

DRAFT ADVISORY

A committee comprising of nine members was constituted by the Hon'ble Minister of Health, Govt. of NCT of Delhi for formulating a policy regarding allegations of excessive charges, refusal/ delay in providing immediate medical treatment to victims of crimes or road accidents, unfair employment practices, etc. by private hospitals/ nursing homes.

The committee deliberated on each aspect mentioned below and gave its recommendations:

(I) Mechanism to be developed so that all hospital should preferably prescribe only drugs mentioned in National List of Essential Medicines (NLEM)

- a) All doctors in NCT of Delhi practicing modern system of medicine should preferably prescribe drugs from NLEM list. *Prior to prescribing non-NLEM drugs, the patient shall be counselled and a printed counselling material shall be provided for the perusal of the patient and his/her attendant. The same shall also be displayed at conspicuous places in the hospital.*
- b) Drug Controller, GNCTD shall display the lists of wholesale/ retail chemist shops having stock of NLEM drugs on Delhi Government Website.
- c) It is recommended that Drug Controller, GNCTD should direct all wholesale & retail chemists/ pharmacies in NCT of Delhi, issued license under Drug and Cosmetic Act, 1940 and Rules made thereunder, to ensure the availability of NLEM drugs in their pharmacy.
- d) All nursing homes/ private hospitals registered under Delhi Nursing Homes Registration Act, 1953 and Rules made thereunder shall ensure the availability of NLEM drugs for indoor patients.
- e) It is suggested that NLEM drugs should have a distinct colour coding/ sticker. Drug Controller, GNCTD to take requisite actions in consultation with Central Government for implementing the same.
- f) Disposables to be classified under NLEM and non-NLEM categories.

(II) (A) Prices to be charged by private hospitals for medicines and consumables

a) **NLEM Drugs:**

Prices of NLEM have already been fixed by the Government and clinical establishments can bill these items on their MRP.

b) **Non-NLEM Drugs:**

All clinical establishments shall bill non-NLEM drugs/ disposables at their respective procurement price + maximum upto additional 50% as mark-up against administrative/ handling charges or MRP, whichever is less.

c) **Consumables/ Disposables:**

All clinical establishments shall bill non-NLEM drugs/ disposables at their respective procurement price + maximum upto additional 50% as mark-up against administrative/ handling charges or MRP, whichever is less.

d) **Implants:**

All clinical establishments shall bill non-NLEM drugs/ disposables at their respective procurement price + maximum upto additional 35% as mark-up against administrative/ handling charges or MRP, whichever is less.

(II) (B) Price to be charged by private hospitals for investigations

A sub-committee has been constituted for capping the prices to be charged by private hospitals for investigations.

(II) (C) Not compelling patients to buy drugs from in-house pharmacy

- a) This issue will become supererogatory once prices of non-NLEM drugs/ disposables are capped.
- b) The option of buying drugs from any pharmacy, in-house or otherwise, should be open.
- c) Exception can be for emergency/critical cases.

(III) Packages fixed by private hospitals for operative procedures

- a) Package should be transparent without any hidden charges.
- b) Package should disclose whether it covers complication(s) or not.
- c) If a particular package does not cover complications, proper counselling should be done about all possible complications and their financial implications.
- d) Mechanism to be developed by hospitals/nursing homes for mandatory recording of counselling. Video recording should be preferred.
- e) Any additional procedure performed on the patient shall be charged at 50% of its original rate.
- f) Package covering complications i.e. High Risk package shall cost not more than 20% higher. High Risk package must be clearly defined so that there is no ambiguity.

(IV) Billing and payments regarding unforeseen events, including death, during the course of indoor treatment & payment to be made by the family of a patient who has died while undergoing indoor treatment

- a) Hospital may consider levying extra charges in packages before surgery to insure the complication and this may be displayed at conspicuous places, especially at the admission counter, in the hospital premises.
- b) If the patient dies in the Emergency Room/ Casualty Department of the hospital within six hours of his/ her arrival therein, the hospital shall waive off 50% of the total bill. Any death occurring between six to twenty four hours of the arrival of the patient, the hospital shall waive off 20% of the total bill.

(V) To develop a mechanism for eradicating cuts and commissions in medical practice

- a) Declaration on the bill that no cuts/ commission has been given to any person, including doctors (Allopathic, AYUSH, etc.); paramedics; individuals; organisations; etc.,
- b) Patient has the right to decide whether any consultation/ counselling are required by the referring doctor during his course of indoor admission in the hospital.

- c) Any charges paid to doctors/ individuals/organisations without consent/knowledge of the patient and not reflecting in the patient's bill should be considered a malpractice.
- d) Salaries and consultation charges disbursed to all employees of the hospital, including doctors, shall not be made in cash. All payment made by the hospital for a sum of Rs. 20,000/- or more in a financial year has to be made by cheque/ banking channels only.

(VI) Providing immediate medical care without any delay

- a) Clause 14.2 of the Schedule appended with Rule 14 of Delhi Nursing Homes (Amendment) Rules, 2011 states that the nursing home shall not refuse treatment to the injured/ serious patients brought to them due to any reason whatsoever.
- b) An order dated 21.02.2013 was issued to all Directors/Medical Superintendents of all hospitals in NCT of Delhi reg. providing immediate medical treatment to victims of crimes or road accidents.
- c) Cost of treatment of all medico-legal road accident victims, where the incident has occurred in NCT of Delhi, shall be reimbursed by the government as per DGEHS/ approved rates. Reimbursement shall be done only for those cases where the incident has occurred in the jurisdiction of Delhi Police and medico-legal case has been prepared either by the private hospital/ nursing home which has received the patient or by the private hospital/ nursing home where the patient has been transferred after stabilization.

(VII) Maintaining due dignity of dead person under all circumstances

- a) No dead body can be detained in the hospital for want of non-payment of dues
- b) Showing disrespect and inflicting indignity to the dead body, even in the form of detainment for want of non-payment of dues, is to be considered as an offence.
- c) No hospital under any circumstances shall show any kind of disrespect to the dead body.

(VIII) All necessary steps to be taken to avoid medical negligence and emphasis on patient safety

Standard Operating Procedures (SOPs) to be developed and to be strictly abided

(IX) To stop the practice of levying arbitrary items like compulsory donation, billing charges etc. by some private hospitals in the billing of patients

Levying arbitrary items is unlawful and requisite action would be taken by the concerned authorities.

(X) Other issues

- a) All registered nursing homes/ private hospitals having bed strength of 10 beds or more to be empanelled under DGEHS scheme.

- b) A committee to be constituted for revising DGEHS rates and thereafter, these rates should be revised annually either on the basis of Wholesale Price Index (WPI)/Dearness Allowance (DA).
- c) Consultation charges of doctors, room tariff, nursing charges, diagnostic charges, etc. should be displayed at conspicuous place in the hospital premises and/ or should be available in the reception/ helpdesk.
- d) Unused medicines and consumables must not be billed against the patient.
- e) Every nursing home/ private hospital to be linked with a large multispecialty/ super specialty hospital and to provide ambulance for shifting patient to the linked hospital or any other hospital.
- f) Hospital to develop a clear policy that if the primary consultant/operating surgeon is not available then which doctor shall be attending to the patient.

Comments/ suggestions for finalising the Advisory may be sent to the following address latest by 14.07.2018:

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