

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. _____ OF 2018

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

PUBLIC INTEREST LITIGATION

IN THE MATTER OF:

1. SIDDHARTH DALMIA
S/O SHRI VIJAY PAL DALMIA
FLAT NO. 2101, OLYMPIA TOWER-II,
ELDECO UTOPIA, SECTOR-93A,
NOIDA, U.P.-201304
Email: dalmiasiddharth1994@gmail.com

2. VIJAY PAL DALMIA
S/O LATE BANWARI LAL DALMIA
FLAT NO. 2101, OLYMPIA TOWER-II,
ELDECO UTOPIA, SECTOR-93A,
NOIDA, U.P.-201304
Email: vpdalmia@gmail.com.

...PETITIONERS

VERSUS

1. UNION OF INDIA
THROUGH THE CABINET SECRETARY
CABINET SECRETARIAT
RASHTRAPATI BHAWAN,
NEW DELHI – 110001

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2. MINISTRY OF HEALTH & FAMILY WELFARE
THROUGH ITS SECRETARY (H&FW)
DEPARTMENT OF HEALTH & FAMILY WELFARE
'A' WING, NIRMAN BHAVAN,
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3. GOVERNMENT OF ANDHRA PRADESH
THROUGH ITS PRINCIPAL SECRETARY,
HEALTH MEDICAL & FAMILY WELFARE DEPTT.,
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ANDHRA PRADESH

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4. ANDAMAN & NICOBAR ADMINISTRATION
THROUGH ITS PRINCIPAL SECRETARY (HEALTH)
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5. GOVERNMENT OF ARUNACHAL PRADESH,
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8. UNION TERRITORY OF CHANDIGARH
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NEW RAIPUR,
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10. UNION TERRITORY ADMINISTRATION
OF DADAR & NAGAR HAVELI
THROUGH ITS SECRETARY (HFW),
SECRETARIAT UT DADAR & NAGAR HAVELI
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& DIU

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14. GOVERNMENT OF GUJARAT

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15. GOVERNMENT OF HARYANA

THROUGH ITS PRINCIPAL SECRETARY (H & FW),

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16. GOVERNMENT OF HIMACHAL PRADESH
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(HEALTH & MEDICAL EDUCATION)
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25. GOVERNMENT OF MEGHALAYA
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(HEALTH & FAMILY WELFARE)
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26. GOVERNMENT OF MIZORAM
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33. GOVERNMENT OF TAMILNADU
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34. GOVERNMENT OF TELANGANA
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36. GOVERNMENT OF UTTAR PRADESH
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HAZRAT GANJ,
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38. GOVERNMENT OF WEST BENGAL
THROUGH ITS PRINCIPAL SECRETARY (H&FW),
DEPARTMENT OF HEALTH & FAMILY WELFARE,
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.... RESPONDENTS

**WRIT PETITION UNDER ARTICLE 32 OF
THE CONSTITUTION OF INDIA**

TO

**THE HON'BLE THE CHIEF JUSTICE OF INDIA
AND HIS OTHER COMPANION JUSTICES OF
THE HON'BLE THE SUPREME COURT OF
INDIA.**

**THE HUMBLE PETITION OF THE
PETITIONERS ABOVENAMED**

THE MOST RESPECTFULLY SHOWETH:

1. This Writ Petition is in Public Interest under Article 32 of the Constitution of India against violation of the rights of the public protected under Article 21 of the Constitution of India by the Respondents, and for issuance of Writ of Mandamus or any other appropriate Writ, order or direction to the Respondents to ban the Hospitals and hospital pharmacies from compelling the patients to mandatorily buy medicines from hospitals and the hospital pharmacies only at MRP or manipulated and artificially inflated prices for profiteering also from sale of medicines, when the medicines are available at lesser and heavily discounted prices in the open market from the medical shops, retailers, dealers and distributors duly licensed and regulated by the Drug Control Department of state and central governments, by taking advantage of the ignorance, plight and adverse circumstances of the patients in the Hospitals all over India, and the Respondents despite knowing all these malpractices adopted by the Hospitals all over India, have shut their eyes and totally ignored the interest of the patients, which they are bound to

protect as over the Hospitals the Respondents have complete power and authority. These acts of financial malpractices by the hospitals all over India are against the humans, humanity, morality and the right of the citizens of Indian to live a dignified and respectable life, and the fact that it is also obligatory on the Respondents to provide best and affordable health care to the citizens of India. Such practices by the Hospitals, who are under the immediate control of the Respondents are against public health, right to live a dignified and healthy life, and public interest and morality.

- 1A. The Petitioners have not approached the Respondents with respect to the subject matter of the present writ petition as the matter pertains to wider public interest which requires the immediate intervention of this Hon'ble Court.

2. The 1st Petitioner-in-person is a citizen of India. He is aged about 24 years, presently studying law at Jindal Global Law School, Sonipat, and is an Engineering Graduate [B.Tech. (Information and Communication Technology)] from Dhirubhai Institute of Information and Communication Technology (DAIICT), Gandhi Nagar, Gujarat, and a resident of NOIDA, U.P. The mother of the Petitioner no.1 Smt. Neelam Dalmia, recently in the month of July 2017, was diagnosed with breast cancer for which she had to undergo surgery, and the surgery was followed by six

chemotherapies, 20 sessions of radio therapy, and 17 adjuvant chemo therapies which are continuing during the course of which she will be required to be given Biceltis (Trastuzumab (440mg)) injections every 21 days. The entire treatment has cost till date about 15 lakhs of rupees, and more money is likely to be incurred during the treatment, and it is expected that a total sum of around 30 lakhs of rupees will have to be spent on her treatment. During the course of the treatment of his mother, the Petitioners for the first time realized that there is an organized methodology adopted by the Hospitals, nursing homes and health care service providing institutions which may be known by different nomenclatures (hereinafter collectively referred as "Hospitals"), for fleecing and looting the patients by compelling the patients and their attendants to buy medicines only from the Hospital and hospital pharmacies within the Hospital on MRP or highly inflated artificial prices in collaboration and connivance the drug manufacturers taking the advantage of the apathy of the Respondents, who, for the reasons known to them and despite this fact being in their knowledge and public domain, have left the people of India in lurch and at the mercy of Hospitals. Accordingly, the Petitioners are concerned, and being a responsible Indian Citizen, considers himself to have the locus standi as well as a duty to bring all the facts and issues raised in this petition to the kind attention of this Hon'ble Court, for the reasons that the Respondents have failed to take any concrete

legal action to regulate, control and have become a part of the illegalities and fraud being perpetrated on the Citizens of India. The Petitioner No. 1 has no Civil, criminal or revenue litigation involving the Petitioners, which has or could have a legal nexus with the issues involved in the present Writ Petition (PIL). The Petitioner no. 1 in person has no personal or private interest in the matter. The Petitioner no. 1 in person has no personal or private interest in the matter. The address of the Petitioner No. 2 is Flat No. 2101, Olympia Tower-II, Eldeco Utopia, Sector-93A, NOIDA, U.P.-201304. The PAN Number of the Petitioner no. 1 is BJKPD4679J, and UID Number is 911540229099. The Petitioner's annual income in last AY is Rs.3 Lac. (approx.). The email id of the Petitioner no. 1 is dalmiasiddharth1994@gmail.com and Mob. No. is 9971799250.

2(a)The 2nd Petitioner-in-person is a citizen of India. He is an advocate by profession, practicing for the last about 31 years. That Mrs. Neelam Dalmia is the wife of the Petitioner No. 2 and the mother of the 1st Petitioner. The wife of the Petitioner no. 2 of the Smt. Neelam Dalmia, recently in the month of July 2017, was diagnosed with breast cancer for which she had to undergo surgery, and the surgery was followed by six chemotherapies, 20 sessions of radio therapy, and 17 adjuvant chemo therapies which are continuing during the course of which she will be required to be given Biceltis (Trastuzumab (440mg)) injections

every 21 days. During the course of the treatment of his wife, the Petitioner No.2 for the first time realized that there is an organized methodology adopted by the Hospitals, nursing homes and health care service providing institutions which may be known by different nomenclatures (hereinafter collectively referred as "Hospitals"), for fleecing and looting the patients by compelling the patients and their attendants to buy medicines only from the Hospital and hospital pharmacies within the Hospital on MRP or highly inflated artificial prices in collaboration and connivance the drug manufacturers taking the advantage of the apathy of the Respondents, who, for the reasons known to them and despite this fact being in their knowledge and public domain, have left the people of India in lurch and at the mercy of Hospitals. Accordingly, the Petitioner no. 2 is also concerned, and being a responsible Indian Citizen, considers himself to have the locus standi as well as a duty to bring all the facts and issues raised in this petition to the kind attention of this Hon'ble Court, for the reasons that the Respondents have failed to take any concrete legal action to regulate, control and have become a part of the illegalities and fraud being perpetrated on the Citizens of India. The Petitioner No. 2 has no Civil, criminal or revenue litigation involving the Petitioners, which has or could have a legal nexus with the issues involved in the present Writ Petition (PIL). The Petitioner no. 2 in person has no personal or private interest in the matter.

The address of the Petitioner No. 2 is Flat No. 2101, Olympia Tower-II, Eldeco Utopia, Sector-93A, NOIDA, U.P.-201304. The PAN Number of the Petitioner no.2 in-person is AAPPD9699H and UID Number is 786938175364. The annual income of the Petitioner no.2 in last AY is Rs. 35 Lac. (approx.) The email of the Petitioner no.2 is vpdalmia@gmail.com and Mob. No. is 9810081079.

3. The facts giving rise to cause of action for filing the present Writ Petition are set out hereinafter:
 - A. The mother of the Petitioner no.1, Smt. Neelam Dalmia, in the month of July 2017 was diagnosed with breast cancer resulting in operation of the breast of his mother followed by six chemotherapies, 20 sessions of radiotherapy, and 17 adjuvant chemotherapies which are continuing for which she will be required to be given Biceltis (Trastuzumab (440mg)) injections every 21 days. The treatment has cost till date about 15 lakhs of rupees and about 15 lakhs of rupees more are likely to be incurred during the remaining treatment. During the course of the treatment of his mother, the Petitioner No.1 for the first time realized that there is an organized methodology for looting and fleecing the patients is being adopted by the Hospitals by compelling the patients and their attendants to buy medicines only from the hospital and hospital pharmacies within the hospital premises on MRP or highly inflated artificially managed

prices in collaboration and connivance the drug manufacturers. It is submitted that a part of the treatment cost of the mother of the Petitioner no.1 was covered through Insurance, still the prohibitive cost of the treatment is nightmarish and cannot be afforded by a common Indian, who may be a person belonging to below poverty line, poor class, lower middle class, middle class and even the higher-middle class (hereinafter also referred as “people”). India is a poor country and majority of its majority of the population is still poor.

B. It became an eye opener for the Petitioners when the Petitioners realized that Mrs. Neelam Dalmia, who is the mother of the Petitioner no.1 and wife of the Petitioner no.2 and being treated for breast cancer, has been given a medicine named Biceltis (Trastuzumab (440mg)) at MRP of about Rs. 61,132/-, whereas the said medicine manufactured and marketed by the same company (EMCURE) is being sold in the open market at a discounted rate of Rs.50,000/- for each injection, and on completion of purchase of four injections, one injection is being given free of cost to the patient towards the patient’s support programme by the company, thereby bringing the effective cost to Rs.41,000/- for each injection having MRP of approx.. Rs.61,132/-. It is submitted that first seven injections out of which insurance covered six, were given to the mother of the Petitioner no.1 at the cost of Rs.,61,132/- for each injection by the hospital. No free injection was given. On immense

persuasion involving 3 visits and threats of legal action the permission was granted by the hospital, where the mother of the Petitioner no.1 is being treated, for purchase of injection from the open market, despite the fact that the treating doctor had made the recommendation to allow purchase from the open market. On making further inquiries, it was also revealed to the Petitioners that even the MRP of this medicine in the open market was less. Therefore, there was at least a total difference of Rs.21,000/- in the price of each Biceltis injection. This has prompted the Petitioners to approach this Hon'ble Court in the interest of the people of India, who are suffering at the hands of the Hospitals and are a victim of the apathy of the Respondents without any legal recourse.

- c. That all over India most of the Hospitals, in the garb of various dubious excuses, compel the patients and their attendants to mandatorily buy medicines, medical devices and medical consumables (hereinafter collectively referred as "medicines") only from the Hospitals and hospital Pharmacies at Maximum Retail Prices or artificially inflated and managed prices, without giving any choice or opportunity to the patients and their attendants of buying medicines from other licensed and authorized pharmacies, retailers, dealers and distributors from the open market who may be selling such medicines at a discounted/ heavily discounted/ concessional prices, sometimes

even with free medicines given by the drug manufacturers to the patients towards their schemes for “patient support” on purchase of a particular pre-defined quantity of medicines.

- D.** India, even after 71 years of independence, is still a poor country and the Respondents being the state have miserably failed to provide medical care to the people of India, whose income and financial resources are limited and in the absence of active support from the state, i.e. the Respondents, medical treatment becomes unaffordable and unmanageable due to limited financial resources and means. Even the insurance policies in India have limitations as the same are not people friendly, and insurance is still out of the reach of the common people in India. Even in the emergencies, the insurance companies usually for various reasons in an arbitrary and dubious manner deny to honor the medical insurance policies and fulfill their commitment. Most of the insurance policies are not inclusive. The people are suffering at the hands of the Hospitals, insurance companies, and the Respondents.
- E.** The Respondents have become silent spectators in the fraud which is being perpetuated by Hospitals on the people of India, who come from different financial backgrounds and strata of life, thereby also becoming perpetrator of the violation of the rights, guaranteed under Article 21 of the Constitution of India of a

- dignified, decent, healthy and free life including the right to live and die with dignity and honour, and this right is being violated every day with impunity by Hospitals because of the apathy and inaction of the Respondents, who have become collaborators of the fraud committed by the hospitals.
- F.** As of now, there is no law or policy framework to prevent this misuse, fleecing and looting by Hospitals, and the Respondents have left the people of India in the unscrupulous hands and the regressive regime of Hospitals. It is a case of total failure of the Respondents to protect the people of India and ensure their welfare. Human life is being put at stake.
- G.** The state i.e. the Respondents, by failing in performing their duty to protect the patients from the hands of the Hospitals, who are indulged in profiteering at the cost of the patients, their life and wellbeing, have also failed to follow the Directive Principles as mandated under Article 38, Article 39 and Article 47 of the Constitution of India.
- H.** That the Hospitals compel the patients to mandatorily buy medicines, medical devices and implants and consumables from their own pharmacies in the Hospitals and Hospitals itself, without giving any choice or opportunity to the patients, or explaining or disclosing the prices of medicines, medical implants and consumables, including MRP to the patients, and

offering them an option to buy medicines, medical implants and consumables from any other pharmacy or medical store of their choice at the same price or at a discounted price.

- I. The objective of the Constitution of India includes securing to all its citizen's economic justice. To achieve this, the relevant provisions of mechanism & principles for governments include the following:

Article 38, "The State (Government) shall strive to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice, social, economic and political, shall inform all the institutions of the national life. The State shall, in particular, strive to minimize the inequalities in income, and endeavor to eliminate inequalities in status, facilities, and opportunities, not only amongst individuals but also amongst groups of people residing in different areas or engaged in different vocations".

Article 39, "The State shall, in particular, direct its policy towards securing that the citizens, men, and women equally, have the right to an adequate means of livelihood; that the operation of the economic system does not result in the concentration of wealth and means of production to the common detriment".

Article 46, “The State shall promote with special care the educational and economic interests of the weaker sections of the people, and, in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation.”

J. To achieve the above mentioned Constitutional goals the responsibility lies with both the Central & the State Governments including ensuring adequate availability of all the Essential Commodities to the economically weaker families and common people of the country at a fair price. To achieve this national goal, regulation of the price, production, supply and distribution, and trade and commerce, in commodities essential to the general public as human beings, has to be ensured statutorily by the Central and State Governments. To serve this purpose, under Article 246, entry no. 33 of the concurrent list of the seventh schedule, the Parliament passed the Essential Commodities Act, 1955, assented by the President of India on 1st April 1955. The powers of Central Government under the Act, have been delegated, comprehensively, to the State Governments vide order dated 09.06.1978.

K. That the rights of the consumers, which in the present case are the patients requiring medical treatment, includes the Right to Safety, Right to Information, Right to Choice, Right to be Heard

or Right to Representation, Right to Seek Redressal and Right to Consumer Education; are being violated with impunity by the Hospitals, and ignored by the Respondents.

- L. In a news item published in the Times of India dated 24th April 2015

([https://timesofindia.indiatimes.com/city/nagpur/Hospitals-force-patients-to-buy-from-in-house-](https://timesofindia.indiatimes.com/city/nagpur/Hospitals-force-patients-to-buy-from-in-house-pharmacies/articleshowprint/47032880.cms)

[pharmacies/articleshowprint/47032880.cms](https://timesofindia.indiatimes.com/city/nagpur/Hospitals-force-patients-to-buy-from-in-house-pharmacies/articleshowprint/47032880.cms)), it has been reported that “Patients admitted in private hospitals are being made to suffer considerable financial losses through the forced purchase of drugs from in-house pharmacies. These drugstores sell drugs at much higher price than outside drugstores that typically offer discounts over MRP. In the name of convenience, safety and efficacy of drugs these hospitals still pressure patients or their relatives who in any case are under stress over illness and unable to resist such pressure. Some hospitals have even put signboards saying medicines brought from outside will be returned. There is an obvious cut to be made by the hospital either through rent for the premises or in other ways. This often results in them prescribing brands having a higher retail price over relatively cheaper ones. It is unheard of for the hospital to prescribe generics. The drugs prescribed to patients admitted in the Intensive Care Unit (ICU) are the best example of this practice. One of the commonly used drugs is Meropenem, a

broad spectrum antibiotic that most outside stores sell at prices ranging from Rs 899 to Rs 650 (with discount). However, a relative told TOI he bought the injection for a patient admitted in a well-known hospital from the in-house drugstore at Rs 2350 a piece. Surgical items like gloves, cotton, gauze, catheters etc also have a huge margin of profit. These too the hospitals insist must be bought from hospital store. Mostly the hospital uses own stock first and then asks the relatives to replace it. Since many patients at big hospitals have medical insurance, they also do not bother to negotiate and buy from an in-house pharmacy. Going a step ahead, some hospitals now do not even issue prescriptions to the relatives. The prescription directly goes from doctor to the hospital store and the medicine is made available at patient's bedside." News article dated 24 April 2015 is annexed as **Annexure P-1** (Pg. nos. 45-50).

- M. In a news item dated 04.03.2016 published by the Times of India, it has been reported that Food and Drugs Administration (FDA), Maharashtra has directed all private hospitals across Maharashtra to display a board clearly outside their pharmacies stating there was no compulsion to buy medicines from their medical stores. However, no other information or notification in this regard, except various news items are available. News article dated 04.03.2016 is annexed as **Annexure P-2** (Pg. nos. 51-53).

- N. The invoice dated 07.11.2017 pertaining to the sale of the injection BICELTIS 440 mg. for Rs.61,132/- by the hospital is annexed as **Annexure-P-3** (Pg. nos. 54-60).
- O. The invoice dated 19.02.2018 pertaining to the sale of the injection BICELTIS 440 mg. for Rs.50,000/- is annexed as **Annexure-P-4** (Pg. nos. 61-63).
- P. A report dated 20th February, 2018 in the form of an Office Memorandum of Government of India, Ministry of Chemicals & Fertilizers, Department of Pharmaceuticals, National Pharmaceutical Pricing Authority (File No. 27(2)/ 2017-Div-III/NPPA) is itself an eye opener and shows the fact that the Governments are aware of the plight of the patients, but they are not taking any action at all to prevent the menace of price manipulations and over-charging besides denying the patients their right as consumers. The report mentions that “institutional bulk purchase by private Hospitals, which in most cases keep a pharmacy of its own, makes it easier for them to get very high profit margins and indulge into profiteering on drugs and devices even without need to violate the MRPs which is already enough inflated. Industry, to get bulk supply orders, is in a way 'forced' to print higher MRPs as per the 'market requirements'. This is a clear case of market distortion where manufacturers after accounting for their profits print inflated MRPs to meet out the demands of a distorted trade channel without getting any

benefits from this 'artificial inflation' and patients have to incur huge out of pocket expenditure in hospitalization cases and also otherwise where they are not allowed to buy drugs from outside or go by the physician's branded prescription". This report further noted that "trade margins after selling medicines to stockists does not become part of the balance sheet of the manufacturers or importers and this is how present pricing system based on averaging of price to retailers (PTRs) rarely hurts the industry margins. The PTR (Price to Retailer) based averaging method leaves even price control drugs with huge trade margins". The same is annexed as **Annexure P-5** (Pg. nos. 64-71)

- Q. The above Government report / office memorandum further states that "in most of the cases of scheduled and nonscheduled drugs under formal monitoring of NPPA (National Pharmaceutical Pricing Authority), the hospital purchase prices are invariably often lower than the 'prices to stockists' (PTS) offered by the manufactures in retail chain except for a few exceptions. This explains the variation in prices of drugs in open market and the retail shops and the hospitals and the truth behind various 'concessions' offered by retailers and in some cases even private hospitals on the overall bill as part of its 'charity'. The consumables, which are charged from the patients, used in the hospitals are not under any price control

or monitoring of MRPs since these are not even listed as 'drugs' under Drugs & Cosmetics Act. NPPA can neither monitor the MRPs nor bring these disposables under price control even in the public interest under extraordinary conditions”.

R. The above report further mentions that “the Diagnostics services constitute more than 15% of the total cost. In random checks by NPPA, the charges were invariably found to be higher than diagnostics facilities provided by other independently run private centers. Diagnostics services along with all other charges by hospitals are beyond the purview of NPPA and the Central Government and can be regulated only through State-specific laws whether through adoption of central model 'Clinical Establishment Act, 2010 and corresponding Rules' or otherwise through its own specific legislation by State Governments which is already in existence in every State requiring enabling statutory provisions. The profit margins in the non-scheduled devices used in the three cases (syringes, cannula and catheters) are exorbitant and clearly a case of unethical profiteering in a failed market system”.

S. The above Office Memorandum of Government of India mentions that “the total expenditure on drugs and devices and diagnostics is substantially high (46%) and does not make part of the publicized 'estimate' or 'package' (in case of implants) by the hospitals in comparison to "procedures" (11.42%), room

rent (11.61%) etc. which are the more visible components. In all these cases, the patients have complained that the initial estimate of expenditure got inflated by 3-4 times. Most of the drugs, devices, and disposables were used and sold by the hospitals from their in-house pharmacies, and the patients were given no choice or opportunity to procure these articles from outside the hospitals where prices are supposed to be lower in most cases because of some 'discounts'. Last but not the least, the major beneficiaries of profits in all these cases because of inflated MRPs have been hospitals rather than drugs and devices' manufacturers”.

T. The above Office Memorandum of Government of India, in its Table A also shows exaggerated price of some medicines which are charged by Hospitals:-

| S L | Name of medicines / Injections | Price to Stockists (PTS)a s per the market- based data (Rs.) | The purchase price of the hospital (Rs.) | Printed MRP on the drugs/ devices/unit (Rs.) | Margin on Procurem ent price (%) |
|--------|--|--|--|--|---|
| a | b | c | d | e | g |
| 1 | Propofol Inj 10mg/ml-20ml Vial | 80.96 | 40.95 | 187.28 | 357% |
| 2 | Verfen 50MCG/ML 10ML INJ(Fentanyl) INJ | NA | 49.84 | 225 | 351% |
| 3 | Nanzidone Solution 10% (Povidone-Iodine Solution) | NA | 0.23 | 1.03 | 348% |
| 4 | Amlip 5mg Tab (Amlodepin) | 0.47 | 0.56 | 2.5 | 346% |

| | | | | | |
|----|--|--------|--------|--------|------|
| 5 | TRANEMIC,500MG/5ML | 23.20 | 15.75 | 69.77 | 343% |
| 6 | Tazira Lyo | 144.00 | 100.92 | 446.21 | 342% |
| 7 | Normal Saline 0.45% 500ml IV Glass Bottle | 16.74 | 31.36 | 130.5 | 316% |
| 8 | Atacurium 50mg(Atracurium Besylate)Inj1s | 75 | 61.6 | 254.9 | 314% |
| 9 | FENSTUD,500MCG | NA | 56.00 | 220 | 293% |
| 10 | Verfen (Fentanyl)10ml Inj. | NA | 56.44 | 220 | 290% |
| 11 | Adrenor 4mg / 2ml (Noradrenaline)Inj | 7.79 | 13.44 | 52.35 | 290% |
| 12 | Vanking 500mg Inj | 72.90 | 69.30 | 267.45 | 286% |
| 13 | Verfen (Fentanyl)10ml Inj. | NA | 60.20 | 225 | 274% |
| 14 | Pantodac Inj 40mg(Pantoprazole) Inj | 19.26 | 12.9 | 45.25 | 251% |
| 15 | Verfen 50MCG/ML 2ML(Fentanyl) INJ | NA | 12.99 | 45.1 | 247% |
| 16 | ATACURIUM,50MG | 75.00 | 77.28 | 254.9 | 230% |
| 17 | Propofol Inj 10mg/ml-20ml Vial | 80.96 | 43.68 | 143 | 227% |
| 18 | ADRENOR 2ML INJ (NOR- ADRENALINE) | 13.64 | 15.68 | 51.19 | 226% |
| 19 | TAZACT,4.5GM | 153.44 | 134.40 | 427.97 | 218% |
| 20 | THEMIPEN,40MG | NA | 13.22 | 41.9 | 217% |
| 21 | PANSALVE,40MG | 11.04 | 13.72 | 43.35 | 216% |
| 22 | Artacil 25mg (Artacurium Besyl) Inj | 61.74 | 41.44 | 128.8 | 211% |

| | | | | | |
|----|--|-------|--------|--------|------|
| 23 | Verfen (Fentanyl) 10ml Inj | NA | 71.40 | 220 | 208% |
| 24 | Mucinac 5ml (N-Acetylcysteine) Inj | 70.17 | 35.73 | 109.15 | 205% |
| 25 | Artacil 50mg (Atracurim Besyl) Inj | ... | 84 | 256.6 | 205% |
| 26 | Mezolam Inj 10ml Vial | 28.35 | 21.00 | 63 | 200% |
| 27 | CALCIUM GLUCONATE | NA | 3.69 | 11 | 198% |
| 28 | Dextrose 25 % 25 MI (Dext I.V) (Rathi)Inj | NA | 8.19 | 24 | 193% |
| 29 | DOMIN,200MG,DOPAMINE, 5 ML,INJECTION, NEON | 10.08 | 9.01 | 26.35 | 192% |
| 30 | Fresofol Mct/Lct 20 MI (Profol) Inj | 90 | 99.29 | 286 | 188% |
| 31 | Ringer Lactate 500ml IV Plastic Bottle | NA | 21.11 | 58.12 | 175% |
| 32 | NORAD,2MG/ML | 19.80 | 18.76 | 51.2 | 173% |
| 33 | NEOVEC, 4MG | 37.80 | 31.21 | 85 | 172% |
| 34 | Emeset 4 ml Inj | 14.95 | 9.05 | 22.81 | 152% |
| 35 | Trofentyl (Fentanyl) 2ml Inj | 14.00 | 18.90 | 45.86 | 143% |
| 36 | Esmeron 50mg / 5ml Inj | 9.99 | 157.50 | 382.00 | 143% |
| 37 | Potcl 10ml Injection | 13.32 | 10.50 | 23.56 | 124% |
| 38 | Atorlip 40mg tab | 12.61 | 8.50 | 18.80 | 121% |
| 39 | RINHEPA,5000IU,HEPARIN,1 X1,I NJECTION | 49.06 | 35.28 | 77.70 | 120% |

| | | | | | |
|----|--|-------|-------|--------|------|
| 40 | Neovac 10mg Inj | NA | 80.85 | 176.00 | 118% |
| 41 | NEOVEC,10MG,VECURONIUM BROMIDE,1X1,INJECTION | 81.00 | 81.62 | 176.00 | 116% |

- U. There has been recent public ire, widely covered by the national and local media, over excess charging for health care services and professional negligence on the part of some private hospitals.
- V. In one of the news items dated 20.02.2018 published in the Hindustan Times (<https://www.hindustantimes.com/delhi-news/four-delhi-pvt-hospitals-sold-drugs-at-profits-margins-as-high-as-1-192-pricing-regulator/story-OEGxpxOS0yoDInJNT68ZL.html>), it has been reported that four Delhi private hospitals sold drugs at profits margins as high as 1,192%. The news article dated 20.02.2018 is annexed as **Annexure P-6** (Pg. nos. 72-74).
- W. In one of the news items published in Telangana Today dated 21 March 2018 (<https://telanganatoday.com/inflated-medical-bills-leave-patients-high-dry>), it has been reported that “in India, there are close to 10 lakh allopathic doctors but less than 10% of them work in public health institutions, according to a recently released National Health Profile (NHP)-2017 report of Ministry of Health and Family Welfare (MOHFW), New Delhi, on access to healthcare. Almost 90 percent of the allopathic doctors prefer

to work in private health sector in India, an apt indication of dominance private health institutions enjoy in the sector, the NHP report indicates. Despite high footfalls, patients in private hospitals do not get enough protection from inflated medical bills due to lack of a regulatory framework. According to Health Expenditure Report, medical insurance coverage in India is between three and four percent, which means a major chunk of patients pay inflated medical bills from their own pockets. According to the Health Profile of India report, 75% of patients, who visit private hospitals, settle medical bills from their household income or life savings. Another 18% borrow money from private lenders to pay medical bills. News article dated 21 March 2018 published in Telangana Today is annexed **Annexure P-7** (Pg. nos. 75-79).

- X. The copy of the invoice dated 27th March, 2018, giving free of cost injection Biceltis 440 mg is annexed as Annexure P-5. This injection has been given by the company (Emcure) free of cost towards its patient's support programme. Copy of the invoice dated 27.03.2018 is annexed as **Annexure P-8** (Pg. nos. 80-84).
- Y. NPPA (<http://www.nppaindia.nic.in/>) is an organization of the Government of India which was established, inter alia, to fix/revise the prices of controlled bulk drugs and formulations and to enforce prices and availability of the medicines in the country, under the Drugs (Prices Control) Order, 1995.. NPPA is an

organization of the Government of India which was established, inter alia, to fix/ revise the prices of controlled bulk drugs and formulations and to enforce prices and availability of the medicines in the country, under the Drugs (Prices Control) Order, 1995.

- Z. The above reasons have compelled the Petitioners to present this Petition before the Hon'ble Court, who is the custodian of Rule of Law in India.
4. That the Petitioners have no other alternative and equally efficacious remedy; and the instant Writ Petition has been filed, inter alia, on the following grounds:

GROUND

- A. Because Hospitals and hospital pharmacies compel and force the patients to buy medicines from Hospitals and hospital pharmacies at MRP, or manipulated and artificially inflated prices leading to looting and profiteering at the cost of human life and sufferings, when the medicines are available at lesser and heavily discounted prices in the open market from the medical shops, retailers, dealers and distributors duly licensed and regulated by the Drug Control Department of state and central governments, by taking advantage of the ignorance,

- plight and adverse circumstances of the patients in the Hospitals all over India, and the Respondents despite knowing all these malpractices adopted by the Hospitals, have shut their eyes and totally ignored the interest and wellbeing of the patients, which they are bound to protect as the hospitals over which the Respondents have complete power and authority, and these acts of financial malpractices by the hospitals all over India are against the humans, humanity, morality and the right of the citizens of Indian to live a dignified and respectable life, and die in a dignified and peaceful way as mandated under Article 21 of the Constitution of India.
- B. Because it is obligatory on the Respondents to provide best and affordable health care to the citizens of India, and such practices by the Hospitals, who are under the immediate control of the Respondents are against morality, public health, right to live a dignified and healthy life and public interest.
- C. Because there is no law or policy framework to prevent this misuse, fleecing and looting by Hospitals, and the Respondents have left the people of India in the unscrupulous hands and the regressive regime of Hospitals.
- D. Because the Respondents have failed to follow the Directive Principles as mandated under Article 38, Article 39 and Article 47 of the Constitution of India.

- E. Because the objective of the Constitution of India includes, securing to all its citizen's economic justice.
- F. Because there is a total failure of the Respondents to protect the people of India and secure their welfare.
- G. Because Hospitals do not give any choice or opportunity to the patients to buy medicines from the pharmacy, retailer, dealer, and distributor of their choice, and the patients are not given an opportunity to make an informed choice and take their own decision in this respect.
- H. Because to achieve the national goal of regulation of the price, production, supply, and distribution, and trade and commerce, in commodities like medicines which are essential to the general public as human beings, has to be ensured statutorily or otherwise by the Central and State Governments.
- I. Because the rights of the consumers, which in the present case are the patients requiring medical treatment, includes the Right to Safety, Right to Information, Right to Choice, Right to be Heard or Right to Representation, Right to Seek Redressal and Right to Consumer Education; are being violated with impunity by the Hospitals, and ignored by the Central and State Governments.

- J. Because Hospitals do not explain or disclose the prices of medicines, medical devices and implants, and consumables, including MRP to the patients, or offer them an option to buy medicines, medical devices and implants, and consumables from any other pharmacy or medical store of their choice at the same price or a discounted price.
- K. Because the Respondents despite being aware of the plight of the patients, are not taking any active action to prevent the menace of price manipulations and over-charging by Hospitals, which are also denying the patients their right even as consumers.
- L. Because patients in private Hospitals do not get enough protection from inflated medical bills due to lack of a regulatory framework.
- M. Because the consumables, which are charged from the patients, used in the hospitals are not under any price control or monitoring of MRPs since these are not even listed as 'drugs' under Drugs & Cosmetics Act. NPPA can neither monitor the MRPs nor bring these disposables under price control even in the public interest under extraordinary conditions.
- N. Because the Respondents have miserably failed to provide medical care to the people of India which includes people below

- poverty line, poor, lower middle class and middle class, whose income and financial resources are limited and in the absence of active support from the state, i.e. the Respondents, medical treatment becomes unaffordable and unmanageable due to limited financial resources, manipulative and prohibitory activities of the Hospitals.
- O. Because Hospitals deal with human life, as such Hospitals cannot be allowed to be guided by the sole principles of making profit, by hook or crook, by treating the Hospitals as mere business entities meant for profiteering at the cost of the human life, humanity, dignity and morality, and the Respondents are due to bound to prevent any such atrocities on the people of India.
- P. Because presently all over India most of the Hospitals, in the garb of various dubious excuses, compel the patients and their attendants to compulsorily buy medicines, medical equipments, implants, and medical consumables only from the Hospitals and hospital Pharmacies at Maximum Retail Prices or artificially inflated and managed prices without giving any choice or opportunity to the patients and their attendants of buying medicines from other licensed and authorized pharmacies, retailers, dealers and distributors from the open market who may be selling such medicines at a discounted/ heavily discounted/ concessional prices with even free medicines given by the drug

- manufacturers to the patients towards their schemes for patient support on purchase of a particular pre-defined quantity of medicines.
- Q. Because medical insurance coverage in India is insignificant, thereby compelling a major chunk of patients pay inflated medical bills from their own pockets, and most of the patients, who visit private hospitals, settle medical bills from their household income or life savings, and some borrow money from private lenders to pay medical bills.
- R. Because the Respondents have become silent spectators and collaborators in the fraud which is being perpetuated by hospitals on people of India coming from different financial backgrounds and strata of life, thereby also becoming a party to the violation of the rights, guaranteed under Article 21 of the Constitution of India, of a dignified, decent, healthy and free life including the right to live and die with dignity and honour.
- S. Because the Respondents have failed in discharging their constitutional duties.
- T. Because the Respondents, despite being aware of the issues raised in this petition, have miserably failed to understand the gravity and impact on the life of the people of India, and they are still in a thinking mode, without taking any action on the ground

zero, despite all the powers which they have under various laws of India, leading to their failure to protect the rights of people in India under Article 21 of the Constitution of India.

5. That the Petitioners have not filed any other Petition before any High Court or this Hon'ble Court seeking the same or similar relief.

PRAYER

It is therefore respectfully prayed that this Hon'ble Court may be pleased to:

- a) Issue a Writ of Mandamus or any other appropriate Writ, order or direction under Article 32 of the Constitution of India, banning the Hospitals from compelling and forcing the patients and their attendants to mandatorily purchase medicines, medical devices and implants, and medical consumables from the Hospitals or hospital pharmacies only, and further declare and direct that the patients and their attendants shall be free and have the choice to purchase medicines, medical devices and implants and medical consumables from the vendor of their choice and the Hospitals cannot compel the patients their attendants to buy medicines, medical devices and implants and medical consumables from Hospitals or hospital pharmacy, and give appropriate directions to the Respondents ban the above mal practices and protect the interests of the buyers of the medicines, medical devices and implants and medical consumables;

- b) Issue a Writ of Mandamus or any other appropriate Writ, order or direction under Article 32 of the Constitution of India, directing the Respondents ensure that appropriate notice boards are put at appropriate and prominent places in the Hospitals and the hospital pharmacies that the patients and their attendants are free and have the choice to purchase medicines, medical devices and implants and medical consumables from the vendor of their choice including the hospital pharmacy;
- c) Pass such other appropriate writ, order(s) or directions as this Hon'ble Court may deem fit and proper.

AND FOR THIS ACT OF KINDNESS THE PETITIONERS SHALL EVER PRAY.

PETITIONERS -IN- PERSON NO. 1 AND 2

1. SIDDHARTH DALMIA
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NEW DELHI
DRAWN ON:-
FILED ON:-

IN THE SUPREME COURT OF INDIA

[CIVIL ORIGINAL JURISDICTION]

WRIT PETITION (C) No. / 2018

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

PUBLIC INTEREST LITIGATION:

IN THE MATTER OF

SIDDHARTH DALMIA & ANR.PETITIONERS

Versus

UNION OF INDIA & OTHERSRESPONDENTS

AFFIDAVIT

I, Siddharth Dalmia, son of Sh. Vijay Pal Dalmia Dalmia, aged about 24 years approx., resident of Flat No. 2101, Olympia Tower – II, Eldeco Utopia, Sector 93A, NOIDA, U.P. - 201304, presently at New Delhi, do hereby solemnly affirm and state as under:

1. That I am the Petitioner No. 1 in the above-mentioned matter and am well conversant with the facts and circumstances of the case, and I along with the Petitioner No. 2 have drafted this petition, hence I am competent to swear this affidavit.
2. I say that I have drafted the accompanying writ petition (pages 1-44) (para 1 to 5) along with the Petitioner no. 2, and say that the facts stated in the Synopsis and List of Dates (B-H), Annexures [Pages 1 to 8] and application to seek permission (pages 85-89) are true and correct to the best of my knowledge and belief.

3. That I have no personal gain, private motive or oblique reason in filing the present petition. I have no personal interest in the litigation and am not guided by self-gain or for gain of any person/institution/body and there is no motive other than public interest.
4. That the annexures annexed to the accompanying Writ Petition are true copies of their respective originals.
5. That the petitioner has not filed any other petition in this Hon'ble Court.

DEPONENT

VERIFICATION

I, Siddharth Dalmia, the deponent abovenamed do hereby solemnly affirm and verify that what is stated in the foregoing affidavit is true and correct to my knowledge and belief, no part of it is false and nothing material has been concealed therefrom.

Verified at New Delhi on 03 day of April, 2018.

DEPONENT

IN THE SUPREME COURT OF INDIA

[CIVIL ORIGINAL JURISDICTION]

WRIT PETITION (C) No. / 2018

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

PUBLIC INTEREST LITIGATION:

IN THE MATTER OF

SIDDHARTH DALMIA & ANRPETITIONERS

Versus

UNION OF INDIA & OTHERSRESPONDENTS

AFFIDAVIT

I, Vijay Pal Dalmia, son of Late Banwari Lal Dalmia, aged about 55 years approx., resident of Flat No. 2101, Olympia Tower – II, Eldeco Utopia, Sector 93A, NOIDA, U.P. - 201304, presently at New Delhi, do hereby solemnly affirm and state as under:

1. That I am the Petitioner No. 2 in the above mentioned matter and am well conversant with the facts and circumstances of the case, and I along with the Petitioner No. 1 have drafted this petition, hence I am competent to swear this affidavit.
2. I say that I have drafted the accompanying writ petition (pages 1-44) (para 1 to 5) along with the Petitioner no. 2, and say that the facts stated in the Synopsis and List of Dates (B-H), Annexures [Pages 1 to 8] and application to seek

permission (pages 85-89) are true and correct to the best of my knowledge and belief.

3. That I have no personal gain, private motive or oblique reason in filing the present petition. I have no personal interest in the litigation and am not guided by self-gain or for gain of any person/institution/body and there is no motive other than public interest.
4. That the annexures annexed to the accompanying Writ Petition are true copies of their respective originals.
4. That the petitioner has not filed any other petition in this Hon'ble Court.

DEPONENT

VERIFICATION

I, Vijay Pal Dalmia, the deponent abovenamed do hereby solemnly affirm and verify that what is stated in the foregoing affidavit is true and correct to my knowledge and belief, no part of it is false and nothing material has been concealed therefrom.

Verified at New Delhi on 03 day of April, 2018.

DEPONENT

ANNEXURE P- 1

Times of India

Apr 24, 2015, 03.37 AM

<https://timesofindia.indiatimes.com/city/nagpur/Hospitals-force-patients-to-buy-from-in-house-pharmacies/articleshowprint/47032880.cms>

Nagpur: Patients admitted in private hospitals are being made to suffer considerable financial losses through forced purchase of drugs from in-house pharmacies. These drugstores sell drugs at much higher price than outside drugstores that typically offer discounts over MRP.

Experts said there the hospitals could not make it mandatory for patients to buy the medicines from in-house drugstore only. In the name of convenience, safety and efficacy of drugs these hospitals still pressure patients or their relatives who in any case are under stress over illness and unable to resist such pressure. Some hospitals have even put signboards saying medicines brought from outside will be returned. Many patients told TOI even the nurses in the ward have been instructed not to use the medicines from outside.

There is an obvious cut to be made by the hospital either through rent for the premises or in other ways. This often results in them prescribing brands having higher retail price over relatively cheaper

ones. It is unheard of for the hospital to prescribe generics. The drugs prescribed to patients admitted in the Intensive Care Unit (ICU) are the best example of this practice. One of the commonly used drugs is Meropenem, a broad spectrum antibiotic that most outside stores sell at prices ranging from Rs 899 to Rs 650 (with discount). However, a relative told TOI he bought the injection for patient admitted in a well-known hospital from in-house drugstore at Rs 2350 a piece.

This drug is manufactured by 80-100 manufacturers including reputable ones like Lupin and Cadilla. Yet, this particular hospital insists on a brand made by RSM, an Aurangabad-based manufacturer, that is sold at over three times the market cost and must be bought from in-house pharmacy. Sources in the local pharmaceutical associations even alleged a city hospital had even formed a joint venture with a drug manufacturer to create high MRP brands.

The other common drugs that fetch huge profits to hospital pharmacy include Piperacillin and Tazobactam injection, erythropoietin injection, albumin, cefoperazone and Sulbactam, Voraze (antifungal-broad spectrum antibiotic) also called as Voricanzol, Tigicycline (antibiotic) and another lower antibiotic

Tzar. In addition, many life saving devices like stents are also available only with the hospital.

Some medical stores otherwise having high volume sales as they are located in areas having hospitals and nursing homes told TOI they had have stopped stocking expensive brands prescribed by the big hospitals as there are no takers for them. “Who will buy them? Only hospitals force them on their captive patients. If we stock them they just expire,” said an established shop owner near Panchsheel square. Since these drugs are needed for a considerable time for patients in ICU, the overall extra burden is huge.

Surgical items like gloves, cotton, gauze, catheters etc also have a huge margin of profit. These too the hospitals insist must be bought from hospital store. Mostly the hospital uses own stock first and then asks the relatives to replace it. Since many patients at big hospitals have medical insurance, they also do not bother to negotiate and buy from in-house pharmacy.

“Insured patients are particularly targeted. The staff would manipulate relatives in the name of better quality of a stent and force them to go for a higher priced one. Patients and relatives too agree because in any case the insurance company would be paying,” said a relative who had already spent Rs 4.5 lakh for his

patient under treatment in an ICU at a big corporate Hospital.

Going a step ahead, some hospitals now do not even issue prescriptions to the relatives. The prescription directly goes from doctor to the hospital store and the medicine is made available at patient's bedside.

President of Nagpur Chemists and Druggists Association (NCDA) Mohan Abhyankar said, "Pharmacists as well as doctor's profession is a noble one. Unfortunately both have turned them into businesses. The hospitals keep only costly brands and doctors prescribe only these."

HOSPITALS RESPOND

* Buying medicine from hospital store is both convenient and safe for the patient. Many times the brands prescribed by the doctor are not available in other stores and if they are, there is no guarantee of quality. Hospital stores ensure the drugs are not spurious, are within the expiry period, and fairly priced. Wockhardt has a 3500 drugs inventory that cost Rs 1 crore. It is a no profit, no loss store.

--Sunil Sahasrabudhe, Centre head, Wockhardt heart Hospital

* Safety of patient is the biggest concern for us. Hospital store ensures 100% efficacy of medicines. If there is any adverse

reaction to any medicine, the hospital can take responsibility but same can't be said for drugs from outside. Revenue from medical store is a very small part of total business of hospital.

-- K Sujatha, Centre head of Wockhardt

* There are many advantages of hospital-based stores. It supplies medicines round-the-clock, can take back unused ones or replace them with another if doctor insists. It also gives 10% discount like other drugstores. The medicine prescribed by the hospital doctors is available here and patient doesn't have to search for it. Our hospital has not made it mandatory for patients to buy medicines from hospital store.

-- Dr Ashok Arbat, managing director of KRIMS hospital

* OCHRI has had made it mandatory for patients to buy medicines from hospital store since six months for varied reasons focusing on patient safety. Since hospital has no control over substitutes brought by patients from retail stores, it is better to buy them from hospital store. NABH accredited hospitals like OCHRI are following the Hospital Information System (HIS) that ensures check at each step from prescriber to the dispenser. The margin in medicines is not very big. We have a huge inventory as different doctors prescribe different brands of same molecule and so a lot of money

is blocked. This profit comes at a cost. Moreover, at the time of discharge, the hospital stores accept back the unused medicines.

-- Dr Anup Marar, medical director of Orange City Hospital

* Buying medicines from hospital stores is in patient's interest. Hospital stores too give discounts like other stores. Hospital store ensures authenticity of medicine. Our store has 27 pharmacists who are paid handsome salary. Lot of money is blocked in maintaining inventory. We are not earning unreasonable amounts.

-- Ravi Mandiyar, general manager, Care Hospital

//TRUE COPY//

ANNEXURE P- 2

<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Patients-free-to-buy-medicines-from-any-store/articleshow/51251576.cms>

Patients free to buy medicines from any store

Umesh Isalkar| TNN | Updated: Mar 4, 2016, 11:41 IST

HIGHLIGHTS

Food and Drugs Administration (FDA) has directed all private hospitals across Maharashtra to display a board clearly outside their pharmacies stating there was no compulsion to buy medicines from their medical stores

Food and Drugs Administration (FDA) has directed all private hospitals across Maharashtra to display a board clearly outside their pharmacies stating there was no compulsion to buy medicines from their medical stores and that patients were free to get medicines from drug shops outside their premises. The directive has brought relief to scores of patients and their relatives who seek treatment at private hospitals.

"We have issued the directive in the wake of several complaints from Pune, Mumbai and other cities where patients were compelled by hospitals to purchase medicines only from their pharmacies," said state FDA commissioner Harshadeep Kamble.

In Pune, FDA officials have already communicated the directives to private hospitals.

"Most hospitals have already complied in Pune by putting up display boards at conspicuous locations. We are ensuring its strict implementation. Those who are yet to follow suit are being reminded about the directive. There has been no resistance to the move so far," said S T Patil, joint commissioner (drugs), FDA, Pune division.

Big city hospitals justify their act in the name of safety and quality of drugs given to the patient. "Asking patients to buy medicines from in-house pharmacy is mainly to ensure patient safety. Who will ensure that the medicines brought from other stores are not spurious or sub standard? Besides, there are some medicines which have to be maintained at certain temperatures only. Due to storage constraints, we play it safe by telling patients to buy medicines from in-house pharmacy as we are aware of the storage facility ," said a medical director of a reputed hospital in Pune. When contacted, Bomi Bhote, chief executive officer (CEO) of Ruby Hall Clinic said, "There have been no compulsions on patients for purchasing medicines from our in-house pharmacy ."

"Hospitals justify this compulsion by saying if the medicine is ineffective, patients blame them. However, this is a misleading argument because a medicine may not work effectively for a number of reasons. The real reason for this compulsion is that the purchase price of many medicines is very low for hospitals. But hospitals

charge the patients as per the MRP to earn huge margin," said senior health activist Anant Phadke.

Pune Municipal Corporation (PMC) has in the past also issued a directive to all city hospitals asking them to put a board in their pharmacy stating that patients can buy medicines from other medical stores too.

"The Jan Aarogy Abhiyaan demands that the FDA and civic body should take action against hospitals who have not complied with this directive. The Maharashtra Clinical Establishment Act contains the right to choose a pharmacy and other patient's rights, but the draft is gathering dust in the Mantralaya. The legislation should be implemented without further delay ," Phadke said.

//TRUE COPY//

ANNEXURE P- 3

APOLLO HOSPITALS

EMERGENCY

01202445360

SAVING TIME SAVING LIVES

GSTIN: 09AAACI2398N2ZZ

REF. NO.: File No.: 20171160B001

IN Patient Bill – Bill of supply

Bill to (1) National Insurance Co. Ltd.,

Name: Mrs. Neelam Dalmia

Age: 48 yrs 10mth 28 days

Sex: Female

Spouse Name: Mr. Vijay Pal Dalmia

Address: F No.2101 Olympia Tower II, Sector 93A, NOIDA

UTTAR PRADESH, India, Cell No. 9810081079

UHID: APD2.0000090141

IP Number: NOIIP36146

Bill No. NOI-ICR-25497

Date : 07-Nov-2017 Time: 21:18:38

Doctor Name: Dr. MANISH SINGHAL

Specialty : MEDICAL ONCOLOGY

Ward Name : MULTI BED UNIT

Bed No : MBU-1031 (AC-MULTI BED)

Billing type : CREDIT Authorization No.: Claim
 No.20171106B001022748

TPA/Corporate(1): MEDSAVE HEALTH CARE (TPA) LTD.

Admission Date: 07-Nov-2017 8:50:02 am

Discharge Date : 07-Nov-2017 5:29:21 pm

| SL. NO. | Service | Amount(R) |
|---------|---------------------|------------|
| | Consultation | 600.00 |
| | Invasive Procedures | 2,940.00 |
| | Room Rent | 2,310.00 |
| | Ward Pharmacy | 100,126.35 |
| | Service Amount | 105,976.35 |

Authorization Amount(1) MEDSAVE HEALTH CARE (TPA) LTD.
 105,522.00

| | | |
|---------------------------|--------------------------------|------------|
| To Pay | (Cash: 0.00, NonCash: 0.00) | 454.00 |
| Deposit (6288143,6214402) | (Cash: 85.00, NonCash: 500.00) | 585.00 |
| Refund (6288218, CASH) | | 131.00 |
| Net Amount | | 105,522.00 |

Payment Details:

Amount in words: Rs. One Hundred Five Thousand Five Hundred
 Twenty-two only

No Tax is payable on Reverse Charge Basis

Payment Details: Refunded Rs. One Hundred Thirty-one only to Mrs.
 NEELAM DALMIA

Mr. Ranjan Kanti Chakma

Mr. BINOY SHANTI CHAKMA

Signature of Patient/Attendant
Manager

Generated By

Cashier

APOLLO HOSPITALS

Name: Mrs. NEELAM DALMIA IP No: NOIIP36146 Bill No. NOI-ICR-25497

Payer Payable

SL. Service Service Name Alias Dr. Name Start End Qty/Duration Ref Dis(%)
Amount(Rs.)

No. Code (Order No.) Code Date Date (in mins) Tariff

Consultation

07-Nov-2017 Consultation

1. 2117 IP Visit Charges Dr. MANISH 07/11/2017 600.00 0 600.00
SINGHAL 14.00

(MEDICAL ONCOLOGY)

Dept. Sub Total: 600.00

Dept Total: 600.00

Invasive Procedures

07-Nov-2017

Oncology Medical

1 22289 CHEMOTHERAPY (PER DAY)0 07/11/2017 1 2,940.00 0 2,940.00
12.00

Dept. Sub Total: 2,940.00

Dept Total: 2,940.00

Room Rent

Wards Others

1. 40467 07/11/2017 20 50 0 20 50
SYRINGES 9:40

| | | | | | | |
|---|-------|---|-----------------------|-----------|---|-----------|
| | | 10ML DISPOVAN (HSN 90183100) | | | | |
| 2 | 37738 | PORT ACCESS INFUSION SET (PMIS025795004) | 07/11/2017 10:03 | 525 00 | 0 | 525 00 |
| 3 | 55203 | EMESET 2MG/2MI INJ (HSN.30049035 (PMIS025795229) | 07/11/2017 2 11:28 | 11.62 | 0 | 23.24 |
| 4 | 54139 | PEG GRAFE EL 6MG INJ(HSN:3002909 0) | 07/11/2017 11 .28 | 10,790.00 | 0 | 10,790 00 |
| 5 | 50130 | RANTAC 50 MG/2 ML AMP (PMIS025795229) | 07/11/2017 11:28 | 3.17 | 0 | 3.17 |
| 6 | 32706 | DEXONA 2ML INJ (PMIS025795229) | 07/11/2017 11:28 | 5 78 | 0 | 5.78 |
| 7 | 49573 | HEPLOCK 10ML (HSN:J0019091) (PMIS025795229) | 07/11/2017 3 11:28 | 33 00 | 0 | 99.00 |
| 8 | 54730 | CARBOKEM NOVA 150MG INJ (HSN.30049049) | 07/11/2017 11:28 | 740.70 | 0 | 740 70 |

Keep the records carefully and bring them along during your next visit
to our hospital

For enquiry: 0120-4012060/ 2445353 OPD Appointments: 0120-
4012026/30

Apollo Hospitals. E-2. Sector 26. Noida-201301 (U.P.)

NABH & NABL Accredited

Name: Mrs. NEELAM DALMIA IP No: NOIIP36146 Bill No: NOI-ICR-25497

| | | | | | | | |
|----|----------------------|------------|---|-----------|---|-----------|--|
| 9 | 58688 BICELTIS 440MG | | | | | | |
| | INJ(HSN:30021500) | 07/11/2017 | 1 | 61,132.00 | 0 | 61.132.00 | |
| | (PMIS025795229) | 11:28 | | | | | |
| 10 | 54731 CARBOKEM | | | | | | |
| | NOVA450MG | 07/11/2017 | | 2.222.10 | 0 | 2,222.10 | |
| | INJ(HSN.30049049) | 11:28 | | | | | |
| 11 | 30669 AV1I INJ - 2ML | | | | | | |
| | (HSN:30049039) | 07/11/2017 | 1 | 3.02 | 0 | 3 02 | |
| | (PMIS025795229) | 11:28 | | | | | |
| 12 | 33319 | | | | | | |
| | CORT S 100MG INJ | 07/11/2017 | 1 | 36.00 | 0 | 36.00 | |
| | (HSN 30043200) | | | | | | |
| | (PMIS025795229) | 11:28 | | | | | |
| 13 | 39113 | | | | | | |
| | TA.XOTERE 20 MG 1NJ | | | | | | |
| | (HSN:J0049044) | 07/11/2017 | 3 | 2,983.25 | 0 | 8,949 | |
| | 75 (PMIS025795229) | 11:28 | | | | | |
| 14 | 39114 | | | | | | |
| | TAXOTERE 80 MG 2 ML | 07/11/2017 | 1 | 11,342.51 | 0 | 11,342 51 | |
| | INJ(HSN:30049044) | 11:28 | | | | | |
| 15 | 69948 | | | | | | |
| | APRISET IV INJ | 07/11/2017 | 1 | 2,430.00 | 0 | 2.430 00 | |
| | (PMIS025795229) | 11:28 | | | | | |

| | | | | | | | |
|----|-------------------------------|---|--------|---|--------|--|--|
| 16 | 68898 | | | | | | |
| | STRIPORT O | | | | | | |
| | 9% SODIUM CHLORIDE 07/11/2017 | 3 | 34.34 | 0 | 103.02 | | |
| | 100 ml | | 11.28 | | | | |
| | (PMIS025795229) | | | | | | |
| 17 | 46417 | | | | | | |
| | SODIUM CHLORIDE 07/11/2017 | 4 | 71.790 | | 287.16 | | |
| | 9%500MI(BAXTER) | | 11.28 | | | | |
| 18 | 40467 | | | | | | |
| | SYRINGES IOML 07/11/2017 | 2 | 20.50 | 0 | 41.00 | | |
| | DISPOVAN | | | | | | |
| | (HSN:90183100) | | 11.45 | | | | |
| 19 | | | | | | | |
| | SYRINGES 50ML 07/11/2017 | 4 | 71.00 | 0 | 284.00 | | |
| | BD | | | | | | |
| | (HSN:90183100) | | 11.45 | | | | |
| | (PMIS025795236) | | | | | | |
| 20 | 42125 | | | | | | |
| | SYRINGES 5ML 07/11/2017 | 2 | 10.00 | 0 | 20.00 | | |
| | DISPOVAN | | | | | | |
| | (HSN:90183100) | | 11.45 | | | | |
| 21 | 61481 | | | | | | |
| | NEEDLE-16GX1.5 07/11/2017 | 4 | 4.50 | 0 | 18.00 | | |
| | (ROMSONS) | | 11.45 | | | | |
| | (PMIS025795236) | | | | | | |

22 62363
 INTRAFIX ECO 07/11/2017 2 280.00 0 560.00
 (IV SET) 11.45
 BRAUN
 (PMIS025795236)

22 40723
 SYRINGES 2ML07/11/2017 4 9.00 0 36.00
 (ROMSONS) 11.45
 (HSN: 90183100)

Dept. Sub Total: 99,671.95

Dept. Total: 99,671.95

(B) indicates Bedside services (\$) indicates stat services

(E) indicates dead patient *Dual Occupancy

Keep the records carefully and bring them along during your next visit to
 our hospital

Apollo Hospitals, E-2. Sector 26, Noida-201301 (U.P.)

Phone: 0120-4012000 / 2445353 Fax: 0120-244535514129404

//TRUE COPY//

ANNEXURE P- 4

MSN ENTERPRISES
Pharmaceutical Distributors
F-16, First Floor, Plot No. 14,
Jasola, New Delhi-110044
Tel No. : 011-40516010, 9818181801
License No: S(1716)14/WR
GSTIN: 07AETPN3627H1Z4

**** GST INVOICE****

Party Name:
NEELAM DALMIA
Plot No-2101, Olympia Tower-II, Eldeco Utopia
Sector-93A, NOIDA, U.P.
07-Delhi
Phone. : 01204150022, 9810081079

Invoice No. : RB001351 Invoice Date : 19/02/2018
Due Date: 19/02/2018 User Name: DILIP

Sr. 1.

Qty. 1

Pack 1

| | |
|--------------|-----------------|
| Product Name | BICELTIS 440 MG |
| Batch No. | N7123B01 |
| Exp | 11/19 |
| HSN CODE | 30021500 |
| Pack | X1 |
| Batch No. | N7123B01 |

| | |
|-------|----------|
| MRP. | 61132.00 |
| Dis | 0.00 |
| SGST | 6.00 |
| Value | 2678.57 |
| CGST | 2678.57 |

Amount: 44642.85

| Class | Total | Scheme | Discount | SGST | CGST | Total GST |
|---------|-------|--------|----------|---------|---------|-----------|
| GST 5% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| GST 12% | 0.00 | 0.00 | | 2678.57 | 2678.57 | 5357.14 |
| GST 18% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| GST 28% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 0.00 | 0.00 | | 2678.57 | 2678.57 | 5357.14 |

Total items:- 1

Total QTY:- 1

| | |
|--------------|----------|
| Total | 44642.85 |
| Dis. Amt. | 0.00 |
| SGST payable | 2678.57 |
| CGST payable | 2678.57 |
| CR/DR note | 0.00 |

Grand total: 50000.00

Rs. Fifty thousand only

Terms and Conditions:

Goods once sold will not be taken back or exchanged. Bills not paid due date will attract 18% interest.

All disputes subject to jurisdiction only. Prescribed Sales Tax declaration will be given.

All/Any discrepancy in this invoice must be reported within 24 hours.

On cheque returned from bank, an amount of 500/- will be charged each time.

//TRUE COPY//

ANNEXURE P- 5

File No. 27(2)/ 2017-Div-III/NPPA Government of India

Ministry of Chemicals & Fertilizers

Department of Pharmaceuticals

National Pharmaceutical Pricing Authority

5th/3rd Floor, YMCA Cultural Centre Building,

1, Jai Singh Road, New Delhi-110001

Date: 20.02.2018

Office Memorandum

In recent months Delhi/N.C.R witnessed some unfortunate deaths because of dengue and other ailments in four reputed private hospitals. In each case, NPPA got complaints of overpricing and inflated bills from the relatives of deceased patients. NPPA, within its jurisdiction under Drug Prices Control Order, 2013 had asked for details of billing from these hospitals and analyzed the same in great detail. Data of one of the hospitals was put in public domain vide O.M. No 27(2)/2017-Div-

III/NPPA Dated 15.12.2017. NPPA has received applications under RTI Act and some relatives of the patients have met Chairman, NPPA seeking action in the matter.

Subsequent to disclosure of data of one hospital which had not requested confidentiality, the other hospitals submitted data with a request that name of the hospital should not be put up in public domain. Since the analysis done by NPPA is a matter of public concern, it is being put up in public domain with the objective of removing information asymmetry between patients and the hospitals and for greater transparency in healthcare system in public interest. Honoring the confidentiality requested by the other three hospitals, name of the hospitals is not being disclosed.

2. The information submitted by the hospital has been analyzed and tabulated into following categories provided as Tables:

A. Scheduled Formulations based on National List of Essential Medicines, 2015 (Schedule I of DPCO, 2013) and under price control.

B. Non-scheduled Formulations (Not under price control and out of Schedule 1 of DPCO, 2013)

C. Consumables not listed as drugs (neither under price control and nor under

Schedule 1 of DPCO, 2013)

D. Medical devices (neither under price control and nor under Schedule 1 of DPCO, 2013}

3. The summarized table showing the breakup of the total amount billed to the patients in terms of various components of the hospital charges has been found to be as follows:

| Sl. | Particulars | Amount | % |
|-----|------------------------------------|--------------|---------|
| | a | b | c |
| 1 | Scheduled formulations | 2,84,295.71 | 4.10% |
| 2 | Non-scheduled formulations | 17,79,898.66 | 25.67% |
| 3 | Non-scheduled devices# | 1,05,525.00 | 1.52% |
| 4 | Consumables* | 6,63,175.06 | 9.56% |
| 5 | Diagnostics services | 10,78,792.00 | 15.56% |
| 6 | Cost of procedures | 7,91,912.00 | 11.42% |
| 7 | Consultation & Medical Supervision | 8,82,432.00 | 12.72% |
| 8 | Equipment charges | 5,16,771.00 | 7.45% |
| 9 | Room rent | 8,04,850.00 | 11.61% |
| 10 | Surgery | 27,113.00 | 0.39% |
| 11 | Total | 69,34,764.43 | 100.00% |

Non-scheduled devices include disposable syringes with or without needles, Catheter, I.V. Cannula, etc.

*Consumables include: surgical masks, hand gloves, etc.

(a) The total cost on scheduled medicines used in the treatment is only 4.10 % as compared to 25.67% on non-scheduled formulations. It is amply clear that for claiming higher margins, doctors-hospitals preferred prescribing and dispensing non-scheduled branded medicines instead of scheduled medicines while scheduled medicines under NLEM are supposed to cover all essential medicines.

This also indicates that the drug variants of scheduled (essential under NLEM) launched by manufacturers in the name of 'new drugs' and 'fixed dose combinations' in order to come out of price control have become the preferred choice for manufacturing and medical fraternity thereby diluting the purpose of putting these drugs under essential category under NLEM where specification of dosage and forms(as essential) makes it easier for manufacturers to launch a different dose or form and come out of price control with an added benefit of permissible 10% annual increase in MRPs.

Under NLEM, 2015, NPPA has capped the prices of 871 essential drugs along with approval of retail prices of 642 drugs as 'new

drugs' during the same period because of statutory provisions. This trend of migration from scheduled to non-scheduled category is reflected in the growth rate of NLEM and non NLEM drugs in the year 2017 where the rate of growth of non NLEM drugs is almost double the rate of NLEM drugs. This issue needs to be addressed through policy intervention.

(b) Institutional bulk purchase by private hospitals, which in most cases keep a pharmacy of its own, makes it easier for them to get very high profit margins and indulge into profiteering on drugs and devices even without need to violate the MRPs which is already enough inflated. Industry, in order to get bulk supply orders is in a way 'forced' to print higher MRPs as per the 'market requirements'. This is a clear case of market distortion where manufacturers after accounting for their profits print inflated MRPs to meet out the demands of a distorted trade channel without getting any benefits from this 'artificial inflation' and patients have to incur huge out of pocket expenditure in hospitalization cases and also otherwise where they are not allowed to buy drugs from outside or go by the physician's branded prescription.

It is to be noted that trade margins after selling it to stockists does not become part of the balance sheet of the manufacturers or importers and this is how present pricing system based on

averaging of price to retailers (PTRs) rarely hurts the industry margins. The PTR based averaging method leaves even price control drugs with huge trade margins in about 20% cases as can be seen in the Table 'A'.

(c) In most of the cases of scheduled and nonscheduled drugs under formal monitoring of NPPA, the hospital purchase prices are invariably often lower than the 'prices to stockists' (PTS) offered by the manufactures in retail chain except for a few exceptions. This explains the variation in prices of drugs in open market and the retail shops and the hospitals and the truth behind various 'concessions' offered by retailers and in some cases even private hospitals on the overall bill as part of its 'charity'.

(d) Apart from non-scheduled drugs, the charges on consumables is one tenth of the total bills and more than two times of the expenditure on scheduled (essential) drugs. These consumables are not under any kind of price control or monitoring of MRPs since these are not even listed as 'drugs' under Drugs & Cosmetics Act. NPPA can neither monitor the MRPs nor bring these disposables under price control even in public interest under extraordinary conditions.

(e) Diagnostics services constitute more than 15% of the total cost. In random checks by NPPA, the charges were invariably found to be higher than diagnostics facilities provided by other independently run private centers. Diagnostics services along with all other charges by hospitals are beyond the purview of NPPA and the Central Government and can be regulated only through State specific laws whether through adoption of central model 'Clinical Establishment Act, 2010 and corresponding Rules' or otherwise through its own specific legislation by State Governments which is already in existence in every State requiring enabling statutory provisions

(f) The profit margins in the non-scheduled devices used in the three cases (syringes, cannula and catheters) are exorbitant and clearly a case of unethical profiteering in a failed market system. On being brought to notice by NPPA, some manufacturers are said to have brought down prices on their own while a small group of manufacturers are said to be resisting the self-regulation and have requested NPPA for its intervention in rationalizing the trade margins so that it is compulsorily complied by all. NPPA is closely monitoring the developments.

(g) The total expenditure on drugs and devices and diagnostics is substantially high (46%) and does not make part of the publicized 'estimate' or 'package' (in case of implants) by the hospitals in comparison to "procedures" (11.42%), room rent (11.61%) etc. which are the more visible components. In all these cases, the patients have complained that the initial estimate of expenditure got inflated by 3-4 times. In one case the hospital had not billed the relatives of the deceased under extraordinary circumstances.

(h) Most of the drugs, devices and disposables were used and sold by the hospitals from their own in-house pharmacies and the patients were given no choice or opportunity to procure these articles from outside the hospitals where prices are supposed to be lower in most cases because of some 'discounts'.

(i) Last but not the least, the major beneficiaries of profits in all these cases because of inflated MRPs have been hospitals rather than drugs and devices' manufacturers. The violation of ceiling price and corresponding MRPs is detected only in very few cases which shall be pursued further by NPPA for recovering the overcharging amounts from defaulters.

Sd/- (Anand Prakash) Deputy Director

//TRUE COPY//

ANNEXURE P- 6

Hindustan Times

Published at <https://www.hindustantimes.com/delhi-news/four-delhi-pvt-hospitals-sold-drugs-at-profits-margins-as-high-as-1-192-pricing-regulator/story-OOEGxypOS0yoDInJNT68ZL.html>

Four Delhi pvt hospitals sold drugs at profits margins as high as 1,192%: Pricing regulator

The NPPA said the pharmaceuticals industry in order to get bulk supply orders is “forced” to print higher maximum retail price (MRP) in accordance with “market requirements”.

Delhi

Updated: Feb 20, 2018 23:11 IST

Allegations of overpricing and inflated bills against private hospitals with markups of sometimes 1,192% on medicines were confirmed during an analysis of bills from four hospitals in New Delhi and the national capital region (NCR) by the National Pharmaceutical Pricing Authority (NPPA).

The analysis by the country’s drug pricing regulator was made public on Tuesday.

It found that “the major beneficiaries of profits in all these cases because of inflated MRPs have been hospitals rather than drugs and devices manufacturers”.

Hospitals make substantially high profits on drugs and devices and diagnostics (46%). And does not make part of the publicised estimate or package — in case of implants — by the hospitals in comparison to procedures (11.42%), room rent (11.61%), etc., which are more visible components, the analysis says.

“Institutional bulk purchases by private hospitals, which in most cases keep a pharmacy of their own, makes it easier for them to get very high profit margins and indulge in profiteering on drugs and devices even without need to violate the MRPs, which is already enough inflated,” the report reads.

Diagnostics services that constitute more than 15% of the total hospital cost were found to be higher than facilities provided by other independently run private centres.

“In all these cases, the patients have complained that the initial estimate of expenditure got inflated by three to four times,” the report says.

The NPPA said the pharmaceuticals industry in order to get bulk supply orders is “forced” to print higher maximum retail price (MRP)

in accordance with “market requirements”, and it was amply clear that for claiming higher margins, doctors in hospitals preferred prescribing and dispensing non-scheduled branded medicines instead of scheduled ones.

“This trend of migration from scheduled to non-scheduled category is reflected in the growth rate of National List of Essential Medicines (NLEM) and non-NLEM drugs in the year 2017 where the rate of growth of non-NLEM drugs is almost double the rate of NLEM drugs.”

Reacting to the NPPA analysis, the All India Drug Action Network (AIDAN) commented: “We ask for ... shift away from the current market-based pricing mechanism and bring a rational cost-based plus pricing system that has the potential to deliver true affordability for patients and reasonable profits for the industry.”

The NPPA withheld the names of establishments whose bills were analysed to “honour confidentiality requested by the hospitals”.

//TRUE COPY//

ANNEXURE P- 7

Telangana Today

21 March, 2018

Inflated medical bills leave patients high and dry

Rational framework to regulate medical bills need of the hour, say experts.

By Author M. Sai Gopal | Published: 4th Dec 2017 12:51 am

Medical Hospital Bills

Hyderabad: In India, there are close to 10 lakh allopathic doctors but less than 10 per cent of them work in public health institutions, according to a recently released National Health Profile (NHP)-2017 report of Ministry of Health and Family Welfare (MOHFW), New Delhi, on access to healthcare.

Almost 90 per cent of the allopathic doctors prefer to work in private health sector in India, an apt indication of dominance private health institutions enjoy in the sector, the NHP report indicates.

The report also reflects the situation in Telangana where private medical institutions do have record levels of patronage.

Under Aarogyasri, after the bifurcation, corporate hospitals in the State received Rs 1,779 crore towards medical bills and treated roughly 20 lakh persons in inpatient and outpatient wings. Contrastingly, public health institutions received just 6 lakh patients and earned Rs 756 crore under the scheme.

Despite high footfalls, patients in private hospitals do not get enough protection from inflated medical bills due to lack of a regulatory framework. According to Health Expenditure Report, medical insurance coverage in India is between three and four per cent, which means a major chunk of patients pays inflated medical bills from their own pockets.

According to the Health Profile of India report, 75 per cent of patients, who visit private hospitals, settle medical bills from their household income or life savings. Another 18 per cent borrow money from private lenders to pay medical bills.

All these are indicators of how unregulated medical bills from the private sector are having a profound impact on the overall economy of Telangana. Sector experts for a long time have argued in favour of a regulation that will ensure rational and quality care in private health care institutions.

The problem with regulations is that quite often they become bureaucratic and do not serve the original purpose for which they were introduced in the first place. This is where a rational framework on medical bills is the need of the hour.

It's not easy to fix prices for medical services: IMA official

Hyderabad: The State president of Indian Medical Association (IMA), Telangana, Dr T Narasinga Reddy, is firmly behind the

concept of having a practical framework to regulate private hospitals. Interacting with Telangana Today, the top IMA official said Clinical Establishment Act should, however, not be aimed unnecessarily to target doctors, especially those involved in private practice.

On capping prices for services in private hospitals?

It is not easy to fix prices for medical services under Clinical Establishment Act in private health establishments. Having said that, prices can be fixed for surgeries because they come in packages and it's very easy to quantify. For example, you can have a fixed amount to conduct a surgery such as appendectomy. Medical bills should be based on actual costs such as room rent, doctor fee, ICU charges and nurses charges etc.

Is punishment or jail for doctors a feasible concept?

The Act says you can jail a doctor, which is unfair. IMA believes that there are already several ways to take up grievances. There are consumer forums, associations such as IMA and MCI and even criminal and civil courts to address grievances of patients on quality of treatment. It's unfair to ask doctors to work under a proverbial Damocles sword.

On benefits of Clinical Establishment Act?

Once the entire framework and guidelines of the Act are finalised, there would be many benefits to patients and even healthcare workers. The Act will make it mandatory for all the medical establishments to register, this means, there would be no place for quacks and Rural Medical Practitioners (RMPs). It also makes it mandatory to have tighter rules and regulations on diagnostic facilities, which will help patients.

Has self-regulation failed in healthcare sector?

Like in every sector, the healthcare industry, especially the private medical establishments, have black sheep that have brought disrepute to the sector. While many healthcare establishments do have checks and balances, there have been enough instances wherein private hospitals were unable to self-regulate which is why we feel a rational Act is the need of the hour.

Medical Hospital Bills

Clinical Establishment Act TS a year away: Officials

Hyderabad: Frequent instances like highly inflated medical bills, complaints of lack of standardised quality care and often negligence in private hospitals have become universal. However,

an Act that promises to protect the interests of patients is not there in several Indian States, including Telangana.

The Centre has already passed Clinical Establishments Act and since health is a State subject, it's up to the individual State governments to adopt an effective Act by passing in the Assembly. Last year, the Telangana State government had passed the Clinical Establishment Act in the Assembly but the actual guidelines to implement the Act are yet to be framed.

Senior doctors familiar with the issue pointed out that it would take one more year for the Clinical Establishment Act to come into full force in Telangana. In June, a committee was set up to frame guidelines for the Act in the State and since then, it has met once.

The committee is essentially aimed at coming to a 'middle ground' between health authorities and associations representing private hospitals and doctors. In the first meeting of the committee, the association of private hospitals and IMA strongly objected to the proposal of price capping of medical bills and jailing doctors.

"Still a lot of work is left before a set of guidelines are framed that will be agreeable to all. It will at least take a year for the whole process to complete," officials said.

//TRUE COPY//

ANNEXURE P- 8

MULTI PHARMA COMPANY

T2/199, GF, MANGOLPURI INDUSTRIAL AREA

PHASE-1, DELHI-110083

Tel No. : 011-27915415

CIN NO. :

FSSAI NO.: 13315005000744

GST No.: 07AAYFM9110B2Z6

State Code: 07

D.L. No : NW(2386)/15/RW, 20, 21, 20B, 21B

E-mail : multipharmadelhi@gmail.com

**** TAX INVOICE****

NEELAM DALMIA

APOLLO HOSPITAL

Tel No. : 9810081079

GST No. :

D.L. No. : DR. M. SINGHAL

Invoice No. : T/17-18/02422

Invoice Date : 27/03/2018

E.B. No. :

Due Date :

O.R. No:

Page: 1 of 1

O.R. DATE:

27—MAR-18

GR.NO: O

Sr. 1.

Product Name

BICELTIS 440 MG INJ FREE

HSN CODE

3002

Pack

X1

Batch No.

N7123B01

Exp.

11/19

Mrp. 1132.00

Sale Bill

QTY. 1 FREE ..

Rate 0.01

Amount 0.01

DIS%

PTR 47053.57

Taxable 0.01

GST% 12.00

CGST

% Amount

6.0 0.00

SGST

% Amount

6.0 0.00

IGST

% Amount

6.0 0.00

** NOT VALID FOR INPUT TAX**

Bank Name HDFC BANK

Bank A/C No. 50200015165166

IFSC Code HDFC0004478

MICR Code

No. of Items :

Total :

Gross Amt

0.00

0.00

0.01

0.00

0.00

0.01

Scm Amt

0.00

0.00

0.01

0.00

0.00

0.00

Dist. Amt

0.00

0.00

0.01

0.00

0.00

0.00

Taxable Amt

0.00

0.00

0.01

0.00

0.00

0.01

GST%

28%

18%

12%

5%

0%

CGST Amt.

0.00

0.00

0.01

0.00

0.00

0.00

SGST Amt

0.00

0.00

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