20, 21, 23, 24, 26, 27, 28 and 29.</b>	<b>Total:23</b>	<b>79.31</b>
<b>III.</b>	Recommendation/Observation which the Committee do not desire to pursue in view of the Government's reply – <b>Rec. Para No. 25</b>	<b>Total:01</b>	<b>3.45</b>
<b>IV.</b>	Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration – <b>Rec. Para Nos. 8, 14 and 17</b>	<b>Total:03</b>	<b>10.34</b>
<b>V.</b>	Recommendations/Observations in respect of which replies of the Government are interim in nature- <b>Rec. Para Nos. 7 and 22</b>	<b>Total:02</b>	<b>6.90</b>
			<b>100%</b>

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