

The Karnataka Right to Health and Emergency Medical Service Bill, 2025

A Bill to provide for right to health and emergency medical service to the people of Karnataka and to make provisions ancillary, conducive and incidental thereto.

Whereas, the State of Karnataka aims, to provide protection and fulfilment of rights and equity in health and well-being under Article 47 of Constitution of India and to secure the Right to Health as per the expanded definition of Article 21 of Constitution of India and, also to provide for free accessible to health care for all residents of the State with the progressive reduction in out of pocket expenditure in seeking, accessing or receiving health care;

And whereas, it is expedient to provide for the people of Karnataka rights to health including emergency Health services with participation of stake holders and people for realization of people's right to health services;

Be it enacted by the Karnataka State legislature in the seventy sixth of Republic of India as follows: -

CHAPTER I

PRLIMINARY

1.Short title and commencement. –(1) This Act may be called the Karnataka Right to Health and Emergency Medical Services Act, 2025.

(2) It shall come into force on such date as the state Government may, by notification, appoint.

2. Definitions.-(1) In this Act, unless the context otherwise requires,-

(a)“bioterrorism” means the international use of any microorganism, virus, infectious substance (including toxins), or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product to

causes, death, disease or other biological malfunction in a human, an animal, a plant, or another living organism;

(b)“City Health authority” means the Health authority constituted under sectionfor city corporation area constituted under the Karnataka Municipal Corporations Act 1976;

(c)“District Health authority” means the Health authority constituted under sectionfor the area of a Revenue District excluding city authority;

(d) “De-empanelment”: means termination of contract and de-empanelment of hospitals by the authority due to any major deficiency and repeated deviation in service or non-compliance of the provisions of the contract by the empanelled hospital;

(e)“Eligible patient”: means A patient who is a resident of Karnataka State and belongs to “Eligible Household” as defined under the National Food Security Act, 2013; this category shall also include the beneficiaries listed in the SECC data and the enrolled members of the hitherto existing Rashtriya Swasthya Bhima Yojane.

(f)“emergency” means accidental emergency, emergency due to snake bite/animal bite and any other emergency decided by State Health Authority;

(g) “empanelled hospital” means the Private Medical Establishment entered into contract with the Health Authority to provide health care services on Government funded scheme;

(h) “emergency medical services ” means any reasonable measure to render first- aid, advise or assistance to an injured person of an accident or incident of crime or any other emergency;

(i) “epidemic” means occurrence of cases of disease in excess of what is usually expected for a given period of time and includes any reference to “disease outbreak” nevertheless specifically stated otherwise;

(j)“first aid” means the immediate basic care given to an injured person of an accident or crash or incident of crime or any other emergency situation so as to stabilise his condition by any person including a medical professional before any decisive treatment;

(K) **General patient:** means a patient who is a resident of Karnataka State but does not come under the definition of “Eligible household” as defined under the National Food Security Act 2013,

(l) “Government” means the Government of Karnataka;

(m) “Government funded health care services” means the health care services funded and provided by the Government or those provided by the non-government entities but for which Government funds part or whole of the costs of care to some or all patients;

(n) “health care” means testing, treatment, care, procedures and any other service or intervention towards a preventative, promotive, therapeutic, diagnostic, nursing, rehabilitative, palliative, convalescent, research and/or other health related purpose or combinations thereof, including reproductive health care and emergency medical treatment, in any system of medicines, and also included any of these as a result of participation in a medical research program;

(o) “health care service provider” means a medical doctor, nurse, other paramedical professional or other appropriately trained and qualified person with specific skills and licensed or certified relevant to particular health care, nursing, rehabilitation, palliative convalescent, preventative or other health services, and any reference to “service provider” shall mean the same unless specifically stated otherwise;

(p) “informed consent” means consent given, specific to a proposed health care without any force, undue influence, fraud, threat, mistake or misrepresentation and obtained after disclosing to the person giving consent, either for himself, or in representative capacity wherever it is necessary, all material information including costs, risks, benefits and other significant implications of, and alternatives to, the proposed health care in a language and manner understood by such person;

(q) “Out-of-pocket expenses or co payment ” means expenses that are not borne by a healthcare establishment, the State or any other entity, including but not limited to an insurance company, and are therefore required to be paid by a healthcare user or their caregiver(s).

Explanation 1: Out of pocket expenses includes expenses which are not covered under any government scheme, insurance scheme or employment benefits for access to healthcare related goods, services or facilities.

Explanation 2: Out of pocket expenses may include those borne out of cost sharing, self-medication and other expenses incurred for the fulfilment for the rights under this Act;

(r)“Private Medical Establishment” shall have the same meaning assigned to it in the Karnataka Private Medical Establishments Act, 2007 (Karnataka act 21 of 2007);

(s) “Prescribed” means prescribed by rules made by the state Government;

(t)Preauthorisation” means the process where empanelled Hospital submit the documents required to get prior approval for providing health care service;

(u)“public health” means the health of the people of Karnataka, as a whole, especially as monitored, regulated, and promoted by the Government;

(w)“public health emergency” means an occurrence or imminent threat of illness or health conditions that-

(a) is believed to be caused by any of the following:-

(i) bioterrorism,

(ii) the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin,

(iii) a natural disaster,

(iv) a chemical attack or accidental release,

(v) a nuclear attack or accident; and

(b) poses a high probability of any of the following harms:-

(i) a large number of deaths in the affected population; or

(ii) a large number of serious or long-term disabilities in the affected population; or

(iii) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population;

(x) “regulations” means the regulations made by the Authorities with prior approval of the state Government;

(y)“State Health Authority” means the state Health authority constituted under section ____;

(z)“stabilise” means the rendering of any immediate emergency care of the injured person as may be necessary to assure within reasonable medical probability, that no material deterioration of the condition of such injured person is likely to result from or occurred during the transfer of such injured person from one hospital to another, where such appropriate facilities are available to render the requisite treatment;

(z1) “social audit” means the audit conducted by the community using the social dimension; and

CHAPTER II

RIGHT TO HEALTH

3. Rights to health.- Every resident in the State of Karnataka shall have the following rights:-

(a) to have adequate relevant information about the nature, cause of illness, proposed investigations and care, expected results of treatment, possible complications and expected costs;

(b) to avail free OPD services, IPD services consultation, drugs, diagnostics, emergency transport, procedure, and emergency care as provided by all public health institutions accordantly to their level of health care as may be prescribed by rules made under this Act;

(c) to have emergency treatment and care for accidental emergency, emergency due to snake bite/animal bite and any other emergency decided by State Health Authority under prescribed emergency circumstances, without prepayment of requisite fee or charges including prompt and necessary emergency medical treatment and critical care, emergency obstetric treatment and care, by any public health institution, health care establishment and empanelled health care centres, qualified to provide such care or treatment accordantly to their level of health care, promptly as prescribed or as per guidelines and in a case of medico-legal nature of case, no health care provider or health care establishment shall delay treatment merely on the grounds of receiving police clearance or a police report:

Provided that after proper emergency care, stabilisation and transfer of patient, if patient does not pay requisite charges, healthcare

provider shall be entitled to receive requisite fee and charges or proper reimbursement from State Government in prescribed manner as the case may be.

Explanation.- A medico-legal case means any medical case which has legal implications, either of a civil or criminal nature, and includes but is not limited to cases relating to accidents, assault, sexual assault, suicide, attempt to murder, poisoning, injuries on account of domestic violence, injuries to workers during course of employment, in some of which the service provider may be required to prepare documents in compliance with demands by an authorised police-officer or Magistrate;

(d) to have the right to avail free health care services from public health institution, health care establishment and empanelled health care centres in the prescribed manner and subject to such terms and conditions as may be specified in the rules;

(e) to have access to patient records, investigation reports and detailed itemized bills of treatment;

(f) to know the name, professional status and job chart of the person who is providing health care;

(g) to informed consent prior to specific tests or treatment (e.g. surgery, chemotherapy etc.) from all health care establishments;

(h) to confidentiality human dignity and privacy during treatment at all health care establishments;

(i) to the presence of female person, during physical examination of a female patients by a male practitioner;

(j) to choose alternative treatment available at any health care establishments;

(k) to have treatment without any discrimination based upon illness or conditions, including HIV status or other health condition, religion, race, caste, sex, age, sexual orientation or place of birth of any of them at all health care establishments;

(l) to have information about the rates or charges for each type of service provided and facilities available;

(n) to patient's education about health condition;

(o) to have information about the rates or charges prescribed for the health care establishments;

(p) to referral transport by all health care establishments, whether public or private, in the prescribed manner;

(q) to have treatment summary in case of a patient leaving health care establishment against the medical advice;

(r) to be heard and seek redressal in case of any grievance occurred during and after availing health care services;

(s) to avail free transportation, free treatment and free insurance coverage against road accidents at all health care establishments accordantly to their level of health care available in the health care institution for emergency care, first aid or stabilize and transfer as per guidelines with appropriate financial provisions by State Government in the prescribed manner and subject to the terms and conditions specified in the rules; and

(t) to obtain treatment records and information from the treating health care establishments to seek second opinion from another health care professional or health care establishment.

4. Responsibilities, Rights and Duties.- (1) Residents and patients shall have the responsibilities and duties towards healthcare establishments and healthcare workers as adopted by the National Human Rights Commission in the prescribed manner and as specified in any law or the rules.

(2) Health care providers and establishments shall have rights and responsibilities vis-à-vis patients in the prescribed manner as specified in the rules.

5. Obligation of Government.- The Government shall have the following general obligations, by enhancing the quantum of the resources in time bound realization of health and well-being of every resident in the State:-

(a) to formulate and prescribe a scheme of public health known as “Karnataka Scheme of Public Health”;

(b) to make appropriate provision in the State budget;

(c) to develop and institutionalize Human Resource Policy for Health to ensure availability and equitable distribution of doctors, nurses and other ancillary health professionals and workers at all levels of healthcare as may be prescribed;

(d) to set up the quality audit and grievance redressal mechanisms as may be prescribed;

(e) to align all health services and schemes to strengthen a system of health services to empower and make residents aware for preventive, promotive and protective health care, not merely an absence of disease;

(f) to lay down standards for quality and safety of all levels of health care as may be prescribed;

(g) to make availability of Government funded healthcare services as per distance or geographical area or considering population density which includes health care institutions, free medicine, test and diagnostics of notified items and ambulance services as per standards as may be prescribed;

(h) to ensure that there is no any direct or indirect denial to anyone for any Government funded health care services at such Public Health Care Institutions and empanelled hospital /health care establishment and such guaranteed services as may be prescribed;

(i) to mobilize resources and frame plans or policies to carry out obligations under this Act;

(j) to set up co-ordination mechanisms among the relevant Government departments to facilitate nutritionally adequate and safe food, adequate supply of safe drinking water and sanitation;

(k) to institute effective measures to prevent, treat and control epidemics and other public health emergencies; and

(l) to take appropriate measures to inform, educate and empower people about health issues.

CHAPTER III

DIRECTOR OF EMERGENCY MEDICAL SERVICES

6. Director of emergency Medical service .- (1) (a) The State Government may, by notification in the Official Gazette, appoint an officer to be the Director of Emergency Medical Services who shall, subject to the control of the state Health Authority, exercise such powers and perform such functions and duties as are conferred to or imposed on him by or under this Act.

(b) No person shall be appointed as a Director under sub-section (1) unless he is a physician or surgeon enrolled on the State Medical Council and possesses the medical qualification of Doctor of Medicine

(General Medicine) or, as the case may be, Master of Surgery (General Surgery or Orthopaedic Surgery) granted by Universities or Medical Institutions in India specified in the Schedule to the National medical commission Act 2019 and possesses experience in the practice of trauma or emergency medicine for a period of not less than five years:

(2) (a) The Director shall be appointed from amongst three persons recommended by the Commissioner of Health and family welfare.

(b) The terms and conditions of appointment of the Director shall be such as may be prescribed by rules..

(3) To assist the Director in exercising his powers and performing his functions and duties under this Act, the State Government may appoint such officers and persons and give them such designations as it thinks fit.

(4) Subject to the provisions of this Act and the rules and regulations made thereunder, the Director—

(a) shall be entitled to—

(i) attend the meetings of the Authority;

(ii) call for any information, written statement, account or report from base hospitals;

(b) shall supervise and control the emergency medical services;

(c) shall lay down standards for and approve a Paramedic and Emergency Medical Technicians Training Programme conducted by such institution in the State as is authorised by the Authority;

(d) shall prescribe standards for refresher training to be given to persons trained in Paramedic and Emergency Medical Technician Programme;

(e) shall participate in the meetings of the committees on emergency medical services;

(f) shall appoint committees of such experts as he thinks fit for assistance in the implementation of the emergency medical services;

(g) shall appoint such person as a Regional Disaster Medical and Health Co-ordinator for such area of the State as deemed fit.

CHAPTER IV

Constitution of State Health Authority

7. Constitution of State Health Authority.- (1) For the purpose of providing right to health and emergency medical services in the State, the State Government shall, by notification in the Official Gazette, establish an Authority by the name of the Karnataka Health Authority with effect from such date as may be specified in the notification.

(2) The state health Authority shall be a body corporate with perpetual succession and common seal and may sue or be sued in its corporate name and shall, subject to the provisions of this Act, be competent to acquire, hold or dispose of property, both movable and immovable, and to contract and do all things necessary for the purposes of this Act.

(3). The headquarters of the state health Authority shall be at Bengaluru.

(4) There shall be a State Health Authority consisting of following namely:-

(a) The Minister for Health and family welfareChair person;

(c) The Principal Secretary to Government Health and Family welfare.....member;

(d) The Principal Secretary to Government Finance department or his representative not below the rank of Deputy Secretary.....member

(d) The Commissioner, Health and Family welfare.....member;

(e) The Director, Health and Family welfare.....member;

(f) The Director, National Health Missionmember;

(g) The Director Medical Educationmember;

(h) The Director Emergency Medical services.....member;

(h) The Executive Director SAST.....Member secretary.

(i) Not more than three non-official members nominated by the Government having such qualifications as may be prescribed.

8. Term of office and conditions of service of non official members.-

(1) The term of office of a non official member shall be three years from the date of his appointment or nomination:

(2) The term of office of an ex-officio member shall continue so long as he holds the office by virtue of which he is such a member.

(3) A member shall not be entitled to receive any compensation for his services but shall be reimbursed for the travelling and other expenses incurred by him in discharge of his duties.

9. Filling up of vacancy.- On occurrence of any vacancy in the office of the member due to death, resignation or any other reason, the same shall be filled in by the State Government by nominating a person in the manner provided in sub-section (1) of section 8.

10. Disqualifications.- A person shall be disqualified for being appointed or being a member of the state health Authority if such person—

(a) is, or at any time being adjudged an insolvent or has suspended payment of his debts or has compounded with his creditors;

(b) is of unsound mind and stands so declared by the competent court;

(c) is or has been convicted of any offence which, in the opinion of the State Government, involves moral turpitude; or

(d) has, either directly or indirectly, any financial or other interest which is likely to affect prejudicially his functioning as a member

11. Removal and resignation of member.-(1) Notwithstanding anything contained in sub-section (1) of section 10, the State Government may, at any time, remove any member from office if, in its opinion, such a member—

(a) is, or has become subject to any of the disqualifications mentioned in section 10;

(b) has been guilty of misconduct in discharge of his duties;

(c) has become physically or mentally incapable of discharging his duties as a member;

(d) has so abused his position as to render his continuance in office prejudicial to the public interest; or

(e) has, without reasonable cause, refused or failed to perform his duties for a period of not less than three months:

Provided that no member shall be removed from his office unless an opportunity of being heard is given to the member.

(2) Any member may, by writing under his hand addressed to the State Government, resign his office.

12. Acts and proceedings presumed to be valid.- (1) No act or proceeding of the Authority shall be questioned or be invalid on the ground merely of the existence of any vacancy in, or any defect in the constitution of the Authority.

(2) No act done by any person acting in good faith as a member, shall be deemed to be invalid merely on the ground that he was disqualified to be a member or that there was any other defect in his appointment.

CHAPTER V

Officers and employees of the State Health Authority

13. Officers and employees of Authority.- (1) The Authority, in order to enable it to perform its functions, may,—

(a) with the approval of the State Government—

(i) appoint a Secretary and

(ii) determine such number and category of other officers and employees, and

(b) appoint other officers and employees so determined.

(2) The manner of recruitment of, the salary and allowances payable to, and other conditions of service of the Secretary, officers and other employees, shall be such, as may be determined by the Authority by Regulations.

14. Powers and functions of the state health Authority. - The State Authority shall exercise the following powers and discharge following functions, namely:-

(a) to advise Government regarding State health goals and get these included in the mandate of Panchayati Raj Institutions and urban local bodies;

(b) (i) to ensure provision of emergency medical services in the State;

(ii) to ensure provision of such services free of cost to the patients who are determined by the State Government to be eligible patients ;

(c) to assess the provision of emergency medical services in an area of the State for the purpose of determining the need for additional emergency medical services;

(d) to prepare plans for providing emergency medical services in the State in respect of such matters, as may be specified by Regulations and lay down guidelines for their implementation;

(e) to provide technical assistance to City and District Authority non-

Government organisations, such other agencies providing emergency medical services;

(f) to obtain plans from City and District Authoritys, non-Government organisations providing emergency medical services and such other agencies for implementation of emergency medical services;

(g) to advise Government regarding state level strategic plans for implementation of Right to Health as provided under this Act, including action on the determinants of healthy food, water and sanitation;

(h) to advise Government regarding a comprehensive written State Public Health Policy for prevention, tracking, mitigation, and control of a public health emergency as well as situations of outbreak or potential outbreak in the State;

(i) to monitor the preparedness of the State for management of public health emergencies;

(j) to develop mechanisms and systems for regular medical, clinical, and social audits for good quality of health care at all levels;

(k) to constitute one or more committees/scientific panels/technical panels for the efficient discharge of its functions as and when required;

(l) to hear all appeal against decision of District /city Health Authority ;

(m) Enter in to contract with and empanel private medical establishments who are willing to provide Health care facility and treatment under Government Funded Scheme.

(m) to carry out other functions as may be prescribed.

15. Meeting of State Health Authority .- (1) The State Health Authority shall meet at least once in six months, by giving such reasonable advance notice to its members and shall observe such rules of procedure regarding the transaction of business at its meetings as may be prescribed by rules made under this Act:

Provided that if, in the opinion of the Chairperson, any business of an urgent nature is to be transacted, he may convene a meeting of the Authority at such time as he thinks fit.

(2) The meetings of the state health Authority and the mode of transaction of business at such meetings, including quorum etc., shall be governed by such regulations as may be prescribed.

CHAPTER VI

FINANCE, ACCOUNTS, AUDIT AND REPORTS OF STATE HEALTH AUTHORITY

16. Fund of state health Authority.(1) A token provision of Rs.100 Crores shall be provided in the budget for the year 2025-26 towards corpus fund of the state health Authority..

(2) The state health Authority shall have its own fund and all receipts of the state health Authority shall be carried thereto and all payments by the state health Authority shall be made therefrom.

(3) The state health Authority may accept grants, subventions, donations and gifts from the Central or the State Government or a local authority or any individual or body, whether incorporated or not, for the purposes of this Act.

(4) The state health Authority may spend such sums, as it thinks fit, for the performance of its functions under this Act and such sums shall be treated as expenditure payable out of the fund of the state health Authority.

(4) All moneys belonging to the fund of the state health Authority shall be kept in any corresponding new Bank specified in column 2 of the First Schedule to the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1970 and in column 2 of the First Schedule to the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1980 and approved by the State Government for the purpose or invested in government securities at the discretion of the state health Authority.

17. Borrowings.-The state health Authority may, with the previous approval of the State Government, borrow money from the open market or otherwise, for the purpose of carrying out its functions under this Act.

18. Budget.-(1) (a) The state health Authority shall, by such date in each year as may be prescribed by rules, submit to the State Government for approval a budget in the prescribed form for the next financial year, showing the estimated receipts and expenditure, and the sums which would be required from the State Government during that financial year.

(b) If any sum granted by the State Government remains wholly or partly unspent in any financial year, the unspent sum may be carried forward to the next financial year and taken into account in determining the sum to be provided by the State Government for that year.

(2) No sum shall be expended by or on behalf of the state health Authority unless the expenditure is covered by provision in the budget approved by the State Government.

19. Accounts and Audit.-(1) The accounts of the state health Authority shall be prepared and maintained in such form and in such manner as may be prescribed by rules.

(2) The state health Authority shall cause to be prepared for such financial year an annual statement of accounts in such form as may be prescribed by rules.

(3) The accounts of the state health Authority shall be audited by an Auditor duly qualified to act as an auditor of companies under section 141 of the Companies Act, 2013

(4) The Auditor shall be appointed by the state health Authority.

(5) Every Auditor appointed to audit the accounts of the state health Authority under this Act shall have a right to demand the production of books of accounts, connected vouchers and other documents and papers, to inspect the offices of the state health Authority and to require such information from the Authority as he may think necessary for performance of his duty as an auditor.

(6) The Auditor shall send a copy of his report together with a copy of audited accounts to the state health Authority which shall, as soon as may be after the receipt of the audit report, forward the same to the State Government.

(7) The State Government shall, as soon as may be after the receipt of the audit report under sub-section (6), cause the same to be laid before the State Legislature.

20. Annual report.- (1) The state health Authority shall, during each financial year prepare, in such form and at such time as may be prescribed by rules, an annual report giving a true and full account of its activities during the previous financial year and an account of activities likely to be undertaken by it in the current financial year and copies of such report shall be forwarded to the State Government.

(2) The State Government shall cause every such report to be laid before the State Legislature within a period of six months from the date of its receipt under sub-section (1).

CHAPTER VII

CONSTITUTION OF CITY AND DISTRICT HEALTH AUTHORITIES

21. Constitution of city /district health authority.- (1) For the purpose of this Act in every City and in every District, the State Government shall, by notification in the Official Gazette, establish a City Health Authority for every City by the name of such City and a District Health Authority for every District by the name of such District with effect from such date as may be specified in the notification and different dates may be specified for different City and District Health Authority.

(2) Every City Authority and every District Authority shall be a body corporate with perpetual succession and a common seal and may sue or be sued in its Establishment and incorporation of City and District Health Authorities corporate name and shall, subject to the provisions of this Act, be competent to acquire, hold and dispose of property, both movable and immovable, and to enter into contract and do all things necessary for the purposes of this Act.

22. Constitution of District Health Authority.- (1) The Government shall constitute an independent body as District Health Authority, for each district within one month from the date of constitution of State Health Authority.

(2) The District Health Authority shall consist of the following members, namely:-

- (a) The Deputy Commissioner Ex-Officio Chairperson;
of the district
- (b) The Chief Executive Officer, Ex-Officio Co-Chairperson;
Zilla panchayat
- (c) The Principal of Medical Member;
college or his nominee not
below the rank of Sr.
Professor nominated by
Government
- (d) The District health Officer Ex-Officio Member-
Secretary;
- (e) The District Ayush Officer Ex-Officio Member;
- (f) One Members, Indian Member.
Medical Association,
nominated by Government

23. Functions of the District Health Authority.- The District Health Authority shall carry out the following functions:-

- (a) to ensure implementation of the policies, recommendations, and directions of State Health Authority;
- (b) to formulate and implement strategies and plans of action for the determinants of health, especially food, water, sanitation, and environment;
- (c) to formulate a comprehensive written plan for prevention, tracking, mitigation, and control of a “public health emergency”, as well as situations of “outbreak” or “potential outbreak” in the district based on State Plan;
- (d) to coordinate with the relevant Government departments and agencies to ensure availability and access to adequate health care facility in the district.
- (e) to organize hearing of the beneficiaries coming to the hospital with a view to improve the health care services;

(f) to involve the communities as active co-facilitators articulating their needs, helping in identification of key indicators and creation of tools for monitoring, providing feedback as well as validating the data collected by these methods;

(g) to investigate and decide the complaints received by it ; and

(h) to carry out such other functions as may be prescribed.

24 Constitution of city Authority.-The City Authority shall consist of a Chairperson and seven other members as follows, namely: -

(a) the Commissioner of the Municipal Corporation of the City, ex-officio who shall be the Chairperson,

(b) the President of the branch of the Indian Medical Association in the City, ex-officio member ,

(c) the Chief Health Officer in the City, ex-officio, Member-Secretary,

(d) the President of District Blood Transfusion Authority ex-officio member,

(e) a person representing hospitals in the City to be nominated by the state Authority in consultation with the Authority and

(f) a person representing the non-Government organisations which are associated with the work of providing emergency medical services

25. Headquarters of the City or District Authority.-The headquarters of the City Health Authority shall be in the City for which it is established and the headquarters of the District Health Authority shall be at such place in the District for which it is established as the District Health Authority may, by order in writing direct.

26. Meetings of the District or City Authority.- (1) The District or city Authority shall meet at such time and at such place and shall observe such rules of procedure in regard to transaction of its business at the meetings, as may be provided by the bye-laws.

(2) If the Chairperson is, for any reason, unable to attend any meeting, any other member authorised by the Chairperson present at the meeting, shall preside over the meeting of the Authority.

(3) (a) All the questions at a meeting of the Authority shall be decided by a majority of votes of the members present and voting, and in case when there is an equality of votes, the Chairperson or in his absence, the presiding member shall have and exercise the second or casting vote.

(b) The quorum at the meetings of the Authority shall not be less than three members.

27. Functions of City authority in the City to be nominated by the Authority in consultation with the City Authority

(a) to ensure provision of emergency medical services in the City

(b) to prepare plans for implementation of emergency medical services in the City ;

(c) to entrust the work of providing or directing the life support system or limited life support system and pre-hospital care system to a hospital situated, in the City ;

(d) to prepare and maintain a register of empanelled hospitals to which the Authority has entrusted the work under clause (c);

(e) to supervise the functioning of empanelled hospitals;

(f) to establish trauma centres in the City or

(g) to grant certificates of recognition to persons non-Government organisations or persons for providing emergency medical services ;

(i) to perform such other functions as are entrusted to it by regulations.

28. Powers of the State Health Authority and District/ City Health Authority.- (1) For purposes of carrying out the inquiry under this Act, the State Health Authority or District / City Health Authority, as the case may be, may nominate one or more persons or committees from the subject speciality, in the prescribed manner, for the efficient discharge of its functions.

(2) The State Health Authority or District / City Health Authority, as the case may be, shall have the power to require any person to furnish information on such matters as may be the subject matter of the inquiry and any person so required shall be legally bound to furnish such information.

29. Officers and staff of the district /city Authority.- (1) The district /city Authority , in order to enable it to perform its functions, may--

(a) with the approval of the state health Authority —

(i) appoint a Secretary; and

- (ii) determine the number and category of other officers and employees, and
- (b) appoint other officers and employees so determined.
- (2) The manner of recruitment of, the salary and allowances payable to, and other conditions of service of the Secretary, officers and other employees, shall be such as may be determined by the bye-laws.

CHAPTER VIII

FINANCE, ACCOUNTS, AUDIT AND REPORTS OF District /City Authority”

30..-Definition.- In this Chapter, unless the context otherwise requires, the word “Authority” means the City Authority” or, as the case may be, the District Authority”

31.Fund of Authority (1) The Authority shall have its own fund and all receipts of the Authority shall be carried thereto and all payments by the Authority shall be made therefrom.

(2) the Authority may accept grants, subventions, donations and gifts from the Central or the State Government or a local authority or any individual or body, whether incorporated or not, for the purposes of this Act.

(3) The Authority may spend such sums as it thinks fit for the performance of its functions under this Act and such sums shall be treated as expenditure payable out of the fund of the Authority.

(4) All moneys belonging to the fund of the Authority shall be Schedule to the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1970 and in column 2 of the First Schedule to the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1980 and approved by the State Government for the purpose or invested in securities authorised by the Government at the discretion of the Authority

32.Borrowings .- The Authority may, with the previous approval of the State Government, borrow money from the open market or otherwise for the purpose of carrying out its functions under this Act.

33.Budget.- (1) (a) The Authority shall, by such date in each year as may be prescribed by rules, submit to the State Government for approval a budget in the prescribed form for the next financial year,

showing the estimated receipts and expenditure, and the sums which would be required from the State Government during that financial year.

(b) If any sum granted by the State Government remains wholly or partly unspent in any financial year, the unspent sum may be carried forward to the next financial year and taken into account in determining the sum to be provided by the State Government for that year.

(2) No sum shall be expended by or on behalf of the Authority unless the expenditure is covered by provision in the budget approved by the State Government.

34.Accounts and audit.-(1) The accounts of the Authority shall be prepared and maintained in such form and in such manner as may be prescribed by rules.

(2) The Authority shall cause to be prepared for such financial year an annual statement of accounts in such form as may be prescribed by rules.

(3) The accounts of the Authority shall be audited by an Auditor duly qualified to act as an Auditor of companies under section 141 of the Companies Act, 2013

(4) The Auditor shall be appointed by the Authority.

(5) Every Auditor appointed to audit the accounts of the Authority under this Act shall have a right to demand the production of books of accounts, connected vouchers and other documents and papers, to inspect the offices of the Authority and to require such information from the Authority as he may think necessary for performance of his duty as an auditor.

(6) The Auditor shall send a copy of his report together with the copy of audited accounts to the Authority which shall, as soon as may be after the receipt of the audit report, forward the same to the State Government.

(7) The State Government shall, as soon as may be, after the receipt of the audit report under sub-section (6), cause the same to be laid before the State Legislature.

35.Annual report.-(1) The Authority shall, during each financial year prepare, in such form and at such time as may be prescribed by rules, an annual report giving a true and full account of its activities during the previous financial year and an account of activities likely to be

undertaken by it in the current financial year and copies of such report shall be forwarded to the State Government.

(2) The State Government shall cause every such report to be laid before the State Legislature within a period of six months from the date of its receipt under sub-section (1).

36. Acts and proceedings presumed to be valid. (1) No act or proceeding of the district /city Authority shall be questioned or be invalid on the ground merely of the existence of any vacancy in, or any defect in the constitution of the district /city Authority

(2) No act done by any person acting in good faith as a member shall be deemed to be invalid merely on the ground that he was disqualified to be a member or that there was any other defect in his appointment.

CHAPTER IX EMPANELLED HOSPITALS

37. empanelment of hospital.- A City Authority and a District Authority shall entrust the work of providing or directing the life support system or limited life support system and pre-hospital care system; to provide Health care facility and treatment under Government Funded Scheme to an empanelled hospital situated, in the city or, as the case may be, in the district, by a contract entered into with the management of the hospital.

38. Register of empanelled hospital.- The City Authority and the District Authority shall prepare and maintain a register of empanelled hospitals to which the Authority has entrusted the work of providing or directing the life support system or limited life support system and pre-hospital care system.

39. Establishment of Emergency department.- Every empanelled hospital shall--

(a) establish and maintain medical equipments for providing or directing the life support system or limited life support system and pre-hospital care system;

(b) provide separate accommodation to be used for the aforesaid purpose to be known as "the Emergency Department";

(c) employ a full or part time physician or surgeon, as a Director of Emergency Department of the hospital, who is enrolled on the State

Medical council and who possesses the medical qualification of Master of Surgery (General Surgery or Orthopedic Surgery) granted by a university or institution specified in the First Schedule to the National Medical Commission Act, 2019 and who has substantial experience in the practice of trauma care or emergency medicine employ and maintain staff consisting of medical, para-medical, general medical technicians and such other persons as it may consider necessary and such staff shall perform their duties under the supervision and control of the Director of Emergency Department for the purpose of carrying out its duties under the contract with the City Authority or, as the case may be, District Authority;

(e) maintain one or more ambulances of the nature specified in Chapter for providing the emergency medical services;

(f) provide easy access to emergency medical services to persons who are in need of treatment in medical emergency; and

(g) perform such other duties as may be specified in the bye-laws.

40. Empanelled hospitals not to discriminate on grounds of religion, race, caste, sex, etc.- The empanelled hospital shall provide emergency medical services to every person irrespective of his religion, race, caste, sex, decent, place of birth, residence or any of them.

41. Supervision and control of Authority over empanelled hospitals.- The empanelled hospital shall generally carry out its duties subject to supervision and control of the City Authority or, as the case may be, the District Authority.

CHAPTER X

REQUIREMENTS OF AMBULANCES

42. Requirements to be satisfied by person voluntarily registered.-(1) In respect of an ambulance vehicle the voluntarily registered under section 43 shall be required to satisfy the licensing officer that—

(a) the vehicle contains equipments relating to visual and audible signals as on emergency vehicle such as flashing or revolving lights;

(b) the standards in force at the time the vehicle is manufactured and not inconsistent with the Motor Vehicles Act, 1988, relating to design, floor, general configuration and exterior markings and such other matters as may be prescribed by rules, are maintained;

(c) the ambulance vehicle shall carry such equipments and supplies in working order to be readily available for use for providing Basic Life Support and Advanced Life Support;

(d) the ambulance vehicle shall carry such medical equipments and supplies as may be prescribed by rules;

(e) the ambulance vehicle may carry after life support equipments and drugs in addition to those generally prescribed for use by a Basic Life Support Ambulance Service.

(2) (a) A Basic Life Support Ambulance when carrying a patient except in the routine carriage of patient who is convalescing or is not on medical emergency, shall be staffed by at least two persons, one of whom shall be an Emergency Medical Technician, Emergency Medical Technician Paramedic or Health Professional and one of whom shall be a person who is qualified as an ambulance attendant.

(b) An Emergency Medical Technician Paramedic or Health Professional shall accompany the patient in the patient compartment of the ambulance during his carriage.

(3) An Advanced Life Support Ambulance shall be staffed with two persons both of whom are Health Professionals or one is Health Professional and the other is either an Emergency Medical Technician or an Emergency Medical Technician Paramedic or one is an Emergency Medical Technician and the other is an Emergency Medical Technician Paramedic or both of whom are Emergency Medical Technician Paramedics.

(4) The staff specified for Advanced Life Support Ambulance shall remain on duty for 24 hours a day for seven days a week.

(5) (a) Ambulance driver shall be qualified as a driver according to the provisions of Motor Vehicles Act, 1988.

(b) Besides the qualifications provided in the Motor Vehicles Act, 1988, the Ambulance driver shall have successfully completed an Emergency Vehicle Operators' Course of Instructions approved by the City Authority or, as the case may be, by the District Authority.

(6) The voluntarily registered shall apprise the hospitals in his area of operation as to when the ambulance service shall not be in operation due to inadequate staffing or for any other reason and when his resources are committed in such manner that he would not be able to have an

ambulance and required staff to respond to a call to provide emergency assistance.

(7) A holder of licence may stock such drugs as are approved by the City Authority the District Authority or, as the case may be, the empanelled hospital.

(8) (a) Where an ambulance vehicle manifests an evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patient or crew, the voluntarily registered shall immediately withdraw the vehicle from operation.

(b) No ambulance vehicle, which has been withdrawn from operation, shall be operated as an ambulance until the deficiency has been corrected.

43. Grant of Registration .-(1) Any person desiring to engage in providing Advanced Life Support Ambulance Service or Basic Life Support Ambulance Service in a City or in a District may make an application for voluntarily registration with registering officer in such form containing such particulars including the competency of the applicant to engage in providing such service and accompanied by such fees, as may be prescribed by the regulations.

(2) The registering officer may, after verification of the accuracy of the particulars specified in the application, inspection of the applicant's vehicle and equipments provided therein and verification of qualifications of the personnel to be employed therein and such other matters as may be prescribed by the regulations, grant a registration to the applicant in such form containing such terms and conditions and on payment of such fees, as may be prescribed by the regulations.

(3) A registration granted under this section shall be valid for a period of three years from the date on which it is granted and may be renewed from time to time for the said period on such terms and conditions and on payment of such fees, as may be prescribed by the regulations.

(4) Unless it is specifically provided in the terms of a licence, the grant of a registration to a person shall not in any way hinder or restrict the power of licensing officer to grant a licence to another person in respect of the same area.

44. Registration, Revocation, suspension and amendment of licences.-

(1) If the Registering officer is satisfied, either on a reference made to him in this behalf or otherwise, that—

(a) a registration granted under section 43 has been obtained by misrepresentation as to an essential fact, or

(b) the holder of a registration has, without reasonable cause, failed to comply with the conditions subject to which the licence has been granted or has contravened any of the provisions of this Act or the rules, regulations or bye-laws made thereunder, then, without prejudice to any other penalty to which the holder of the licence may be liable under this Act, the registering officer may, after giving the holder of the registration an opportunity of showing cause, revoke or suspend the registration.

(2) Subject to any regulation that may be made in this behalf, the registering officer may also vary or amend a registration granted under section 43.

45. Prohibition against change of location or area of operation.-

No holder of a registration shall change location or area of operation of service in the City or in the District which would not enable him to timely respond to emergency in the emergency area specified in the registration unless on an application made in that behalf to the registering officer, the registering officer gives consent to such a change in writing and records such change in the licence.

CHAPTER X

GRIEVANCE REDRESSAL

46. Internal grievance redressal mechanism.—Every empanelled hospital shall put in place an internal grievance redressal mechanism which may include call centres, help lines, designation of nodal officers, or such other mechanism as may be prescribed.

47. Grievances Redressal Mechanism.- (1) The Government shall prescribe Grievances Redressal Mechanism for each district or city, health care provider and residents, within six months from the date of commencement of this Act.

(2) The rules prescribed under sub-section (1) shall include the following, namely:-

(a) any person (resident of the state) having any grievance relating to the Right to Health may make a written complaint to the In-charge of the concerned Health Care Institution in prescribed manner with all relevant documents within 15 days of cause of action.

(b) if the complaint is not resolved by concerned Health Care Institution within 3 Days, the complaint shall be forwarded to Member Secretary of District /city Health Authority within territorial jurisdiction.

(c) the District/City Health Authority shall take appropriate action on the complaint within 30 days of its receipt and communicate the same to the complainant. While enquiring into the complaint the District/City Health Authority may invite the complainant and representative of concerned health care provider/establishment and try to resolve the complaint; and

(d) in case the grievance is not resolved within 30 days by the District/city Health Authority, the complaint shall be forwarded to the State Health Authority immediately after the expiry of the aforesaid period of 30 days.

48. Appeal.—Any person aggrieved by an order of the District / city Health Authority passed under the provisions of this Act may file an appeal in the prescribed manner to the State Health Authority within 30 days from the date of the order.

49. Conduct of social audit.—(1) Every local authority, or any other authority or body, as may be authorised by the State Government, shall conduct or cause to be conducted, periodic social audits on the functioning of Health care centres, and other welfare schemes, and cause to publicise its findings and take necessary action, in such manner as may be prescribed by the State Government.

50. Powers relating to inquiries.—(1) The State Authority and District /city authority shall, while inquiring into any matter of grievances shall have all the powers of a civil court while trying a suit under the Code of Civil Procedure, 1908 (5 of 1908) and, in particular, in respect of the following matters, namely:—

(a) summoning and enforcing the attendance of any person and examining him on oath;

(b) discovery and production of any document; 11

(c) receiving evidence on affidavits;

(d) requisitioning any public record or copy thereof from any court or office; and

(e) issuing commissions for the examination of witnesses or documents.

(2) The State Authority or the District/City authority shall have the power to forward any case to a Magistrate having jurisdiction to try the same and the Magistrate to whom any such case is forwarded shall proceed to hear the complaint against the accused as if the case has been forwarded to him under section 385 of the Bharatiya Nagarika Suraksha Samhita 2023 (central Act NO. 46 OF 2023)

51. Power of State Government to give directions.—The State Government may, from time to time, give such directions, as it may consider necessary, to the State/District / city Authority for the effective implementation of the provisions of this Act and the concerned Authority shall comply with such directions.

CHAPTER XI

PENALTIES

52. Penalties. -Any person who knowingly contravenes any provision of this Act or any Rule made thereunder shall be punishable with a fine up-to rupees ten thousand for the first contravention, and up-to rupees twenty-five thousand for the subsequent contraventions.

53.Bar of jurisdiction of Civil Court.-(1) No civil court shall have jurisdiction to deal with or decide any question which the Director, the state Authority, a City Authority or a District Authority or any officer of the Authority, a City Authority or a District Authority is empowered to deal with or decide by or under this Act.

(2) No order passed under this Act or any rules, regulations or appeals made thereunder by the Director, the state Authority, a City Authority or a District Authority or any officer of the Authority, a City Authority or a District Authority shall be called in question in any civil court.

54. Offences by companies.-(1) Where an offence under this Act has been committed by a company, every person who, at the time the offence is committed, was in charge of, and was responsible to, the company for the conduct of the business of the company, as well as the

company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act, has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer of the company shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.— For the purpose of this section—

(a) “company” means a body corporate and includes a company as defined under the Companies Act, 2013, a firm or other association of individuals; and

(b) “director” in relation to a firm means a partner in the firm.

55. Cognizance of offence.—(1) No court shall take cognizance of an offence punishable under **this Act** except on a complaint in writing made by an officer of the State health authority or City Authority or, as the case may be, the District authority generally or specially authorised in this behalf.

(2) Notwithstanding anything contained in section 223 of the Bharatiya Nagarika Suraksha Samhita 2023 it shall not be necessary, in respect of the offence referred to in sub-section (1), to examine the authorised officer when the complaint is presented in writing.

CHAPTER XII

MISCELLANEOUS

56. Protection of action taken in good faith.—No suit, prosecution or other legal proceeding shall lie against the State Government or the Chairpersons or members of the State Health Authority and District/ City

Health Authority or any members or officers of the committee appointed by the said authorities or any other employee or officer acting under the direction of the said Authorities, for anything which is in good faith done or intended to be done under this Act or the rule made thereunder.

57. Members, officers and servants of Authority, City Authority and District Authority to be public servants.- Every member, officer and servant of the Authority, the City Authority and the District Authority shall, when acting or purporting to act in pursuance of the provisions of this Act or of any rules or regulations or bye-law made thereunder, be deemed to be a public servant within the meaning of section 83 of the Bharathiya Nagarika Samhita 2023.

58. Power to make regulations.- The Authorities may, with the previous approval of the Government, by notification in the Official Gazette, make regulations consistent with this Act and the rules for carrying out the purposes of this Act.

59. Power of State Government to make rules.- (1) The State Government may, after previous publication, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(2) Every rule made under this Act shall be laid, as soon as may be after it is so made, before the House of the State Legislature, while it is in session, for a period of not less than fourteen days which may be comprised in one session or in two or more successive sessions and if before the expiry of the session in which it is so laid or of the sessions immediately following, the House of the State Legislature makes any modification in the rule or resolves that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be, so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done thereunder.

60. Power of City Authority and District Authority to make bye-laws.- (1) The City Authority and the District Authority may, with the previous approval of the State Health Authority, make bye-laws not inconsistent with this Act, or with rules and regulations made thereunder for enabling it to perform its functions under this Act.

(2) In particular and without prejudice to the generality of the foregoing power, such bye-laws may provide for all or any of the matters expressly required or allowed by this Act to be specified by bye-laws.

62. Application of other laws not barred. -The provisions of this Act shall be in addition to, and not in derogation of, any other law for the time being in force.

63. Power to remove difficulties. -(1) If any difficulty arises in giving effect to the provisions of this Act, the State Government may, by order, published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as may appear to be necessary for removing the difficulty:

Provided that no such order shall be made under this section after the expiry of two years from the commencement of this Act.

(2) Every order made under this section shall be laid, as soon as may be after it is made, before the House of the State Legislature.

64. Transitory provisions for schemes, guidelines, etc.—The schemes, guidelines, orders and standard, grievance redressal mechanism, vigilance committees, existing on the date of commencement of this Act, shall continue to be in force and operate till such schemes, guidelines, orders and standard, grievance redressal mechanism, vigilance committees are specified or notified under this Act or the rules made thereunder:

Provided that anything done or any action taken under the said schemes, guidelines, orders and standard, grievance redressal mechanism, or by vigilance committees shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue to be in force accordingly unless and until superseded by anything done or by any action taken under this Act.

65. Saving.- Any rules, regulations, guidelines or orders made or issued in respect of providing any health care facilities, whether free or otherwise, to the residents of the State shall be deemed to have been made or issued under this Act and shall remain in force until they are repealed, modified or replaced in exercise of the powers conferred under this Act.