House panel suggestions on private hospitals

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In news

Parliamentary Committee on Home Affairs on the management of the Covid-19 pandemic in the country has submitted its report to Rajya Sabha Chairman

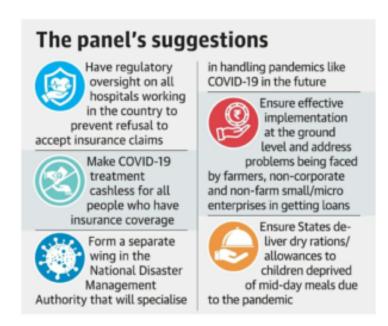
About the committee

- The Parliamentary Committee on Home Affairs on the management of the Covid-19 pandemic in the country is headed by Rajya Sabha MP Anand Sharma
- The Committee has made a detailed assessment of four aspects:
 - The country's preparedness
 - Augmentation of health infrastructure
 - Social impact, and
 - Economic impact

Key findings & recommendations

Following are the recommendation of the panel

- Insurance cover not given to many; need regulatory oversight on hospitals to prevent refusal to accept insurance claims.
- Reports of hospital beds being sold; need law to keep check and control over private hospitals.
- Migrant workers worst affected; govt should start national database on migrant workers to identify and deliver benefits. Students deprived of Mid-Day Meals; should be continued until schools reopen.



Preparedness

- The Parliamentary panel has said that "migrant labourers, factory workers, daily wage earners were the worst affected".
 - It states that as there was no timely dissemination of the information in the district areas about the arrangements being made for food, shelter and other facilities, anxiety and uncertainty gripped the migrant labourers and workers and led to their movement in large number to their home states.
- It proposes to draw up a national plan and guidelines under NDMA, 2005 and Epidemic Diseases Act, 1897".
- It also stresses that an effective functional institutional mechanism is needed for coordination between the Centre, states, and Union Territories for quick response to such a crisis in future.

Health infrastructure

- The panel highlighted the "disproportionate availability of ICU beds in private and public sector hospitals".
- It stated that the "threat of Covid-19 has highlighted the huge disparity of infrastructure and services in

public and private hospitals".

- As per the committee, the largest share of the healthcare burden has been borne by government hospitals because "private hospitals are either inaccessible or not affordable for everyone".
- The Committee has strongly recommended that there is a need for a comprehensive public health Act preferably at the national level with suitable legal provisions to support the Government in keeping checks and controls over the private hospitals as there have been reports about the selling of hospital beds by them
 - It also states that the Act should keep a check on the black marketing of medicines and ensure]product standardization
- The Committee put on record the submissions by insurance regulator IRDAI which relate generally to overcharging by hospitals, denial of the cashless facility, variation in levying charges towards consumables such as PPE kits, gloves, and masks, etc., or on other non-medical expenditure.
- The committee finds that in the initial phase of Pandemic, insurance coverage was not given to many people and private hospitals were charging exorbitantly high rates for the treatment of COVID patients who had to suffer a lot due to lack of any insurance coverage
- It underlined the need for transparency and accountability, and to promote fair practices.
- It mentions that there is a need to have regulatory oversight on all hospitals working in the country to prevent refusal to accept insurance claims.
- The Committee strongly recommends that the target should be to make Covid-19 treatment cashless for all people that are having insurance coverage.

Social impact due to lockdown & pandemic

As per the committee, loss of jobs due to the lockdown

and uncertainty involved with the pandemic and inadequate social security, access to affordable housing, health benefits, and other basic amenities led to workers returning to their home states

- This points to the "ineffective implementation of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979", the Committee said.
- The panel has found that the task of identifying the location and disbursing relief measures to the migrant workers became very difficult as the Central Government did not have any data of the migrant workers and had to seek it from the States.
- In this regard the committee strongly recommended that a national database on migrant workers be launched at the earliest as it will help in the identification of migrant workers and also in delivering ration and other benefits to them.
 - The Committee said the database may also include records of returning migrant labourers including details about their source and destination, earlier employment details and the nature of their skills
 - This would help in skill development and planning for the transit of migrant workers in a similar emergency in the future.
 - As per the committee's observation due to lack of interoperability of PDS across states, migrant workers were "not able to take foodgrains from PDS shops in spite of having ration cards.
- It recommended that until the One Nation, One Ration Card is implemented in all states/UTs, inter-state operability of ration cards should be allowed.

Mid-Day Meal Scheme

■ The committee observes that the Mid-Day Meal Scheme

- motivates the poorest children to go to school and pursue studies, but only some of the States have continued the scheme during the pandemic by delivering dry rations at the doorstep or giving allowances.
- The Committee, therefore, strongly recommends that the Ministry of Home Affairs along with the Department of Food and Public Distribution may take up the matter with the State Governments to ensure that the local administrations are delivering the rations/ allowances in time and this should be continued until the schools reopen.