

IN THE HIGH COURT OF JUDICATURE AT BOMBAY  
ORDINARY ORIGINAL CIVIL JURISDICTION

WRIT PETITION NO.\_\_\_\_/2020  
PUBLIC INTEREST PETITION UNDER ARTICLE 226 OF THE CONSTITUTION OF  
INDIA.

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*IN THE MATTER ARISING OUT OF:*  
*UNREASONABLE SURGE IN PRICES OF MEDICAL FACILITIES TO COVID-19 PATIENTS*

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**PRANALI VYAS AND ANR.**  
**(PETITIONERS)**

**V.**

**STATE OF MAHARASHTRA AND ORS.**  
**(RESPONDENTS)**

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IN THE HIGH COURT OF JUDICATURE AT BOMBAY  
ORDINARY ORIGINAL CIVIL JURISDICTION  
WRIT PETITION NO.\_\_\_\_ OF 2020

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

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SD/-

Mumbai

Advocate for Petitioners

Dated: 10<sup>th</sup> August, 2020

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Office Notes, Office Memorandum of Coram, Court's orders or direction and Prothonotary's Orders.	Court's or Judge's Orders.

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)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

SYNOPSIS

The Petitioners herein seek to invoke the Ordinary Original Civil Jurisdiction of this Hon'ble Court under Art. 226 of the Constitution of India, seeking REGULATION & MANAGEMENT OF PRICES for Medical Facilities provided to COVID-19 patients, focusing on private hospitals. Despite the various Orders and Notifications passed by the State and Centre, for regulating costs relating to the COVID-19 treatment, and other amenities, certain private hospitals are found defaulting on these. Hence, this issue requires a pressing consideration of this Hon'ble Court, as these private hospitals are focusing more on commercialization and profit maximization rather than providing reasonable rates and a therapeutic environment for the patients in these pandemic stricken times.

LIST OF DATES

Sr. No.	Date	Event
1.	11.03.2020	World Health Organization declared COVID-19 as a pandemic.
2.	13.03.2020	Gazette notification published by Ministry Of Consumer Affairs, Food And Public Distribution (Department of Consumer Affairs) in exercise of the powers conferred by sub-section (2) of section 2A, of the Essential Commodities Act, 1955 (10 of 1955) thereby regulating the production, quality, distribution, logistics of masks (2ply & 3ply surgical

		masks, N95 masks) & hand sanitizers (for COVID 19 management).
3.	21.03.2020	Order issued by the Ministry of Health and Family Welfare, Government of India in exercise of powers conferred under clause (i) and (1) of sub-section 2 of section 10 of Disaster Management Act, 2005, thereby notifying the guidelines inter-alia capping the maximum price for COVID-19 testing in private laboratories at Rs. 4,500/-
4.	04.04.2020	Press Release by Ministry of Health and Family Welfare, National Health Authority, Government of India, thereby making testing and treatment of COVID -19 available for free under Ayushman Bharat PradhanMantri Jan ArogyaYojana.
5.	09.04.2020	Notification by Ministry of Finance, Department of Revenue, Government of India in exercise of powers conferred by sub-section (1) of section 25 of the Customs Act, 1962 (52 of 1962) read with section 141 of Finance Act, 2020 (12 of 2020), thereby exempting certain goods from custom duties.
6.	01.05.2020	Article published in National Daily Newspaper, “The Hindu” mentioning the capped rates by BMC on beds for COID-19 patients.
7.	21.05.2020	Office Memorandum issued by Ministry of Chemicals and Fertilizers, Department of Pharmaceuticals, National Pharmaceutical Pricing Authority, Government of India in exercise of powers conferred by National Disaster Management Act, 2005 thereby directing all States/UT Governments to ensure sufficient availability of essential commodities, prices of which should not exceed MRP vide Notification dated 13.03.2020. Further making hoarding and black marketing of essential commodities a punishable offense.
8.	22.05.2020	Article published in National Daily Newspaper, “The Indian Express” referring to notification wherein Maharashtra takes 80% beds in private hospitals and caps charges for treatment.
9.	10.06.2020	Article published in National Daily Newspaper, “The Times of India” highlighting rise in price of N95 masks by 250% in 4 months, and yet no cap on it.

10.	11.06.2020	Article published in National Daily Newspaper, “Hindustan Times” highlighting non-compliance to BMC’s capped prices on beds for COVID-19 by private hospitals.
11.	02.07.2020	Article published by “Live Mint” on how COVID-19 affects people in the lower income bracket more compared to the affluent.
12.	20.07.2020	Article published in National Daily Newspaper, “Mumbai Mirror” stating that COVID-19 drug, Remdesivir is being black-marketed and sold at 6 times its original price.
13.	20.07.2020	Article published in National Daily Newspaper, “The Indian Express” stating that private hospitals are “forced to increase charges” due to mounting expenses and losses, and the inability of persons hospitalized for long time to meet such heavy expenses.
14.	26.07.2020	Article published in National Daily Newspaper, “The Times of India” revealing overpricing by private hospitals under the guise of PPE kits and service charge.
		HENCE THIS PETITION.

Relevant Statutes:

Sr. No..	Statute/Act	Section(s)
1.	Constitution of India, 1950	Art. 14, 19, 21
2	Epidemic Diseases Act, 1897	§ 2A
3.	Essential Commodities Act, 1955	§ 2A
4.	Disaster Management Act, 2005	§ 6,10,18,22

Case Laws:

Stated as references during submissions.

Mumbai

SD/-

Advocate for Petitioners

Dated: 10<sup>th</sup> August, 2020

IN THE HIGH COURT OF JUDICATURE AT BOMBAY  
ORDINARY ORIGINAL CIVIL JURISDICTION  
WRIT PETITION NO.\_\_\_\_ OF 2020

In the matter of Articles 14, 19, 21 and 226 of the Constitution of India, 1950;

AND

In the matter of Section 2A Epidemic Diseases Act, 1897;

AND

In the matter of Section 6,10,18& 22 The Disaster Management Act, 2005;

AND

In the matter of Section 2A of the Essential  
Commodities Act,1955;

AND

In the matter of failure on part of the State of Maharashtra to implement the capping  
and other measures strictly, for restraining and curbing  
the surge in COVID 19 treatment cost.

AND

In the matter of rampant commercialization and monetization  
of the COVID 19 treatment by the private hospitals.

1.PRANALI VYAS )  
 Residing at 201, Orbit Heights )  
 Bhulabhai Desai Road )  
 Mumbai 400026 )

2.BHOOMIKA SHAH )  
 Residing at 19/91, Matru Shikhar, )  
 Tardeo road, Grant road (W) )  
 Mumbai 400007 )....Petitioners

## VERSUS

1.STATE OF MAHARASHTRA *through* )  
 the Chief Secretary )  
 Mantralaya, Mumbai-400023 )

2. STATE OF MAHARASHTRA *through* )  
 Its Secretary )

3.STATE OF MAHARASHTRA *through*, )  
*through* Addl. Chief Secretary, )  
 DEPARTMENT OF FINANCE, )  
 New Customs House, )  
 Shoorji Vallabhdas Rd, Ballard Estate, )  
 Fort, Mumbai, 400001 )

4.STATE OF MAHARASHTRA *through*, )  
 the Principal )  
 Secretary, HEALTH DEPARTMENT )

having its office at	)
Mantralaya, Mumbai	)
 5.MUNICIPAL CORPORATION OF GREATER MUMBAI	)
<i>through</i> its Commissioner,	)
MahapalikaMarg, Mumbai – 400001	)
 6.UNION OF INDIA <i>through</i> , the Secretary,	)
MINISTRY OF HEALTH AND FAMILY WELFARE	)
‘A’ Wing, NirmanBhavan, New Delhi-110011	)
 7.UNION OF INDIA <i>through</i> , the Secretary,	)
MINISTRY OF CHEMICALS & FERTILIZERS,	)
Having its office at YMCA Cultural Building,	)
1, Jai Singh Road, New Delhi – 110001	)
 8.UNION OF INDIA <i>through</i> , the Secretary,	)
MINISTRY OF CONSUMER AFFAIRS, FOOD AND	)
PUBLIC DISTRIBUTION,	)
Having its office at,	)
179, KrishiBhavan, New Delhi – 110011	)
 9.ASSOCIATION OF HOSPITALS	)
Having its office at,	)
MRC Bldg. 6 <sup>th</sup> floor,	)
Room No.601, 12 New Marine Lines	)
Mumbai-400020	)....Respondents

TO  
THE HON'BLE CHIEF JUSTICE  
AND OTHER PUISNE JUDGES  
OF THIS HON'BLE HIGH COURT AT BOMBAY

THIS HUMBLE PETITION OF THE  
PEITIONERS ABOVENAMED

PUBLIC INTEREST PETITION UNDER ARTICLE 226 OF THE CONSTITUTION OF  
INDIA.

MOST RESPECTFULLY SHOWETH:-

I.PARTICULARS OF THE CAUSE AGAINST WHICH THE PETITION IS MADE:

The Petitioners herein are constrained to approach this Hon'ble Court invoking its Ordinary Original Writ Jurisdiction in Public Interest, as there is apparent arbitrary discrimination being done by the respondents, with the public at large. In this respectful submission of the Petitioners, they also speak for the unprivileged section of society who are most affected by this pandemic and highlight the ill effects of COVID-19 upon which the private hospitals are monetizing. The facts giving rise to the filing of the present petition are stated herein after.

II.GROUND OF IT BEING:

The grievance of the Petitioners is that there has been a surge in prices for the COVID-19 treatment, despite various Government schemes and notifications, private hospitals are bombing it's patients with inflated bills. It comes as a duty of these professionals to help and provide essential services in such times for minimum rates or free of charge. Along with this, they also owe it to the affected population to not discriminate and exploit them on basis of their financial/social status. The grounds for filing this petition are stated herein after.

### III.PARTICULARS OF PETITIONERS:

1. The Petitioners are concerned Law Students studying at The University of Mumbai, and are residing at the address mentioned in the Clause Title.
2. That the Petitioners are filing this instant Petition through their Advocate named, Ashok Kumar practicing at the Bombay High Court.

### IV.DECLARATION AND UNDERSTANDING OF PETITIONERS:

1. That the present Petition is being filed by way of Public Interest Litigation and the Petitioners do not have any personal interest in the matter as the issue concerns wellbeing of the general public who are affected by such acts of the Respondent(s) and whose Right to Life, Healthcare and Equality are being blatantly denied and violated. Therefore, the Petitioners are filing this Petition in the larger interest of justice and equity.
2. That the entire cost of litigation is borne and paid by the Petitioners.
3. That to the best of the Petitioner's knowledge and research, the issues raised in this Petition have not been dealt with or decided by this Hon'ble Court and neither a similar or identical Petition was filed by him earlier.
4. That the Petitioner understands that in the course of hearing this Petition, the Hon'ble Court may require any security to be furnished towards costs or any other charges and the Petitioner shall comply with such requirements.

### V.FACTS IN BRIEF CONSTITUITING THE CASE:

a)The Respondents No. \_1\_ to \_4\_ are the various offices of the State of Maharashtra that play a coordinated role in the management and administration of the present COVID pandemic. Respondents No. \_6\_ to \_8\_ are Ministries / Departments of the Union of India that are also facilitating the response to the COVID Pandemic. Respondent No. \_5\_ is the Municipal Corporation of Greater Mumbai that is extending medical facilities via both, private and public hospitals scattered in and around the vicinity of Mumbai and Respondent No.\_9\_ is the Association of Hospitals constituting 54 private hospitals in the state.

b)The real threat struck in when WHO declared the effects of the SARS- COV-2 commonly known as the corona virus as a global pandemic on 11/03/2020, subsequently making all

countries assume necessary measures to prevent the spread of the contagious virus. Adhering to the same the Central Government, Ministry Of Home Affairs passed an appropriate orders dated 24/03/2020 NO. 40-3/2020- DM-I (A) proclaiming a lockdown stating that all places of work, recreation etc. are intended to be shut down except essential services like groceries, healthcare, chemists etc.

c)With the on- going alarming situation of the virus striking unexceptional danger throughout the country, the cases for the same have only increased from day to day, making it rather difficult for mankind to keep up. The current statistical reading shows 1,808,128 cases in India and 422k cases alone in Maharashtra going up every day by an estimated figure of 2000. Governmental data shows that that India is the world's second-most populous country where cases are doubling every 13 days.

d)The Petitioner humbly states and submits that, according to the report published by the Financial express titled '**More patients than beds in Mumbai**', dated 25/05/2020 it was expressed that India perpetually spends a minimum of only 1.5% of their GDP in public health and ranks amongst the world's lowest spenders in terms of GDP. Due to this crisis even a common man who may not be in a position to afford the private hospital bills has no choice but to resort to it, owing to the lack of public hospitals. A true copy of the same has been marked and attached as **Exhibit-A.**

e)It is humbly submitted that, owing to the lack of profits in the wake of the pandemic and helplessness of the citizens, the Private Healthcare sector is purported to have started feeding on the fears of the people by monetizing and commercializing the COVID-19 treatment. The Ministry of Consumer Affairs, Food and Public Distribution, in exercise of its powers conferred by sub- section (2) of section 2A, of the Essential Commodities Act, 1955, passed an order on 13/03/2020 to regulate the prices, distribution and overall logistics of the 2ply & 3ply masks, N95 masks and hand sanitizers by bringing it under the purview of essential commodities. However, it did not include other PPE requirements and the order was said to be in force only till June 30th. These shortcomings provide plenty of grounds for the Private hospitals to over-

charge under the garb of miscellaneous expenses. A true copy of which is marked and attached as **Exhibit-B.**

f)It is humbly submitted that, on 21/03/2020, The Ministry of Health and Welfare declared the minimum cost that can be charged by private & public laboratories as Rs. 4500/- under the powers conferred in clause (i) and (l) of sub-section 2 of section 10. This includes Rs. 1500/- for screening tests and Rs. 3000 for confirmation tests. A true copy of which is marked and attached as **Exhibit-C.**

g)It is humbly submitted that, on the basis of the above order Shashank Deo Sushi, a Petitioner in person, filed a Public Interest Litigation dated 31/03/2020 expressing his grievance on the basic grounds that the order dated 21/03/2020 passed by the Central Government was unconstitutional as it infringed the rights conferred under article 14 and 21. He claimed that in a situation of grave emergency that the country is faced with, it is imperative to uphold the Right to Health and Life under Art. 21 and the capping cost amounting to Rs. 4500/- was discriminatory under Art. 14 on the grounds that a common man belonging to a lower income group, who is not financially stable, especially due to the present financial crunch, would be forced to pay this amount just to get tested for something he is not organically even responsible for. This led to the Supreme Court mandating free COVID testing in both private and public laboratories under the order 08/04/2020, 10816/2020. The same is marked as attached as **Exhibit-D.**

h)The Petitioner humbly states and submits that, despite, the various subsidies and leverages enforced by the Government, it was noticed that these weren't strongly implemented, giving room for hospitals to find loops holes to cover their profits. The private hospitals were seen exploiting those without any insurance cover and not covered under the Ayushman Bharat scheme of the Government. The Ministry of Health & Family Welfare issued a press release dated 04/04/2020 stating that all those under the scheme will get free testing and an insurance cover upto 5 lakhs per family. Marked and attached as **Exhibit- E.** But the citizens not covered by the scheme were charged a minimum of 50,000 per day of treatment which was discriminatory as it is unfortunate to make the common man liable and exposed to financial

exploitation for an epidemic they have no control over. Moreover, in Mumbai, 1.25% people are engaged in essential services and are inevitably vulnerable to the virus.

i)It is humbly submitted that, a PIL filed by Mr. Sachin Jain is still pending, to consider all citizens under the Ayushman Bharat rate itself and the Supreme Court has asked the Central Government to consider the same and look into the matter in an article by The Hindu dated 06/06/2020. A true copy of which is marked and attached as **Exhibit-F**. The PIL also involves an article where the Insurance Companies are finding it difficult to meet the exorbitant claims made by citizens for the COVID-19, because of which the petition prayed for the execution of healthcare services by private hospitals on pro bono basis only. The present petition upholds the same.

j)The Petitioner humbly states and submits a statistical report published by the Praja Foundation on the state of Health in Mumbai, which shows that only 9.7 to 10% of family income is spent on or invested in healthcare and Table-2 shows that 76% of households don't have medical insurance at all. It further infers in Table- 3 that only 27% of the total population in Mumbai city were aware of the Governmental schemes including the Ayushman Bharat and the Maharashtra Joytiba Phule Arogya Yojana schemes. This proves that most of the citizens are without insurance covers making it difficult for them to afford the high-priced treatment expenses by the private hospitals. The 10% who have insurance covers as well belong to the lower middle class or middle class in general who are unnecessarily being overcharged to exhaust their insurance cover to the fullest, making them resort to public hospitals instead. The same has been marked and attached as **Exhibit-G**.

k)It is humbly submitted that, the Public Health Department Notification No. CORONA-2020/C.R.97/Aro-5 Dated 30 April, 2020 set down price caps for only non- COVID related treatments and invasive surgeries. However, the Government of Maharashtra issued an addendum and modification to the said notice directing Healthcare Providers to function as per Sec. 41AA of the B.P.T Act, which ensures poorer patients to be treated at free or concessional rates. Along with directing them to increase the number of beds. The addendum also ensured that the treatment of COVID patients not exceed the rate mentioned therein, i.e. Rs. 4,000 per day for

Routine Ward + Isolation, Rs. 7,500 per day for ICU without ventilation + Isolation, Rs. 9,000 for ICU with ventilation + Isolation, and stated that there shall be no difference in the quality of treatment being meted out to patients treated in the category of 80% beds (regulated beds) or 20% beds. A true copy of the same has been marked and attached as **Exhibit-H**.

l)It is humbly submitted that, an article in “The Hindu” dated, 01/05/2020 reiterates the points highlighted in the abovementioned notification, and throws some light on the exorbitant prices charged by private hospitals for the treatment of COVID-19. It also states that patients with no insurance covers be treated within the capped prices and those who have insurance will be subjected to the capped prices after exhausting their cover. However, despite the government notification, the hospital staff claims that abiding to these capped prices would lay a heavy financial burden on their functioning. A true copy of the same has been marked and attached as **Exhibit-I**.

m)It is humbly submitted that, the new notification which capped prices of the non- COVID treatment and brought 80% beds under private hospitals, attached as Exhibit- H gives a detailed breakdown of the costs for particular treatments, however, no such detailed compartmentalization is documented for COVID-19 treatment. The breakdown provided in Annexure-C of Exhibit-H excludes the cost of PPE kits, Interventional Procedures, COVID testing, High end drugs and CT, MRI, PET scans.

n)In cases where foreign-return quarantined patients are tested during their stay in hotels, the price for these tests are way above the actual price set by the government vide the notifications. This ill-practice is carried out by not issuing bills to the patients for the tests done or in some instances, the duty performing authorities ask for extra charges/bribes which are never accounted for and hence, never brought to the notice of the public, unless some spirited person decides to paint the true picture of the functioning of such bodies.

o)It is humbly submitted that, an article dated 20/06/2020 in the “Mumbai Mirror” claims that hospitals have come up with new charges to inflate bills, despite the official government notification for capping treatment charges. Another article in “HealthWorld, Economic Times”

dated 31/05/2020 recorded a survey report stating, 57% of people are worried due to high priced COVID-19 treatment in private hospitals. A true copy of the same has been marked and attached as **Exhibit-J** and **Exhibit-K** respectively.

p)It is humbly submitted that, a Notification dated 09/04/2020 issued by the Ministry of Finance, exempted all COVID related goods from custom duties. The said notification includes Ventilators, Face/Surgical masks, PPE kits, COVID-19 testing kits, and inputs for manufacture of these products. A true copy of the same has been marked and attached as **Exhibit-L**.

q)It is humbly submitted that, an article in “Mumbai Mirror” dated 20/07/2020 highlights the black-marketing of COVID-19 related drug, Remdesivir. The vial which generally available at Rs. 5,000 is being sold for Rs. 30,000 in the black-market. Busting and arresting some of these gangs is a minuscule step towards achieving the main aim. A true copy of the same has been marked and attached as **Exhibit-M**.

There exists several other gangs and people who are involved in these activities, however, not all of them are accounted for.

r)It is humbly submitted that, a PIL was filed by Sucheta Dalal dated 11/05/2020 against the failure of the State of Maharashtra to take adequate measures to ensure sufficient availability of surgical masks and other masks, hand sanitizers and gloves at prices not exceeding the maximum retail prices along with hoarding, black marketing and profiteering on N-95 masks. The rampant hoarding and black-marketing of N-95 masks is being practiced all over the state, causing inconvenience to all. A true copy of an article stating the same has been marked and attached as **Exhibit-N**.

s)Vide the Office Memorandum, issued by the National Pharmaceutical Pricing Authority, dated 21/05/2020, which made hoarding and black-marketing of N-95 masks a punishable offence. Also, directing the State and Union Territory governments to ensure sufficient availability of masks, hand sanitizers and gloves at prices not exceeding MRP. A true copy of the same has been marked and attached as **Exhibit-O**.

t)It is humbly submitted that, an article in the “Indian Express” dated 03/07/2020 spoke about an FIR filed against a Mumbai based hospital for overcharging it’s patients. However, this does not cause fear in the minds of others who follow the same practice. Half of these cases go unnoticed and hence no action is ever taken against them. A true copy of the same has been marked and attached as **Exhibit-P.**

u)The Petitioner finally states and submits, statistics as provided in a report by, “Live Mint” state that 82% of Indians are bearing the financial brunt of COVID-19. People falling in low-income brackets and those with income below Rs. 20,000 are hit hardest by this pandemic, keeping in consideration the inflated hospital bills and other expenses. A true copy of the same has been marked and attached as **Exhibit-Q.**

v)This practice carried out by private hospitals, of charging exorbitant rates for treatment induces stress and fear in the minds of COVID-19 affected patients, resulting in adverse effects on their health (both mental and physical). Private hospitals also have tie ups with certain testing laboratories which furnish exaggerated and manipulated reports with the aim to mutually increase business. Furthermore, overcharging is carried out by these private hospitals under the garb of expenses for safety and sanitation equipment , which have already been exempted from custom duties, hence, the question arises as to what contributes to such inflated bills.

#### **VI. QUESTIONS OF LAW TO BE CONSIDERED BY THIS HON’BLE COURT:**

***1) Whether private hospitals come under the ambit of the state?***

***2) Whether the state government’s act of capping and account inspection, violates the Right to Profession under Art. 19(a)(g)?***

***3) Whether distinction on the basis of insurance, with respect to treatment costs, infringes the Rights of patients under Art. 14 and Art. 21?***

***4) Whether the hoarding and black-marketing of PPE kits and other essentials affects the Right to Health guaranteed under Art. 21?***

***5)Whether the act of commercializing essential services and treatment in private sector during this pandemic makes the private hospitals/healthcare professionals liable under criminal law for such acts?***

#### **VII.GROUNDS:**

Aggrieved by the acts of omission and commission of the Respondents, the Petitioners seek to approach this Hon'ble Court:

1)BECAUSE the private hospitals are engaged in public service at the time being, owing to the situation of the pandemic, and are therefore amenable to the writ jurisdiction under Art. 226 of the Constitution of India. Moreover, India habitually spends only 1.5% of their GDP in public health due to which public hospitals in Mumbai are very few in number, leaving private hospitals as the only alternative for treatment.

**a)Anandi MuktaSadguru Shree MuktajeeVandas Swami SuvarnaJayantiMahotsavSmarak Trust &Ors. Vs. V.R. Rudani & Ors., 1989 AIR 1607.**

*“The words ‘any person or authority’ used in Art. 226 are, therefore, not to be confined only to statutory authorities and instrumentalities of the State. They may cover any other person or body performing public duty. ....What is relevant is the nature of the duty imposed on the body. The duty must be judged in the light of positive obligation owed by the person or authority to the affected party.....”*

**b)Federal Bank Ltd Vs. Sagar Thomas &Ors., [2003] INSC 486.**

On consideration of a number of decisions on the point, the Court found the following principles which may be considered, for coming to a conclusion whether any public element is involved or not, the paragraph 26 of the decision, reads as under:

*“(11) The instrumentality, agency or person renders an element of public service and is accountable to health and strength of the workers, men and women, adequate means of livelihood, the security for payment of living wages, reasonable conditions of work, decent standard of life and opportunity to enjoy full leisure and social and cultural activities to the workmen.”*

*“(13) If the exercise of the power is arbitrary, unjust and unfair, the public authority, instrumentality, agency or the person acting in public interest, though in the field of private law, is not free to prescribe any unconstitutional conditions or limitations in their actions.”*

2)BECAUSE even though the hospitals, private in nature, cannot employ unconstitutional methods of profit making, as they owe social responsibility to the general public. The overcharging and feeding on the people’s fear does not vindicate their stance of right to profession especially when the country is in dire need of maintaining the standard of health which has been demolished due to the current scenario.

3)BECAUSE the State, while dealing with *subsidies provided to patients in private hospitals* with regards to the COVID 19 treatment costs, held in **Union of India Vs. Moolchand Kharaiti Ram Trust** that, such restriction and imposition was to be considered within the ambit and purview of the reasonable restriction clause under Art. 19(6). Therefore, such measures taken by the concerned State does not affect the right to profession of the private hospitals under Art. 19(1)(g).

4)BECAUSE the apparent pandemic has been considered as an Act of God (Force Majeure) by various Government notifications. Therefore, in such grave circumstances it becomes mandatory for the State and the Union to uphold the Right to Life and Health under Art. 21 over and above the Right to Profession guaranteed to hospitals in general. **Kirloskar Brothers Ltd. Vs. Employee's State Insurance Corporation**, where the Court firmly laid its approach when it is said that *“health is thus a state of complete physical, mental and social well being and right to health therefore is a fundamental and human right.”*

**a)Association of Medical Super Specialty Aspirants and Residents Vs. Union of India., 2019 (8) SCC 607.**

*“Moreover, where there is a clash of two Fundamental Rights, as in the instant case, namely, the Appellant's right to privacy as part of Right to Life and Ms ‘Y’s Right to lead a healthy life which is her Fundamental Right under Art. 21, the Right which would advance the public morality or public interest, would alone be enforced through the process of court, for the reason that moral*

*considerations cannot be kept at bay and the Judges are not expected to sit as mute structures of clay in the hall known as the courtroom, but have to be sensitive, "in the sense that they must keep their fingers firmly upon the pulse of the accepted morality of the day."*

5)BECAUSE the under perilous state of affairs, like the one at present, the State and the Union have Extraordinary Discretionary Power under various statutes namely Section 6, 10, 18 and 22 under the Disaster Management Act, 2005 to incorporate proper guidelines for administrative and other bodies to respond to the emergency at hand. Under Section 2A cl. 2 of the Essential Commodities Act, 1955, the Central Government has been accorded the respective power to assess the need of the hour and categorize the requisites as essential commodities for any amount of period as the Union may deem fit. The Epidemic Disease Act of 1897 grants power to the State and Centre to take necessary measures in case of an outbreak of dangerous epidemic disease (like COVID 19) when they are thoroughly satisfied that the existing laws are insufficient to handle the scenario.

6)In **Vincent Panikurlangara Vs. Union of India**, Justice Ranganath Mishra's observation regarding Right to Health vis-a-vis Right to Life was as follows: *"Article 21 of the Constitution guarantees right to life and this court has interpreted the guarantee to cover a life with normal amenities assuring good living which include medical attention, life free from diseases and longevity up to normal expectations"*.

7)BECAUSE the current scenario requires the Government to intensify and regulate the health crisis for all strata of society irrespective of their financial stability in order to protect the Right to Life and Health by providing the essential amenities and endeavour to eradicate the epidemic. **Mahadeo Savlaram Shelkae Vs. Pune Municipal Corporation., (1995) 3 SCC 33**, this Hon'ble Court held that the Courts should necessarily consider the effect on public purpose and should suitably mould the relief.

8)BECAUSE it becomes the unarticulated duty of the State to deliver their part of responsibility to ensure the benefit and interest of the public at large. India being a developing country constitutes of only 5% privileged, whereas 95% consists of the middle class, lower middle class

and low income strata making it imperative to provide reasonable guidelines which favour every strata especially during a global emergency.

**a)Paschim Banga Khet Mazdoor Samithy &Ors. Vs. State of West Bengal & Anrs.,** while widening the scope of Art. 21 and the government's responsibility to provide medical aid to every person in the country, held *that in a welfare state, the primary duty of the government is to secure the welfare of the people. Providing adequate medical facilities for the people is an obligation undertaken by the government in a welfare state. The government discharges this obligation by providing medical care to the persons seeking to avail of those facilities. Art. 21 imposes an obligation on the State to safeguard the right to life of every person.*

**Vincent Panikurlangara Vs. Union of India,** the Hon'ble Supreme Court held that *"duty of the state is to ensure the practices and policies to create conditions in which people can be healthy. State health care institutions are obliged to provide medical treatment to all persons in emergency and non-emergency situations."*

9)BECAUSE the people of the State are perpetually struck by financial crisis, where daily wage earners are finding it difficult to earn their daily bread. To top it all, the treatment costs are surging, diverting their preference from treatment to quiet suffering. The middle class and lower middle class patients are resorting to public hospitals to minimize their expenses, but to the less fortune of all, public hospitals are not sufficient in number to cater to such a large crowd of patients, leaving them with no alternative but to succumb to the overcharging carried out by private hospitals.

10)BECAUSE it has been observed in the recent past that the private hospitals are feeding on the fear of the people by shielding their profits under the garb of miscellaneous expenses. Subsequently, the ones covered by various governmental schemes like the Ayushman Bharat (providing 5 lakh insurance per family) and the Maharashtra Jyotiba Phule scheme, are being charged bare minimal rates whereas those without insurance are being subjected to charges amounting to Rs. 50,000 per day. This act of the hospitals amounts to serious discrimination of equal access to healthcare to the citizens, infringing their Right to Equality under Art. 14.

Furthermore, in **Cooper v. Union of India**, the Hon'ble Court observed that that the *Right to Personal Liberty in Art. 21 must be read with Art. 19 and Art. 14, whenever necessary with a view to strengthen the Right to Life and Personal Liberty.*

11)BECAUSE the unfortunate pandemic does not choose the masses or the classes, it can inevitably infect anyone. It is not categorically a disease born out of human tendencies and thus based on factors uncontrollable by mankind. Therefore, the state must issue guidelines which fix a rate suitable for all sections of society.

a)**Pt. Parmanand Katara v. Union of India &Ors.**, ruled that, *“every doctor whether at a Government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life. No law or State action can intervene to avoid/delay, the discharge of the paramount obligation cast upon members of the medical profession.”*

12)BECAUSE according to the Praja Foundation report on State of Health in Mumbai it was claimed that not everyone is blessed with surplus finance to invest in insurance policies and thus only 9.7% have insurance covers whereas the rest 72% are vulnerable to limitation of financial security. Only 27% of people in Mumbai are aware of government schemes and yojanas, out of which only 47% invest in them. Making more than half of them unaware and hence not being able to avail these facilities during emergencies. In turn proving that, majority of people do not have an insurance cover to ease the burden of such heavy expenses. This demonstrates the lack of effort on the part of the Government to market the schemes enough to reach the ones who are in desperate need of it.

a)*The PIL filed by Sachin Jain, he requests the central government to consider every individual patient under the same rate as that of the Ayushman Bharat scheme, so as to eliminate the discrimination of COVID 19 treatments. But however, that PIL remains pending.*

13)BECAUSE the **Indian Medical Research Council (Professional Conduct, Etiquette and Ethics) Regulation, 2002** lays down certain pre-requisites for the health care staff to abide by:

**Chapter 1, 1(B) 1.1.2- Character of Physician (Doctors with qualification of MBBS or MBBS with post graduate degree/ diploma or with equivalent qualification in any medical**

**discipline):** *The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals.*

**1.8 Payment of Professional Services:** The physician, engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure no payment". Physician rendering service on behalf of the state shall refrain from anticipating or accepting any consideration.

14)BECAUSE the doctors are purported to misguide the patients with mild symptoms, by producing exorbitant packages, when perhaps they require only nominal isolation facilities.

15)BECAUSE despite the Notification Dated 21 May , 2020 issued by the Public Health Department, setting per day treatment charges along with bringing 80% beds under the regulated category stating that there shall be no discrimination between patients under the 80% and 20% beds, the private hospitals seem to be turning a blind eye to this official notification claiming losses and financial burden.

**a)***Exhibit-H provides a systematic breakdown of capped costs only for invasive and other kinds of surgeries and treatments, whereas the classification related to COVID treatment excludes the essentials like cost of PPE kits, Interventional Procedures, COVID testing, High-end drugs and CT, MRI, PET scans which play an important role in diagnosing and treating this disease.*

16)An article in Mumbai Mirror states that private hospitals have come up with new charges to inflate bills, not abiding to the cap notification. Such cases are only rising by the hour. Another article in Economic Times highlights the fear of 57% of people concerned about the prices and 32% are reluctant to avail treatment in private hospitals owing to the abovementioned fact.

17)BECAUSE the COVID-19 drug, Remdesivir, is going for 6x its original price i.e. Rs. 30,000 instead of Rs. 5,000. Black-marketing of these vials not only makes it inaccessible to those who cannot afford it, but also results in inequality and denial of proper, required treatment to those affected.

18)BECAUSE despite the Office Memorandum, issued by the National Pharmaceutical Pricing Authority, dated 21/05/2020, did not provide for detailed capping thus, many individuals still engage in such unethical and unlawful activities making this dire situation even worse .This indirectly contributes to the unwarranted PPE prices in the medical bills. Expressing the same grievance was a PIL filed by Sucheta Dalal.

19)BECAUSE Under the order dated 13/03/2020 the Central Governmentby power accorded under Section 2A of the Essential Commodities Act ,categorized hand sanitizers and masks under the essential commodities, but this order was still insufficient as it was to be in force only till June 30<sup>th</sup> and further, it excluded the other PPE essentials.

20) Therefore, the Petitioner submits that although ventilators, masks and other PPE essentials were exempted from custom duties under order dated 09/04/2020 passed by the Ministry of Finance, free testing was enabled, various insurance schemes were executed, there were still shortcomings in the capping and implementation of such orders due to which the private hospitals have found their way to escape these obligations and come up with new prices although the treatment **does not include any surgery** which may still vindicate the bills.

21)Considering the abovementioned facts and grounds, and the gravity of this situation, this Petition be heard on an urgency basis, all in light of public welfare and equity.

#### VIII. NATURE AND EXTENT OF INJURY CAUSED OR APPREHENDED:

Petitioners seeks relief for the acute and rampant profit making on the part of the private hospitals involved in the treatment of COVID-19 patients.The financial stack has anyway deployed people of their monthly incomes and the ones being tested positive are facing

tremendous strain to meet the surging medical bills produced by these hospitals. The exploitation must be curbed by intensified measures administered by the State of Maharashtra.

IX.DELAY, IF ANY, IN FILING THE PETITION AND EXPLANATION THEREFORE:

There is no delay or laches in filing this Petition.

X.PRAYER:

In lieu of the abovementioned parameters and interest of justice, it is humbly prayed that this Hon'ble Court may be pleased to:

1. Issue a writ of Mandamus and/or any other writ or order or direction in the nature of Mandamus directing Respondent No.5 to take stringent actions against respondent no.9 for overcharging COVID-19 patients who fall outside the ambit of the governmental schemes/insurance, as well as exploiting the private insurance holder, who are unnecessarily being charged exorbitant amount of prices, solely in order to extract the insurance amount to the fullest.

*(The Petitioners solemnly pray for the Hon'ble court to restrict the unwarranted monetization and commercialization by private hospital owing to the present perilous situations.)*

2. Issue a writ of Mandamus and/or any other writ or order or direction in the nature of Mandamus directing Respondent No.9, who are currently engaged in public service for treatment of COVID-19 patients, to render their healthcare facilities on non-profit /pro bono/payment basis only.

*(The Petitioners solemnly pray for the Hon'ble court to uphold the right to life and health under Art. 21)*

3. Issue a writ of Mandamus and/or any other writ or order or direction in the nature of Mandamus directing Respondent No.5 to inspect monthly accounts of all private hospitals engaged in treatment of COVID-19 patients, provided with a comprehensive breakdown of all medical expenses incurred through the month.

*(The Petitioners solemnly pray for the Hon'ble court to mandate the furnishing of an accurate and truthful copy of the accounts by the Respondents.)*

4. Issue a writ of Mandamus and/or any other writ or order or direction in the nature of Mandamus directing Respondent No.1 to issue revised guidelines for COVID-19 treatment cap, equal for all patients irrespective of the insurance cover. The revised notice must provide a wholesome breakdown of individual minimum prices of all the requisites imperative for the treatment. These may constitute COVID-19 drugs, PPE, ventilators/beds, Doctors and other paramedical staff fees, room charges, disposal charges of bio-medical waste etc. to ensure the elimination of every possibility amounting to overcharging.

*(The Petitioners solemnly pray for this Hon'ble court to uphold the equality clause under Art. 14 with respect to treatment expenses and make certain the cost effectiveness of the treatment so as to subsequently cater to all stratas of society at large.)*

5. Issue a writ of Mandamus and/or any other writ or order or direction in the nature of Mandamus directing Respondent No.8 to review the notification dated 13/03/2020 passed by the Ministry of Consumer affairs, Food and Public distribution, and administer amendments, with respect to extension of the period for consideration of hand sanitizers and masks as 'essential commodities' under the act, and incorporating additions of other PPE requirements and COVID related drugs under the revised notice. Direct Respondent No.7 to also review the notice dated 21/05/2020 passed by the NPPA and suggest necessary amendments for more detailed capping of N95 masks.

*(The Petitioners solemnly pray for this Hon'ble court to ensure prompt action on the part of the Respondents, significant for prevention of hoarding & black marketing of the abovementioned essentials which are of paramount significance in the aforesaid treatment.)*

6. Pending hearing and final disposal of the petition directing the Respondents to diligently follow the respective orders and guidelines laid down by this court and implement stricter measures to curb the monetization of the treatment, for the interest of public at large.

*(The Petitioners solemnly pray for this Hon'ble court to consider public interest of prime importance especially in these trying situations resulting from the current pandemic.)*

7. Interim and Ad- interim relief in terms of prayer (6)
8. And pass any other Order(s), Direction, or Relief that it may deem fit in the Best Interest of the Public, Equity and Good Conscience, considering the facts and circumstances of the present case.

**FOR THIS ACT OF KINDNESS, THE PETITIONERS SHALL DUTY BOUND  
FOREVER PRAY.**

Mumbai

Petitioners

Date: 10/08/2020

**VERIFICATION**

I, Pranali Vyas, Petitioner No. 1, residing at 201, Orbit Heights, B. Desai road, Mumbai 400026 and Bhoomika Shah, Petitioner No.2, residing at 19/91, Matru Shikhar, Tardeo Road, Grant Road (W), Mumbai 400007 do hereby state and solemnly declare that what is stated herein above is true to our own knowledge and is based on concrete and verified information and we believe the same to be true. Thus, nothing is concealed or intended to be concealed there from.

Solemnly Affirmed at Mumbai

)

SD/-

Date: 10/08/2020

)

Petitioner No. 1

SD/-

SD/-

Advocate for Petitioners

Petitioner No.2

**VAKALATNAMA**

To,  
Prothonotary/ Senior Master,  
Bombay High Court, O. S.  
Mumbai

Dear Sir/Madam,

We, Pranali Vyas and Bhoomika Shah, Petitioner No.1 and Petitioner No.2 respectively above named do hereby appoint and authorize MR.ASHOK KUMAR, Advocate, High Court, Bombay, to act, appear and plead for us or on our behalf in the above-mentioned matter, or any Advocate they may authorize to act, appear and plead for us or on our behalf in the above-mentioned matter.

IN WITNESS WHEREOF I set and subscribe my hands to this writing at Mumbai.

At Mumbai, dated this 10<sup>th</sup> day of August, 2020.

Accepted.

SD/-

Ashok Kumar,

Advocate for Petitioners

SD/-

Petitioner No. 1 (Pranali Vyas)

SD/-

Petitioner No. 2 (Bhoomika Shah)

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**ORDINARY ORIGINAL CIVIL JURISDICTION**  
**WRIT PETITION NO.\_\_\_\_ OF 2020**

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

MEMORANDUM OF REGISTERED ADDRESS

c/o. Ashok Kumar,

7, Hind Rajasthani Building,

6th Floor, 6, Oak Lane,

Opposite Burma Burma,

Fort, Mumbai -400023.

SD/-

Advocate for Petitioners

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**ORDINARY ORIGINAL CIVIL JURISDICTION**  
**WRIT PETITION NO.\_\_\_\_ OF 2020**

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

LIST OF DOCUMENTS

All the Documents annexed at Exhibit A to Exhibit R.

Any other documents relevant for the successful prosecution.

SD/-

Advocate for Petitioners

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**ORDINARY ORIGINAL CIVIL JURISDICTION**  
**WRIT PETITION NO.\_\_\_\_ OF 2020**

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

**AFFIDAVIT IN SUPPORT**

I, Bhoomika Shah, Petitioner No.2, an adult Indian inhabitant, hereinabove, residing at 19/91, Matru Shikhar, Tardeo Road, Grant Road (W), Mumbai 400007 do hereby state on solemn affirmation as under:

1. I say that I have filed the above Petition for the reliefs more specifically set out in the Petition.
2. I repeat, reiterate and adopt each and every statement in the Petition as if the same were set out herein and form a part of this affidavit. I crave leave to refer and rely upon the Petition.
3. I say that if the ad-interim reliefs are not granted, grave loss, harm, injury and prejudice will be caused to the general public and me, and if granted, no loss, harm, injury and prejudice will be caused to the Respondents.
4. I, therefore, pray that the Petition be made absolute with costs and ad-interim reliefs may be granted.

Solemnly affirmed at Mumbai )

Dated this 10<sup>th</sup> day of August, 2020 )

SD/-

Deponent

Identified by me

SD/-

Advocate for Petitioners

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**ORDINARY ORIGINAL CIVIL JURISDICTION**  
**WRIT PETITION NO.\_\_\_\_ OF 2020**

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

**AFFIDAVIT IN SUPPORT OF THE PUBLIC INTEREST LITIGATION**

I, Bhoomika Shah, Petitioner No.2 hereinabove, residing at 19/91, Matru Shikhar, Tardeo Road, Grant Road (W), Mumbai 400007 do hereby state on solemn affirmation as under:

- 1) I say that I have filed the above Petition for the reliefs more specifically set out in the Public Interest Litigation.
- 2) I say that there is no personal gain, private motive or oblique reason on filing this Public Interest Litigation, except for the one disclosed in the Petition.
- 3) I repeat, reiterate and adopt each and every statement in the Petition as if the same were set out herein and form a part of this affidavit. I crave leave to refer and rely upon the Public Interest Litigation.
- 4) I undertake to pay costs as ordered by the Court, if it is ultimately held that, the Petition is frivolous or has been filed for extraneous considerations or that it lacks bona-fide.
- 5) I hereby submit that the entire Litigation cost including the Advocate fee and other charges are being borne by the Petitioners above named and my PAN No.- \*\*\*\*\*, Email id is shahbhoomika@gmail.com , and Mobile No. is +91 91234 56789.
- 6) I hereby state that a thorough research has been conducted in the matter raised to the Petition, all relevant material in respect of such research is annexed to the Petition.
- 7) I say that I have filed the above Petition for the reliefs more specifically set out in the Petition.

8) I say that if the ad interim reliefs are not granted, grave loss, harm, injury and prejudice will be caused to the Petitioners and public at large and if granted, no loss, harm, injury and prejudice will be caused to the Respondents.

9) I undertake that I will disclose the source of his/its information, leading to the filing of the Public Interest Litigation, if and when called upon by the Court, to do so.

10) I, therefore, pray that the Petition be made absolute with cost and ad interim reliefs may be granted.

Solemnly affirmed at Mumbai )

SD/-

Dated this 10<sup>th</sup> day of August, 2020 )

Petitioner No. 2

Identified by me

SD/-

Ashok Kumar

Before me

Advocate for the Petitioners

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY  
ORDINARY ORIGINAL CIVIL JURISDICTION  
WRIT PETITION NO. \_\_\_\_ OF 2020**

Pranali Vyas and Anr.

)....Petitioners

Vs.

State of Maharashtra and Ors.

)....Respondents

ADVOCATE'S CERTIFICATE

To,

The Prothonotary & Senior Master

High Court, O.O.C.J.,

Mumbai.

Sir,

I, ASHOK KUMAR, Advocate for the Petitioners do hereby certify that the present Writ Petition is required to be placed before the Division Bench as per the amended Rule 636(I)(b) of the Bombay High Court, O.S. Rules. Therefore, the Writ Petition is required to be placed before the Division Bench.

Dated this 10<sup>th</sup> day of August, 2020

SD/-

Advocate for the Petitioner

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**ORDINARY ORIGINAL CIVIL JURISDICTION**  
**WRIT PETITION NO. \_\_\_\_ OF 2020**

IN THE MATTER OF:-

Pranali Vyas and Anr.

)....Petitioners

VERSUS

State of Maharashtra and Ors.

)....Respondents

APPLICATION FOR URGENT HEARING

To,

Hon'ble Chief Justice of Bombay High Court

and his Puisne Judges.

The humble Application of the above  
named APLLICANTS/ PETITIONERS

MOST RESPECTFULLY SHOWETH:-

The Applicant herein has correspondingly filed a Writ Petition under Art. 266 of the Constitution in the framework of a Public Interest Litigation. This Application is attached along with the aforesaid PIL itself and the content of the same should be comprehended as part of the application.

1. The Application at hand pleads for an urgent hearing of the matter owing to the nature and circumstances of the same. In the wake of the current pandemic it becomes imperative to generate prompt actions to prohibit the Private hospitals from exploiting the common citizens with respect to the Covid-19 treatment costs.

2. The citizens who are anyway financially struck by the current scenario are finding it strenuous to meet the ever-increasing medical bills and are consequently choosing to not get treated at all in order to save up for the future of their families.
3. The numbers of cases are increasing, and even the ones having insurance covers are facing difficulties with the bills prices surging so high, subsequently saturating their financial capacities completely. This worry, has in turn affected the patient's mental health who are already in a state of trauma. They are eventually resorting to public hospitals to balance out the expenses, but due to the unfortunate unavailability of public hospitals, they are left with no alternatives.
4. The COVID-19 pandemic is an inevitable disaster which does not choose to affect only the 5% privileged, thus, infection of the virus is` not under the control of mankind. Therefore, if instant measures are not taken, it will amount to a serious threat to the fundamentals right of the citizens guaranteed under article 21 and 14 leaving them completely helpless and futile.
5. In such circumstances, and in the interest of justice it is humbly requested that the present matter be taken up for hearing on an urgent basis via the use of interactive online platforms for speedy redressal.
6. The present application is filed to uphold the spirit of justice and in interest of public at large.

### PRAYER

It is humbly prayed before this Hon'ble court to be pleased to:-

1. Permit the urgent hearing and redressal of the corresponding Writ petition.

2. Pass such other appropriate order(s) or direction(s) as may deem fit in the present factual circumstances.

Mumbai

Drawn by: Petitioner

Date: 10/08/2020

Filed by: Ashok Kumar

SD/-

Advocate for Petitioners

## EXHIBIT-A



## INSIGHT-More patients than beds in Mumbai as India faces surge in virus cases

By: [Reuters](#)

Updated: May 25, 2020 8:50 AM

The Indian government estimates it spends only about 1.5% of its GDP on public health. That figure is higher than it was - about 1% in the 1980s and 1.3% five years ago - but still ranks among the world's lowest spenders in terms of percentage of GDP.

READ  
IN APP



While millions of India's poor rely on the public health system, especially in rural areas, private facilities account for 55% of hospital admissions, according to government data. The private health sector has been growing over the past two decades, especially in India's big cities, where an expanding class of affluent Indians can afford private care.

Mumbai's municipal authority said it had ordered public officials to take control of at least 100 private hospital beds in all 24 zones in the city of almost 20 million people to make more beds available for coronavirus patients. Still, there is a waiting list. An

## EXHIBIT-B

रजिस्ट्री सं. डी.एल.- 33004/99

REGD. NO. D. L.-33004/99



**भारत का राजपत्र**  
**The Gazette of India**

सी.जी.-डी.एल.-अ.-13032020-218645  
CG-DL-E-13032020-218645

असाधारण  
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)  
PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित  
PUBLISHED BY AUTHORITY

सं. 980]

नई दिल्ली, शुक्रवार, मार्च 13, 2020/फाल्गुन 23, 1941

No. 980]

NEW DELHI, FRIDAY, MARCH 13, 2020/PHALGUNA 23, 1941

उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्रालय

(उपभोक्ता मामले विभाग)

अधिसूचना

नई दिल्ली, 13 मार्च, 2020

**का.आ. 1087(अ).**—केन्द्र सरकार, आवश्यक वस्तु अधिनियम, 1955 (1955 का 10) की धारा 2क की उप-धारा (2) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, मास्क (2 प्लाई एवं 3 प्लाई सर्जिकल मास्क, एन95 मास्क) और हैंड सैनिटाइजर के उत्पादन, गुणवत्ता, वितरण, लॉजिस्टिक्स (कोविड 19 प्रबंधन के लिए) को विनियमित करने के लिए निम्नलिखित आदेश बनाती है, अर्थात्:—

- (1) इस आदेश को आवश्यक वस्तु आदेश, 2020 कहा जाएगा।
- (2) यह शासकीय राजपत्र में इसके प्रकाशन की तारीख से प्रवृत्त होगा।
- आवश्यक वस्तु अधिनियम, 1955 में, अनुसूची में, क्रम संख्या (7) के पश्चात् निम्नलिखित मद को जोड़ा जाएगा, नामतः—  
“(8) मास्क (2 प्लाई एवं 3 प्लाई सर्जिकल मास्क, एन95 मास्क) और हैंड सैनिटाइजर”।
- यह अधिसूचना शासकीय राजपत्र में इसके प्रकाशन की तारीख से दिनांक 30 जून, 2020 की अवधि तक प्रवृत्त रहेगी।

[फा. सं. एस-26(1)/2020-ईसीआरएंडई]

अवधेश कुमार चौधरी, आर्थिक सलाहकार

**MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION****(Department of Consumer Affairs)****NOTIFICATION**

New Delhi, the 13th March, 2020

**S.O. 1087(E).**—In exercise of the powers conferred by sub-section (2) of section 2A, of the Essential Commodities Act, 1955 (10 of 1955), the Central Government, hereby makes the following Order, to regulate the production, quality, distribution, logistics of masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers (for COVID 19 management) namely :—

1. (1) This order may be called the Essential Commodities Order, 2020.  
(2) It shall come into force from the date of its publication in the Official Gazette.
2. In the Essential Commodities Act, 1955, in the Schedule, after serial No. (7), the following item shall be added, namely:—  
“(8) masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers”.
3. This Notification shall remain in force for a period up to 30<sup>th</sup> June, 2020 from the date of its publication in the Official Gazette.

[F. No. 26(1)/2020-ECR&amp;E]

A. K. CHOUDHARY, Economic Adviser

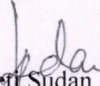
**EXHIBIT-C**

**F. No. Z.28015/23/2020-EMR  
Government of India  
Ministry of Health and Family Welfare**

**Nirman Bhawan, New Delhi  
Dated the 21<sup>st</sup> March, 2020**

**ORDER**

The guidelines laid down by Indian Council of Medical Research for COVID-19 testing in private laboratories in India (as annexed) is notified vide Clause (i) and (l) of sub-section 2 of Section 10 of DM Act, 2005, under the power delegated vide order F. NO. 40-2/2020-DM1 (A); dated 11<sup>th</sup> March, 2020 for strict follow up and compliance.

  
Preeti Sudan  
Secretary,  
Ministry of Health & Family Welfare  
Government of India

### **Guidelines for COVID-19 testing in private laboratories in India**

**The test to be conducted by a laboratory which has NABL accreditation for real-time PCR assay for RNA virus.**

#### **Whom to test:**

Laboratory test should only be offered when prescribed by a qualified physician as per the ICMR guidelines for COVID-19 testing. Since the guidance evolves periodically, the latest revised version should be followed (link below).

([https://icmr.nic.in/sites/default/files/upload\\_documents/2020-03-20\\_covid19\\_test\\_v3.pdf](https://icmr.nic.in/sites/default/files/upload_documents/2020-03-20_covid19_test_v3.pdf)) / [www.mohfw.gov.in](http://www.mohfw.gov.in).

#### **Sample collection and Testing guidelines:**

- Appropriate biosafety and biosecurity precautions should be ensured while collecting respiratory samples (oropharyngeal and nasal swab) from a suspect patient. Alternatively, a COVID-19 specific separate sample collection site may be created.
- Preferably, home collection of samples may be done by all the private laboratories. This will help avoid the contact of people with the suspect case during local travel to reach the laboratory.
- Only real time PCR based assays are recommended. Conventional PCR, in-house real time PCR and antibody/antigen tests are not recommended for COVID19 testing.
- Commercial kits for real time PCR based diagnosis of COVID-19 should be US FDA approved or European CE Certified or both for *in vitro* diagnosis of COVID-19 under emergency use, under intimation to DCGI, MoH&FW. Nucleic acid extraction kits and other reagents should be of standard quality.
- All the laboratory staff involved in COVID-19 testing should be appropriately trained in Good Laboratory Practices and performing real-time PCR.
- All the biomedical waste should be disposed off in accordance with National guidelines ([https://dhr.gov.in/sites/default/files/Bio-medical\\_Waste\\_Management\\_Rules\\_2016.pdf](https://dhr.gov.in/sites/default/files/Bio-medical_Waste_Management_Rules_2016.pdf)).
- The sample should be opened only in Biosafety Cabinet Class II A2. At the time of sample disposal, the Viral Transport Medium (VTM) with swabs should be discarded in a biohazard bag containing 2% Lyzol or 5% freshly prepared hypochlorite solution.

Bag should then be sealed using plastic tag and disposed of in accordance with the National guidelines.

- Government ID to support the current address and contact number of the suspect patient should be collected at the time of sample collection.

#### **Reporting protocols:**

- Before any laboratory (private or public) start their activities, they must ensure immediate/real time reporting of the test results along with the contact details to the ICMR HQ database accessible at <https://cvstatus.icmr.org.in>. Login credentials to each lab for uploading the data will be given by ICMR.
- Each laboratory will be given a registration number by ICMR. The registration number given by ICMR should be prominently exhibited in case any advertisement is made and also in the report.
- The access to specified data and analysis to stakeholders like IDSP, MoHFW will be provided through API for timely initiation of contact tracing and appropriate control measures.
- The request should be send at [aggarwal.n@icmr.gov.in](mailto:aggarwal.n@icmr.gov.in) indicating name, contact details and mobile number of nodal contact for the lab.

#### **Policy for sample storage and destruction:**

- All COVID19 positive samples will need to be transported to ICMR-NIV, Pune under suitable biosafety and biosecurity precautions as laid down by ICMR. The negative samples will be destroyed within one week of collection.
- No sample should be shared with any other organisation for any purpose.

#### **Cost of the test:**

The National Task Force recommends that the maximum cost for testing sample should not exceed Rs 4,500/-. This may include Rs 1,500 as a screening test for suspect cases, and an additional Rs 3,000/- for confirmation test. However, ICMR encourages free or subsidized testing in this hour of National public health emergency.

These guidelines may be amended from time to time.

EXHIBIT-D
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1

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) Diary No(s). 10816/2020

SHASHANK DEO SUDHI

Petitioner(s)

VERSUS

UNION OF INDIA &amp; ORS.

Respondent(s)

O R D E R

The Court convened through Video Conferencing.

This Court by order dated 03.04.2020 had directed the petitioner to serve a copy of the petition to learned Solicitor General of India.

Notice.

Two weeks time is allowed to respondents to file an affidavit in reply.

This writ petition under Article 32 of the Constitution of India filed as Public Interest Litigation seeks a direction to the respondents for ensuring to provide free of cost testing facility of COVID-19 (Coronavirus) by all testing Labs whether private or Government. The petitioner has also challenged the Advisory dated 17.03.2020 issued by Indian Council of Medical Research Department Health Research, insofar as it fixed Rs.4500 for screening and confirming COVID-19. The petitioner also prays that a direction be issued that all the tests relating to COVID-19 must be carried out

Signature Not Verified  
 Digitally signed by  
 ASHOK KUMAR  
 Date: 2020.04.06  
 18:21:38 IST  
 Reason: —

2

under NABL accredited Labs or any agencies approved by WHO or ICMR. Even before the COVID-19 was declared a pandemic by WHO on 11.03.2020, it had spread in several countries. As of now, more than 200 countries are suffering from this pandemic. The number of patients suffering from COVID-19 is rapidly increasing Worldwide with death toll rising rapidly. In our country, in spite of various measures taken by the Government of India and different State Government/Union Territory the number of patients and death caused by it is increasing day by day. Our country has a very large population.

The Indian Council of Medical Research Department of Health Research has notified the details of operative Government Laboratories and Private Laboratories to test COVID-19.

We find *prima facie* substance in the submission of petitioner that at this time of national calamity permitting private Labs to charge Rs.4500 for screening and confirmation test of COVID-19 may not be within means of a large part of population of this country and no person be deprived to undergo the COVID-19 test due to non-payment of capped amount of Rs.4500. It is submitted before us that insofar as Government Laboratories are concerned the COVID-19 test is conducted free of cost.

The private Hospitals including Laboratories have an important role to play in containing the scale of pandemic by extending

philanthropic services in the hour of national crisis. We thus are satisfied that the petitioner has made out a case for issuing a direction to the respondents to issue necessary direction to accredited private Labs to conduct free of cost COVID-19 test. The question as to whether the private Laboratories carrying free of cost COVID-19 tests are entitled for any reimbursement of expenses incurred shall be considered later on. We further are of the view that tests relating to COVID-19 must be carried out in NABL accredited Labs or any agencies approved by ICMR.

We, thus, issue following interim directions to the respondents:

(i) The tests relating to COVID-19 whether in approved Government Laboratories or approved private Laboratories shall be free of cost. The respondents shall issue necessary direction in this regard immediately.

(ii) Tests relating to COVID-19 must be carried out in NABL accredited Labs or any agencies approved by WHO or ICMR.

.....J.  
[ASHOK BHUSHAN]

.....J.  
[S. RAVINDRA BHAT]

NEW DELHI;  
APRIL 08, 2020

4

ITEM NO.8

VIRTUAL COURT

SECTION PIL-W

S U P R E M E C O U R T O F I N D I A  
RECORD OF PROCEEDINGS

WRIT PETITION (CIVIL) Diary No(s). 10816/2020

SHASHANK DEO SUDHI

Petitioner(s)

VERSUS

UNION OF INDIA &amp; ORS.

Respondent(s)

Date : 08-04-2020 This petition was called on for hearing today.

CORAM :

HON'BLE MR. JUSTICE ASHOK BHUSHAN  
HON'BLE MR. JUSTICE S. RAVINDRA BHAT

For Petitioner(s) Petitioner-in-person

For Respondent(s) Mr. Tushar Mehta, SG

UPON hearing the counsel the Court made the following

O R D E R

The Court convened through Video Conferencing.

Issue notice.

Two weeks time is allowed to respondents to file an affidavit in reply.

The Court issued the following interim directions to the respondents, in terms of the signed order:

(i) The tests relating to COVID-19 whether in approved Government Laboratories or approved private Laboratories shall be free of cost. The respondents shall issue necessary direction in this regard immediately.

(ii) Tests relating to COVID-19 must be carried out in NABL accredited Labs or any agencies approved by WHO or ICMR.

(ANITA RANI AHUJA)  
COURT MASTER

(ASHA SUNDRIYAL)  
ASTT. REGISTRAR-cum-PS

[Signed order is placed on the file]

EXHIBIT-E
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**Ministry of Health & Family Welfare  
National Health Authority  
Government of India  
Press Release**

**Testing and treatment of COVID -19 now available for free under Ayushman Bharat  
Pradhan Mantri Jan Arogya Yojana**

**New Delhi, April 4, 2020:** To strengthen the country's response to COVID -19 pandemic, the Government of India has decided to make the testing and treatment for COVID-19 available under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PM JAY). The testing and treatment of COVID -19 is already available for free in the public facilities. Now, more than 50 crore citizens, eligible under the Government of India's health assurance scheme will be able to avail free testing through private labs and treatment for COVID -19 in empaneled hospitals.

The empaneled hospitals can use their own authorized testing facilities or tie up with an authorized testing facility. These tests would be carried out as per the protocol set by Indian Council for Medical Research (ICMR) and by private labs approved/registered by ICMR. Similarly, treatment of COVID-19 by private hospitals will be covered under AB-PMJAY.

**Dr. Harsh Vardhan, Union Minister of Health and Family Welfare said, "In this unprecedented crisis we have to very actively involve the private sector as a key partner and stakeholder in the fight against COVID-19. Making testing and treatment available under Ayushman Bharat PM-JAY will significantly expand our capacities by including private sector hospitals and labs and mitigate the adverse impact of this catastrophic illness on the poor."**

This decision comes with the objective to increase the supply of testing and treatment facilities and increase access to them by roping in the private sector through AB-PM JAY scheme. As per the ICMR guidelines for COVID-19 testing by private laboratories in India, the test is to be conducted by laboratory which has NABL accreditation for real time PCR assay for RNA virus. Laboratory test should be only offered when prescribed by a qualified physician for COVID-19 testing.

This decision will also help attract more private sector players for providing testing and treatment for COVID-19. Active private sector involvement will be critical in case there is a surge in the number of COVID-19 patient that need care. States are in the process of enlisting private sector hospitals that can be converted in to COVID-19 ONLY hospitals.

Information on symptoms, testing and treatment for COVID-19 can be accessed from the website of the MoHFW and by calling the national COVID-19 helpline 1075.

**About Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):**

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PM JAY) is the flagship scheme of Government of India that provides a cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization to over 10.74 Crore poor and vulnerable families (about 53 crore beneficiaries). AB-PM JAY provides cashless and paperless access to services for the beneficiaries at the point of service. Under this scheme there are 1,578 health benefit packages with defined rates. Over 20,000 public and private hospitals have been empaneled across the country to provide inpatient services to the beneficiaries. Since its launch in September 2018,

more than 95 lakh hospital treatments worth nearly Rs. 13,000 Cr have been provided under the scheme. More than 12 crore e-cards have been issued across the 32 States and UTs implementing the scheme.

**About: National Health Authority (NHA):**

The National Health Authority (NHA) is the apex agency of the Government of India responsible for the design, roll-out, implementation and management of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PM JAY) across the country. NHA functions as an attached office of the Ministry of Health and Family Welfare and is governed by a Governing board chaired by the Union Minister of Health & Family welfare and has 11 members. Inter-alia, its functions include formulation of PM JAY policies, development of operational guidelines, implementation mechanisms, coordination with state governments, monitoring and oversight, among others.

## EXHIBIT-F








The Expert Series on COVID-19 - [Download PDF](#)

NEWS > NATIONAL

## NATIONAL

# Coronavirus | Can private hospitals treat all at Ayushman Bharat rate, asks Supreme Court

**Krishnadas Rajagopal**

NEW DELHI, JUNE 05, 2020 16:30 IST

UPDATED: JUNE 06, 2020 01:06 IST

**Scheme cannot cover every strata of society, says Solicitor General**



The Supreme Court on Friday asked the government to respond to whether COVID-19 patients, who are not beneficiaries under the Ayushman Bharat scheme, can be treated in private hospitals at the same subsidised rates offered under the scheme.



Coronavirus | Can private hospitals

15

The Expert Series on COVID-19 - [Download PDF](#)

A Bench led by Chief Justice of India (CJI) Sharad A. Bobde heard petitioner-advocate Sachin Jain argue that COVID-19 treatment costs only ₹4000 for an Ayushman Bharat beneficiary in a private hospital, while others have to shell out a minimum of ₹50,000 for treatment in the same hospital.

Solicitor General Tushar Mehta argued that the Ayushman Bharat scheme was meant for an identifiable category drawn from the poorest of the poor sections of society. The scheme cannot cover every strata of society.

Mr. Mehta said it was untrue to say that the government was “supporting” corporate hospitals. “The government is doing its best to support the poor”, he submitted.



Coronavirus | Can private hospitals

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The Expert Series on COVID-19 - [Download PDF](#)

Senior advocates Harish Salve and Mukul Rohatgi, for hospitals’ associations, countered that their revenue was already down by 60 to 70%.

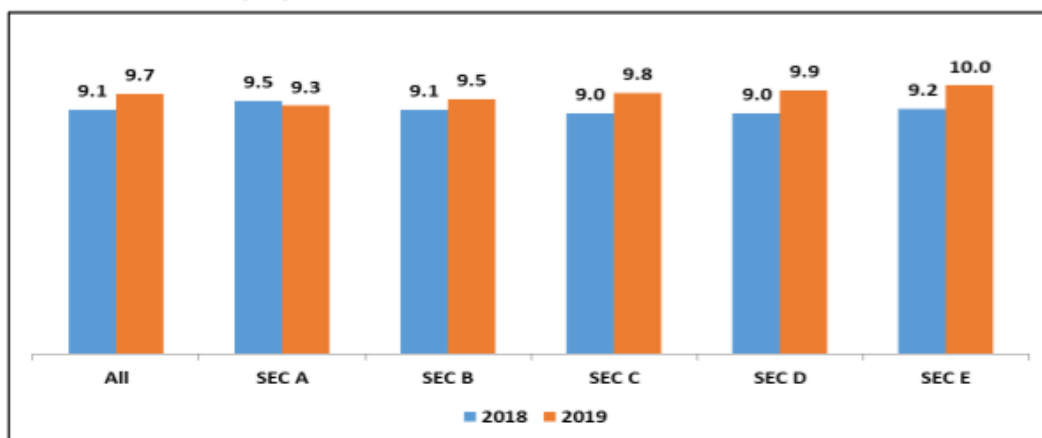
Mr. Salve submitted, “We also have Ayushman Bharat patients. There are other patients covered by their private insurance. What Mr. Jain wants is insurance companies should also be covered by Ayushman Bharat”.

Mr. Rohatgi said “nobody is coming to a hospital now unless it is an emergency operation”. The court asked the government to file its response in two weeks on the question of extending relief under Ayushman Bharat.

## EXHIBIT-G



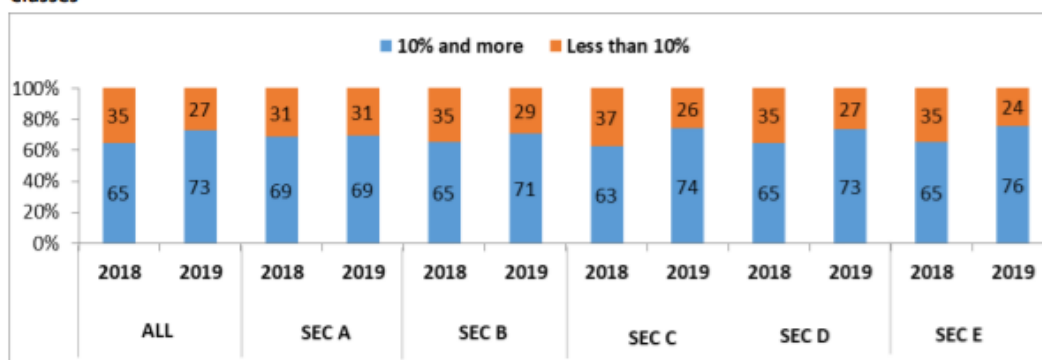
**Figure 9: Estimated average percentage of Annual Family Income spent on hospital/medical costs across Socio-Economic Classes (SEC)<sup>34</sup>**



**Inference:**

- Estimated annual income spent on hospital/medical costs was 9.7% across all SECs in 2019.
- The percentage of income spent on health services is shown not to vary across socio-economic classes, however the burden of accessing health services is much higher towards the lower SECs and the impact of subsidised services is not evident.

**Figure 10: Estimated percentage of Annual Family Income spent on medical costs across Socio-Economic Classes**

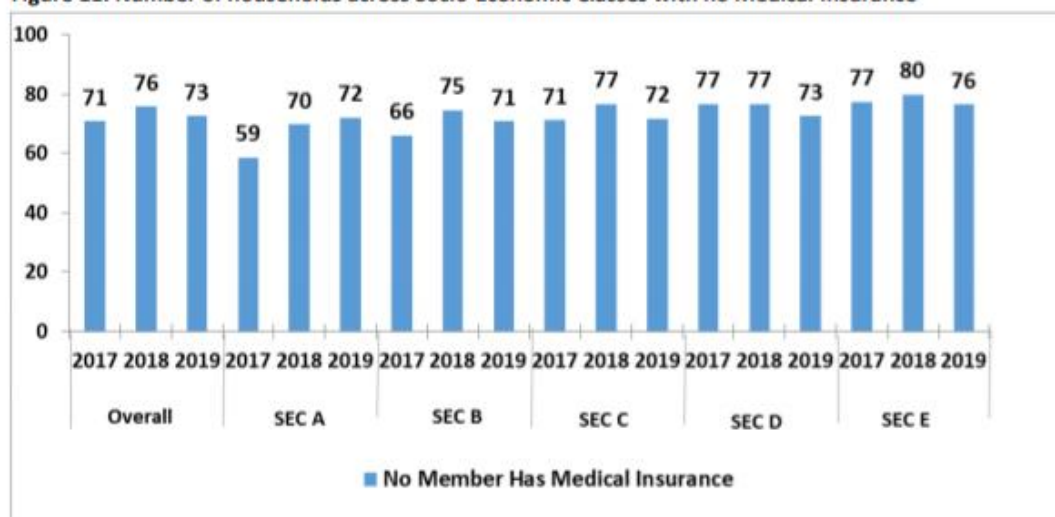


**Inference:**

A majority of households (73%) spent 10% or more of their income on health services, across socio-economic categories.

<sup>34</sup> Refer Annexure 4 for Socio-Economic Classification

**Figure 11: Number of households across Socio-Economic Classes with no Medical Insurance**



**Inference:**

In 72% of households in SEC A and 76% of households in SEC E, no member has medical insurance. This is an appalling number, given that the government has been shifting its focus from a supply driven health service to demand driven insurance based health subsidies.

**Table 22: Percentage of households with public and private insurance SEC wise in 2019**

Insurance	SEC A	SEC B	SEC C	SEC D	SEC E	Overall
Public	27.6%	22.3%	20.9%	20.1%	34.2%	25.4%
Private	60.4%	65.0%	64.9%	57.0%	44.2%	58.3%
Both	12.0%	12.7%	14.2%	22.9%	21.6%	16.2%

**Inference:**

Of the 27% respondents who had insurance schemes, 58% had availed of private insurance schemes, even in SEC D and SEC E, majority respondents had private insurance showing that public insurance schemes have not been accessed even by the lower SECs.

Table 23: Awareness, enrollment and availing of government insurance schemes SEC wise in 2019

Name of Government Insurance Scheme	SEC A	SEC B	SEC C	SEC D	SEC E	Overall
<b>Whether Aware of Any Government Health Insurance Scheme</b>						
No	71%	74%	73%	72%	74%	73%
Yes	29%	26%	27%	28%	26%	27%
<b>Out of those aware of any scheme, % of respondents' Scheme Wise Awareness</b>						
Mahatma Jyotiba Phule Jan Aarogya Yojana	51%	43%	44%	48%	46%	46%
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	80%	78%	83%	75%	75%	78%
Rashtriya Shwasthya Bima Yojana [RSBY]	50%	47%	42%	47%	43%	45%
Others	10%	8%	7%	8%	7%	8%
<b>Of those aware of the scheme, % of respondents enrolled in the scheme</b>						
Mahatma Jyotiba Phule Jan Aarogya Yojana	56%	53%	45%	39%	49%	47%
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	43%	33%	30%	36%	36%	35%
Rashtriya Shwasthya Bima Yojana [RSBY]	42%	38%	35%	26%	42%	35%
Others	52%	42%	32%	55%	26%	43%
<b>Of those who enrolled in the scheme, % of respondents who availed the scheme</b>						
Mahatma Jyotiba Phule Jan Aarogya Yojana	54%	53%	51%	50%	55%	53%
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	26%	21%	18%	29%	14%	22%
Rashtriya Shwasthya Bima Yojana [RSBY]	46%	41%	29%	56%	37%	41%
Others	76%	71%	58%	66%	100%	71%

**Inference:**

- 73% of respondents on an average were not aware of any government scheme for health insurance, and there is not much variation from the average SEC wise.
- Of the 27% who were aware of any government health insurance scheme, 46% were aware of Mahatma Jyotiba Phule Jan Aarogya Yojana, 78% knew of Ayushman Bharat Scheme, and 45% were aware of Rashtriya Shwasthya Bima Yojana.
- Of the respondents who were aware of the scheme, 47% have enrolled in Mahatma Jyotiba Phule Jan Aarogya Yojana of which 53% have availed of the insurance. Similarly, 35% have enrolled for Rashtriya Shwasthya Bima Yojana of which 41% have availed of the insurance.
- Of the newly launched Ayushman Bharat Scheme, out of the respondents who were aware of the scheme, 35% had enrolled of which 22% had availed the scheme.



**Table 24: Ward wise access to insurance compared with health expenses and type of service accessed.**

Ward	% households where no member has insurance	% of annual family income spent on health	Type of health facilities accessed by the population		
			% accessing public hospitals/dispensaries	% accessing private hospitals/dispensaries	% accessing both private and govt. hospitals/dispensaries
A	71%	10%	36%	64%	0%
B	79%	9%	60%	40%	0%
C	78%	11%	72%	24%	4%
D	63%	9%	38%	62%	0%
E	76%	8%	64%	36%	0%
F/N	75%	11%	40%	59%	1%
F/S	77%	12%	64%	36%	0%
G/N	78%	10%	53%	47%	0%
G/S	72%	7%	57%	43%	0%
H/E	71%	10%	53%	45%	2%
H/W	80%	9%	57%	44%	0%
K/E	76%	10%	45%	55%	0%
K/W	78%	10%	55%	44%	0%
L	75%	11%	60%	40%	0%
M/E	77%	11%	57%	43%	0%
M/W	76%	10%	37%	63%	0%
N	71%	11%	46%	54%	0%
P/N	77%	8%	26%	71%	3%
P/S	73%	10%	46%	54%	0%
R/C	54%	9%	43%	53%	4%
R/N	39%	10%	55%	44%	1%
R/S	71%	9%	61%	39%	0%
S	78%	11%	38%	62%	0%
T	73%	11%	40%	58%	2%

**Inference:**

The percentage of annual family income spent on accessing health services is highest (12%) among the population residing in F/S (Parel) ward and 77% of its population does not have health insurance.

<b>EXHIBIT-H</b>
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**NOTIFICATION**

**No. CORONA-2020/C.R.97/Aro-5**  
 Public Health Department  
 G.T. Hospital Compound, 10<sup>th</sup> Floor,  
 New Mantralaya, Mumbai 400 001  
**Dated - 21<sup>th</sup> May, 2020**

**References:**

1. The Epidemic Diseases Act, 1897
2. The Disaster Management Act, 2005
3. The Maharashtra Essential service Maintenance (Amendment) Act, 2011
4. The Maharashtra Nursing Home (Amendment) Act 2006
5. Bombay Public Trusts Act, 1950 (for short 'B.P.T. Act' )
6. Public Health Department Notification No. CORONA-2020/C.R.97/Aro-5  
Dated 30 April, 2020

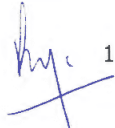
Whereas the State Government is satisfied that the State of Maharashtra is threatened with the spread of Covid-19 epidemic, already declared as a pandemic by World Health Organization;

Whereas the public Charitable Trusts registered under the provisions of the Bombay Public Trusts Act, 1950 (for short 'B. P. T. Act') which are running Charitable Hospitals, including nursing homes or maternity homes, dispensaries or any other center for medical relief and whose annual expenditure exceeds Rs. 5 Lacs are "State aided public trust" within the meaning of clause 4 of section 41AA;

Whereas The public Charitable Trust covered by aforesaid paragraph are under legal obligation to reserve and earmark 10% of the total number of operational beds for indigent patients and provide medical treatment to the indigent patients free of cost and reserve and earmark 10% of the total number of operational beds at concessional rate to the weaker section patients as per the provisions of section 41AA of the B.P.T. Act;

Whereas a large number of persons including those affected by Covid-19 are in need of treatment and various Hospitals, Nursing Homes, Dispensaries (hereinafter referred as Healthcare Providers) registered under Bombay Nursing Home (Amendment) Act, 2006 are treating such patients;

Whereas many Healthcare Providers in Mumbai, Thane, Navi Mumbai, Panvel and Pune have specific agreements/ understanding with General Insurance Public Sector Associations (GIPSA) as a member of Preferred Private Network

 1 | Page

(PPN) regarding rates of various treatment packages and some Healthcare Providers in Mumbai are not part of GIPSA- PPN;

Whereas many Healthcare Providers situated in State of Maharashtra are not part of GIPSA- PPN and have their own specific agreements/ understanding with various Third Party Administrators (TPA) regarding rates of various treatment packages and each Healthcare Provider may have different rates for same treatment packages among various TPAs operating in that Healthcare Provider;

Whereas some hospitals in the State of Maharashtra are neither part of GIPSA-PPN nor having agreements/ understanding with any TPA;

Whereas expenses towards treatment of persons insured for IRDA approved healthcare products treated in GIPSA-PPN or network of hospitals empanelled by various TPAs at specific package rates agreed by them are borne by the insurer. However the persons who are not covered by any health insurance product or who have exhausted their health insurance cover are being charged exorbitantly causing hardship to public in general during the pandemic situation;

Whereas large number grievances regarding exorbitant amount of money being charged by the Healthcare Providers registered under Bombay Nursing Home (Amendment) Act, 2006 causing hardship to the public in general during the COVID-19 pandemic are received;

Whereas section 2 (a) (iii) of the Maharashtra Essential Services Maintenance Act, 2005 defines any service connected with the maintenance of Public Health and Sanitation including hospitals and Dispensaries as Essential Service;

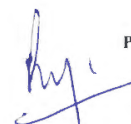
Hence, Now Government of Maharashtra has decided to amend the notification No. CORONA-2020/C.R.97/Aro-5 Dated 30 April, 2020 and issue the addendum and modification to the extent mentioned below:

Therefore, in exercise of the powers conferred as per the enabling provisions of all the above referred Acts, to redress the grievances regarding exorbitant amount of money charged by Healthcare Providers **from the patients who are not covered by any health insurance product or any bilateral agreement / MOU between any hospital and private corporate group and who have exhausted their such health insurance cover**, all the Healthcare Providers functioning in the State of Maharashtra are hereby **directed** that:

- 1) The Charitable Trusts registered under the provisions of the B.P.T. Act which are running Charitable Hospitals, including nursing home or maternity home, dispensaries or any other center for medical relief shall make all


possible efforts to discharge their obligations as per provisions of section 41AA of the B.P.T. Act before applying any charges to any eligible patient.

- 2) Healthcare providers shall make all attempts to increase their bed capacity [subject to norms prescribed in The Maharashtra Nursing Home (Amendment) Act 2006] to accommodate maximum number of patients. 80% of total operational bed capacity (excluding beds of PICU, NICU, day care, maintenance hemodialysis) will be regulated by rates prescribed below. This applies to both Isolation and Non Isolation beds. That means 80% of Isolation beds available with any Healthcare provider under this notification should be regulated by State Govt./District Collectors/Municipal Commissioners and so also the 80% of Non Isolation beds. Healthcare Providers may charge their rack rates to the remaining 20% beds.
- 3) Patients belonging to both categories (80% and 20%) can take treatment in NICU, PICU, daycare and hemodialysis at the respective applicable rates on first come first serve basis.
- 4) For Covid Patients treated at any of the Hospitals/Nursing homes/Clinics covered under this notification across Maharashtra, rates shall not be more than rates prescribed in Annexure-C. For non-Covid patients rates will be as per Annexure-A read with Annexure-B (if applicable).
- 5) There shall be no difference in the quality of treatment being meted out to patients treated against 80% beds (regulated beds) or 20% beds.
- 6) The Healthcare Providers situated in Mumbai, Pune, Navi Mumbai, Panvel, Thane having agreements/ understanding as member of GIPSA-PPN are prohibited from charging more amount than that applicable to lowest bed category irrespective of availability of bed in the lowest category agreed in their respective GIPSA-PPN agreement/ understanding.
- 7) Many Healthcare Providers are not a part of GIPSA-PPN and have agreements/ understandings with various Third Party Administrators (TPAs) pertaining to package rates for different treatments. Such Healthcare Providers having different package rates for similar treatment with different TPAs shall provide the treatment at lowest package rate prevailing among different TPAs in its facility.
- 8) Healthcare providers who are not a part of GIPSA-PPN or who do not have any agreement with TPA will not charge more than the rates prescribed in Annexure-A read with Annexure-B as per location and bed strength. These rates shall be different depending upon location of the hospitals (Districts) and number of operational beds. The maximum rates are prescribed as per Annexure-A. The applicable rates for particular hospital depending on its



location and bed capacity are as per Annexure-B. Illustration I- For a particular package Hospitals with more than 100 beds in Mumbai, Mumbai Suburban, Thane, Palghar shall not charge more than 100% of the rate prescribed in Annexure A. However Hospitals with more than 100 bed capacity in Pune shall not charge more than 85% of the rate prescribed in Annexure A. Illustration II- For a particular package Hospitals in Pune with 99 to 50 bed capacity shall not charge more than 76.5% of the package rate while Hospitals in Pune city with less than 49 bed capacity shall not charge more than 68% of the prescribed package rate as per Annexure-A.

- 9) Items/Services including Intraocular Lenses (IOL), pacemaker, Ortho prosthesis, stents, staplers, Guide-wire Catheter, balloon, medical implants, PPE kit etc. which are not part of GIPSA-PPN or TPA package rates, shall not be charged more than 10 percent markup on Net Procurement cost incurred. If any of the items mentioned here are used for more than one patient then the prescribed cost may be divided among such patients.
- 10) The Healthcare Providers shall display at a prominent place number of permitted beds [permitted as per The Maharashtra Nursing Home (Amendment) Act 2006], operational beds status of availability of beds as per section 41AA of the B.P.T. Act, 80:20 division of beds i.e. numbers of beds regulated under this notification against which patients as referred by respective District Collectors and Municipal Commissioner would be admitted as well as number of unregulated beds and status of occupancy against all beds in regulated (80%) and non-regulated (20%) category.
- 11) Healthcare Providers shall display at prominent place the details of rates applicable as per this notification. It is the duty of the concerned Healthcare Provider to explain to the patient/ relatives of the patient details of all types of charges. The Healthcare Provider shall provide this information to Competent Authorities (respective Municipal Commissioner/ District Collector) at a frequency prescribed by them. Municipal Commissioners and District Collectors are advised to develop an online digital platform to update and disseminate occupancy position of beds in various categories.
- 12) The package rate fixed in this Notification for charging patients is inclusive of Doctors' fees & the Healthcare Provider concerned has the right to call such of its visiting Doctors to render the required services & pay such amount as it decides for the said services out of the package amount so charged. Any denial by the doctors will attract penal action under various Statutes referred to in this Notification including cancellation of MMC Registration.

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- 13) Nursing and other support staff working in the Healthcare Provider shall give full support and extend wholehearted cooperation for the smooth functioning of the Healthcare Provider which comes under Maharashtra Essential Services Maintenance Act, 2005. Any group or union activities against the smooth function of the Healthcare Provider will attract penal provisions under the said Act.
- 14) Healthcare providers may levy additional charges of not more than five percent (5%) on total bill excluding items mentioned in direction 9 above.
- 15) The rates prescribed at Annexure A are available for non-Covid patients. For Covid patients rates prescribed as per annexure C shall be applicable. The rates in Annexure-C shall apply to Covid positive or suspected Covid positive patients referred by competent authorities against regulated beds (80% of total Isolation beds) in each of the healthcare provider.

Therefore for implementation of the above provisions, the competent authority at the State level shall be the Chief Executive Officer, State Health Assurance Society, Public Health Department, The competent authority at District Level (for areas excluding Municipal Corporations) shall be District Collector and in Municipal Corporation areas the concerned Municipal Commissioner shall be competent authority to take appropriate action as provided in The Epidemic Diseases Act, 1897, The Disaster Management Act, 2005, The Maharashtra Essential Service Maintenance (Amendment) Act 2011, The Mumbai Nursing Home (Amendment) Act 2006, The Bombay Nursing Home Registration (Amendment) Act, 2006 and The Bombay Public Trusts Act, 1950 for any violation of these directions.

This notification shall come in effect immediately and would remain in operation till 31<sup>st</sup> August, 2020.

By order and in the name of Governor of Maharashtra,

  
( Dr. Pradeep Vyas )

Principal Secretary to Government

1. Principal Secretary to Hon'ble Governor, Rajbhavan, Mumbai
2. Principal Secretary to Hon'ble Chief Minister, Mantralaya, Mumbai
3. Principal Secretary to Hon'ble Deputy Chief Minister, Mantralaya, Mumbai

4. Hon'ble Minister (Health & Family Welfare), Mantralaya, Mumbai
5. Hon'ble Minister of State (Health & Family Welfare), Mantralaya, Mumbai
6. Chief Secretary, Mantralaya, Mumbai
7. Additional Chief Secretary/ Principal Secretary/ Secretary (All),  
Mantralaya, Mumbai
8. Secretary, Maharashtra Legislature Secretariat, Vidhan Bhavan, Mumbai
9. Commissioner (Health Services) & Mission Director, NHM, Mumbai
10. Charity Commissioner, M.S. Mumbai
11. Chief Executive Officer, State Health Assurance Society, Worli, Mumbai
12. All Divisional Commissioners
13. All District Collectors
14. All Municipal Commissioners
15. All Chief Executive Officers, Zilla Parishad
16. Director, Health Services- I/II, Mumbai/Pune
17. Additional Director, Health Services (All)
18. Joint Director, Health Services (All)
19. Deputy Directors, Health Services (All)
20. Civil Surgeons (All)
21. District Health Officers (All)
22. District Malaria Officers (All)
23. Deputy Secretary to Chief Secretary, Mantralaya, Mumbai
24. All Joint / Deputy Secretary, Public Health Department
25. PA to Principal Secretary, Public Health Department
26. All Section Officers, Public Health Department
27. Select File: Aarogy-5



**ANNEXURE – A**

<b>Schedule of Rates Applicable for Hospitals Which are Not Part of GIPSA PPN Situated in Mumbai</b>				
<b>L1</b>	<b>Doctor's fee, OT charges, Anasthetic Charges, Drugs, Investigations, Professional charges, Room rents, Nursing &amp; administrative charges</b>			
<b>L2</b>	<b>IOL,Pacemaker, Ortho prosthesis, Stents, staplers,Guidewire Catheter,Baloon</b>			
<b>L3</b>	<b>Assays, high end hormonal studies, SPECT, A scans,etc.</b>			
<b>L4</b>	<b>Laproscopy/abdominal/vaginal/laser etc</b>			
		<b>INCLUSIONS</b>	<b>EXCLUSIONS</b>	<b>GEN</b>
<b>CARDIOLOGY</b>				
Angiography, includes cost of the dye(Excluding ,Guidewire ,Catheter)		L1,L2,L3,L4		12,000
Angioplasty(Excluding Baloon , Guidewire, Catheter)		L1,L2,L3,L4	L2 (Additional stent)	1,20,000
Angiography with Angioplasty(Excluding Baloon ,Guidewire ,Catheter)		L1,L3,L4	L2	1,26,000
CABG		L1,L3,L4		3,23,640
Valve Replacement		L1,L2,L3,L4	L2 (Additional valve)	3,23,640
Temporary Pacemaker Implantation		L1,L3,L4	L2	31,320
Permanent Pacemaker Implantation		L1,L3,L4	L2	1,38,121
DVR-Double Valve Replacement		L1,L3,L4	L2	3,71,768
EPS and RFA		L1,L3,L4	L2	78,300
<b>ENT</b>				
Tonsillectomy/Adenoidectomy (Laser and Coblation)		L1,L2,L3,L4		62,100
Adenotonsillectomy	4500 extra for Coblation	L1,L2,L3,L4		90,977
Tympanoplasty		L1,L2,L3,L4		81,869
Mastoidectomy		L1,L2,L3,L4		1,11,309

Mastoidectomy & Tympanoplasty	L1,L2,L3,L4		1,54,629
FESS WITH SEPTOPLASTY & turbinectomy or polypectomy/conchoplasty- unilateral	L1,L2,L3,L4		1,02,047
FESS WITH SEPTOPLASTY & turbinectomy or polypectomy or conchoplasty- bilateral	L1,L2,L3,L4		1,40,448
Cortical Mastoidectomy with myringoplasty	L1,L2,L3,L4		1,13,022
peritonsillar abscess drainage ( day care)	L1,L2,L3,L4		48,956
Microalaryngeal surgeries for cysts and polyps	L1,L2,L3,L4		1,11,056
Myringotomy with grommet insertion	L1,L2,L3,L4		43,677
GENERAL SURGERY			
haemorrhoidectomy (stapler/tackers Excluded)	L1,L3,L4	<u>L2</u>	56,862
haemorrhoidectomy + fissurectomy (stapler / tackers Excluded)	L1,,L3,L4	<u>L2</u>	78,870
fissurectomy and fissure dilatation	L1,L2,L3,L4		55,493
high end fistulectomy	L1,L2,L3,L4		68,234
low end fistulectomy	L1,L2,L3,L4		68,234
appendectomy -LAP	L1,L2,L3,L4		92,559
appendectomy -Open	L1,L2,L3,L4		78,675
Cholecystectomy (LAP)	L1,L2,L3		92,559
Cholecystectomy (open)	L1,L2,L3,L4		78,675
Excision of pilonidal sinus with FLAP COVER	L1,L2,L3		50,228
Excision of pilonidal sinus with primary closure	L1,L2,L3,L4		51,071
mastectomy(simple) without fs	L1,L2,L3,L4		87,188
mastectomy(radical) or Modified Radical Mastectomy with fs	L1,L2,L3,L4		145948
thyroidectomy (Total/Subtotal/Enucleation/ Partial/ Lingual/Isthmectomy	L1,L2,L3,L4		180168
inguinal/ femoral hernioplasty-unilateral ( mesh included)(Mesh Cost-7000 included )	L1,L2,L3,L4		92,559
inguinal/ femoral hernioplasty-bilateral (mesh included) (Mesh Cost -7000 included )	L1,L2,L3		106,142
umbilicalhernioplasty (mesh included) (Mesh Cost -7000 included )	L1,L2,L3		91,506
incisional hernioplasty (mesh and tackers included).if size of defect is large mesh to be paid as per actual defect size with justification (Mesh Cost -7000 included )	L1,L2,L3		88,979
Circumcision ( day care)	L1,L2,L3		36,013
perianal abscess	L1,L2,L3,L4		55,493

breast lumpectomy	L1,L2,L3,L4		78,659
AV fistula ( day care)	L1,L2,L3,L4		60,548
hydrocele	L1,L2,L3,L4		43,805
right or left hemi colectomy	L1,L2,L3,L4		2,47,455
resection and anastomosis of small intestine (single )	L1,L2,L3,L4		159845
<b>Note: All General Surgeries with or without adhenolysis are within same package. For Exploratory Laprotomy procedure only, Rs. 7000 can be fixed. For Hernia, laproscopic surgeries 20% extra than hernia open surgeries can be given.</b>			
<b>OBSTETRICS &amp; GYNE</b>			
Normal delivery (with well baby care)	L1,L2,L3,L4		75000
LSCS ( with well baby care)	L1,L2,L3,L4		86250
LAVH	L1,L2,L3,L4		1,17,783
TAH + BSO + ADHESIOLYSIS ( LAP)	L1,L2,L3,L4		1,17,783
TAH + BSO + ADHESIOLYSIS ( OPEN )	L1,L2,L3,L4		1,06,005
Hysterectomy with Pelvic Floor Repair (PFR)	L1,L2,L3,L4		1,35,999
Instrumental delivery (including well baby care)	L1,L2,L3,L4		86,250
ovarian cystectomy Lap	L1,L2,L3,L4		89,010
ovarian cystectomy Open	L1,L2,L3,L4		89,010
dilatation and curettage ( D & C ) ( DAY CARE)	L1,L2,L3,L4		35,397
Vaginal vault prolapse repair	L1,L2,L3,L4		1,17,783
Myomectomy (Lap /Open)	L1,L2,L3,L4		99,567
<b>OPHTHALMOLOGY</b>			
cataract ( Excluding lens)-Phaco	L1,L3,L4	L2	25,000
cataract ( Excluding lens)-MICS with unifocal lens	L1,L3,L4	L2	25,000
Vitrectomy (SIMPLE)	L1,L2,L3,L4		42,000
Vitrectomy with gas temponade	L1,L2,L3,L4		42,000
Vitrectomy with silicone temponade	L1,L2,L3,L4		77,000
Vitrectomy -membrane peeling-endolaser-gas/silicone tamponade	L1,L2,L3,L4		77,000
Vitrectomy (sutureless) +membrane peeling-endolaser-gas/silicone tamponade	L1,L2,L3,L4		77,000

Trabeculectomy with MMC / 5Fluorouracil	L1,L2,L3,L4		33,000
Trabeculectomy with ologen	L1,L2,L3,L4		33,000
Retinal Detachment-scleral buckling	L1,L2,L3,L4		66,000
C3R-Corneal Collagen Cross Linking with Riboflavin	L1,L2,L3,L4		38,000
<b>ORTHOPAEDICS</b>			
total knee replacement- unilateral	L1,L3,L4	L2	160,000
total knee replacement- bilateral	L1,L3,L4	L2	240000
hip replacement unilateral (Unipolar)	L1,L3,L4	L2	181,953
hip replacement bilateral (Bipolar)	L1,L3,L4	L2	272930
fracture neck femur	L1,L3,L4	L2	172,328
Hemiarthroplasty	L1,L3,L4	L2	191,268
femur shaft fracture-proximal /middle/distal	L1,L3,L4	L2	173,259
tibia fracture proximal Unicondylar/middle/distal-ORIF/ ORIF	L1,L3,L4	L2	159,080
tibia fracture proximal Bicondylar-ORIF/ ORIF	L1,L3,L4	L2	165,600
ankle fracture-ORIF/ORIF with screws/TBW	L1,L3,L4	L2	134,550
arthrodesis - wrist/ankle subtalar	L1,L3,L4	L2	134,550
Hand or Foot fractures -with plates or screws	L1,L3,L4	L2	143,658
calcaneal fracture - with plates	L1,L3,L4	L2	143,658
Open Reduction and Internal Fixation of shoulder / humerus	L1,L3,L4	L2	195,305
Open Reduction and Internal Fixation of elbow	L1,L3,L4	L2	172,328
Open Reduction and Internal Fixation - fracture of both bones forearm	L1,L3,L4	L2	172,328
Open Reduction and Internal Fixation - fracture of single bone forearm/wrist	L1,L3,L4	L2	172,328
scaphoid fracture fixation	L1,L3,L4	L2	119,646
Arthroscopic debridement and Sinovectomy	L1,L3,L4	L2	118,197
shoulder-arthroscopy bankart repair	L1,L3,L4	L2	117,783
shoulder-arthroscopy / open- sub acromial decompression	L1,L3,L4	L2	164,669
ACL reconstruction /repair	L1,L3,L4	L2	97097
MCL reconstruction/repair	L1,L3,L4	L2	97097
ACL & PCL reconstruction /repair	L1,L3,L4	L2	147180
Laminectomy/disectomy	L1,L3,L4	L2	178227
stabilization of cervical spine	L1,L3,L4	L2	213521
thoraco / lumbar global fixation/bone graft	L1,L3,L4	L2	144,383
thoraco / lumbar - anterior interbody fixation/bone graft	L1,L3,L4	L2	144,383
carpal tunnel release- unilateral	L1,L2,L3,L4		58,740

carpel tunnel release- bilateral	L1,L2,L3,L4		75,452
close reduction of fractures / dislocations ( day care)	L1,L2,L3,L4		79,488
implant removal of small bones	L1,L2,L3,L4		56,822
implant removal of large bones	L1,L2,L3,L4		74,520
implant removal of spine	L1,L2,L3,L4		87,561
bone grafting for non union of small bones	L1,L3,L4	L2	108,261
bone grafting for non union of large bones	L1,L3,L4	L2	127,305
Acetabular fracture fixation	L1,L3,L4	L2	200,480
pelvis fracture- external fixation	L1,L3,L4	L2	195,098
reduction of dislocation in GA	L1,L2,L3,L4		69,863
Amputation of Digit -single	L1,L2,L3,L4		55,890
Amputation of Digit -multiple	L1,L2,L3,L4		95,220
Amputation above elbow/ knee	L1,L2,L3,L4		182,885
Amputation below elbow/ knee	L1,L2,L3,L4		150,075
Small Wound Debridement (Day Care)	L1,L2,L3,L4		68,000
Large Wound Debridement	L1,L2,L3,L4		82,386
Tendon Repair /Multiple	L1,L2,L3,L4		92,219
Tendon reconstrucation	L1,L2,L3,L4		113,022
UROLOGY AND NEPHROLOGY			
PCNL -unilateral	L1,L2,L3,L4		129,272
PCNL bilateral	L1,L2,L3,L4		158,873
prostate removal- TURP	L1,L2,L3		121,209
prostate removal- OPEN	L1,L2,L3		133,330
prostat removal- HOLMIUM/DIODE	L1,L3,L4	L2	129,375
meatotomy ( day care)	L1,L2,L3,L4		35,294
dialysis (all inclusive, Day Care)	L1,L2,L3,L4		2,500
renal transplant surgery (all inclusive, except organ)	L1,L2,L3,L4		NA
DJ stent removal (day care)	L1,L2,L3,L4		36,225
cystoscopy (therapeutic)	L1,L2,L3,L4		60,548
cystoscopy urs with DJ stenting unilateral	L1,L2,L3,L4		70,000
nephrectomy Open	L1,L2,L3,L4		145,418
nephrectomy Lap	L1,L2,L3,L4		167,230
nephrolithotomy / pyelolithotomy	L1,L2,L3,L4		134,964
orchidectomy-unilateral	L1,L2,L3,L4		68,000
orchidectomy-bilateral	L1,L2,L3,L4		92,840
ESWL-Extra Corporeal Shock wave lithotripsy ( day care )	L1,L2,L3,L4		33,327

URS /Theapeutic	L1,L2,L3,L4		61893
<b>NEUROSURGERY</b>			
VP shunting	L1,L2,L3,L4	L2 (Additional Shunt)	165,600
Craniotomy with evacuation of Haematoma	L1,L2,L3,L4		286,281
Decompressive Craniectomy	L1,L2,L3,L4		
<b>VASCULAR SURGERY</b>			
varicose veins (surgical )(Strapping)	L1,L2,L3,L4		135,999
varicose veins (laser or Radio frequency Ablation)	L1,L2,L3,L4		127,305
<b>SURGICAL ONCOLOGY</b>			
Abdominal Wall Tumour Resection	L1,L2,L3,L4		99,000
Abdomino Perineal Resection (Apr) + Sacrectomy	L1,L2,L3,L4		167,000
Abdominoperineal Resection	L1,L2,L3,L4		167,000
Amputation for soft tissue/Bone Tumours	L1,L2,L3,L4		99,000
Anterior/Posterior Exenteration	L1,L2,L3,L4		167,000
Anterior Resection	L1,L2,L3,L4		167,000
Axillary Dissection	L1,L2,L3,L4		57,500
Adrenalectomy	L1,L2,L3,L4		167,000
Bilateral Orchiectomy	L1,L2,L3,L4		57,500
Bilateral Pelvic Lymph Node Dissection(BPLND)	L1,L2,L3,L4		99,000
Bilateral Pelvic Lymph Node Dissection(BPLND) for CA Urinary Bladder	L1,L2,L3,L4		167,000
Bone Resection	L1,L2,L3,L4		167,000
Breast Reconstruction	L1,L2,L3,L4		167,000
Chest Wall Resection	L1,L2,L3,L4		114,000
Chest Wall Resection + Reconstruction	L1,L2,L3,L4		167,000
Closure Of Colostomy	L1,L2,L3,L4		167,000
Closure Of Ileostomy	L1,L2,L3,L4		167,000
Colectomy Any Type	L1,L2,L3,L4		167,000
Colostomy	L1,L2,L3,L4		57,500
Composite Resection & Reconstruction	L1,L2,L3,L4		57,500
Cranio Facial Resection	L1,L2,L3,L4		57,500

Curettage & Bone Cement	L1,L2,L3,L4	57,500
Emasculation	L1,L2,L3,L4	57,500
Jejunostomy	L1,L2,L3,L4	57,500
Forequarter Amputation	L1,L2,L3,L4	57,500
Full Thickness Buccal Mucosal Resection & Reconstruction	L1,L2,L3,L4	57,500
Gastrectomy Any Type	L1,L2,L3,L4	57,500
Gastro Jejunostomy	L1,L2,L3,L4	57,500
Gastrostomy	L1,L2,L3,L4	57,500
Haemangioma SOL Liver Hepatectomy + Wedge Resection	L1,L2,L3,L4	57,500
Hemiglossectomy	L1,L2,L3,L4	57,500
Hemimandibulectomy	L1,L2,L3,L4	57,500
Hemipelvectomy	L1,L2,L3,L4	57,500
High Orchidectomy	L1,L2,L3,L4	57,500
Ileostomy	L1,L2,L3,L4	57,500
Ileotransverse Colostomy	L1,L2,L3,L4	57,500
Inguinal Block Dissection One Side	L1,L2,L3,L4	57,500
Intercostal Drainage(ICD)	L1,L2,L3,L4	57,500
Internal Hemipelvectomy	L1,L2,L3,L4	167,000
Laryngo Pharyngo Oesophagectomy	L1,L2,L3,L4	167,000
Lateral Temporal Bone Resection	L1,L2,L3,L4	114,000
Limb Salvage Surgery With Custom Made Prosthesis	L1,L2,L3,L4	167,000
Limb Salvage Surgery With Modular Prosthesis	L1,L2,L3,L4	167,000
Limb Salvage Surgery Without Prosthesis	L1,L2,L3,L4	167,000
Lumpectomy Breast	L1,L2,L3,L4	114,000
Lung Cancer Lobectomy	L1,L2,L3,L4	167,000
Lung Cancer Pneumonectomy	L1,L2,L3,L4	167,000
Lung Metastatectomy. Multiple	L1,L2,L3,L4	167,000
Lung Metastatectomy. Solitary	L1,L2,L3,L4	167,000
Marginal Mandibulectomy	L1,L2,L3,L4	114,000
Maxillectomy + Infratemporal Fossa Clearance	L1,L2,L3,L4	114,000
Maxillectomy + Orbital Exenteration	L1,L2,L3,L4	114,000
Maxillectomy Any Type	L1,L2,L3,L4	99,000
Mediastinal Tumour Resection	L1,L2,L3,L4	167,000
Micro Vascular Reconstruction	L1,L2,L3,L4	167,000
Mastectomy Any Type	L1,L2,L3,L4	143,000
Myocutaneous / Cutaneous Flap	L1,L2,L3,L4	143,000

Neck Dissection Any Type	L1,L2,L3,L4	143,000
Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis	L1,L2,L3,L4	143,000
Oesophagectomy With Three Field Lymphadenectomy	L1,L2,L3,L4	143,000
Oesophagectomy With Two Field Lymphadenectomy	L1,L2,L3,L4	143,000
Orbital Exenteration	L1,L2,L3,L4	143,000
Other Bypasses-Pancreas	L1,L2,L3,L4	143,000
Other Cystectomies	L1,L2,L3,L4	143,000
Palatotomy Any Type	L1,L2,L3,L4	143,000
Parathyroidectomy	L1,L2,L3,L4	143,000
Partial Nephrectomy	L1,L2,L3,L4	143,000
Partial Penectomy	L1,L2,L3,L4	143,000
Radical Cholecystectomy	L1,L2,L3,L4	143,000
Radical Cystectomy	L1,L2,L3,L4	143,000
Radical Nephrectomy	L1,L2,L3,L4	143,000
Radical Prostatectomy	L1,L2,L3,L4	143,000
Radical Vaginectomy + Reconstruction	L1,L2,L3,L4	143,000
Resection Of Nasopharyngeal Tumour	L1,L2,L3,L4	143,000
Resection Of Retroperitoneal Tumours	L1,L2,L3,L4	143,000
Resection With Reconstruction Of Abdominal Wall Tumour	L1,L2,L3,L4	143,000
Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging	L1,L2,L3,L4	143,000
Retro Peritoneal Lymph Node Dissection(RPLND) (For Residual Disease)	L1,L2,L3,L4	143,000
Sacral Resection	L1,L2,L3,L4	143,000
Salpino Oophorectomy	L1,L2,L3,L4	143,000
Segmental Mandibulectomy	L1,L2,L3,L4	143,000
Segmentectomy	L1,L2,L3,L4	143,000
Shoulder Girdle Resection	L1,L2,L3,L4	143,000
Skin Tumours Amputation	L1,L2,L3,L4	143,000
Skin Tumours Wide Excision	L1,L2,L3,L4	143,000
Skin Tumours Wide Excision + Reconstruction	L1,L2,L3,L4	143,000
Sleeve Resection	L1,L2,L3,L4	143,000
Sleeve Resection Of Lung Cancer	L1,L2,L3,L4	143,000
Small Bowel Resection	L1,L2,L3,L4	143,000
Splenectomy	L1,L2,L3,L4	143,000
Submandibular Gland Excision	L1,L2,L3,L4	143,000
Subtotal Temporal Bone Resection	L1,L2,L3,L4	143,000
Surgery For Ca Ovary Advance Stage	L1,L2,L3,L4	143,000

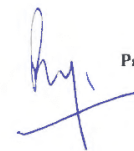
Thyroidectomy Any Type	L1,L2,L3,L4	143,000
Total Abdominal Hysterectomy(TAH) + Bilateral Salpingo Oophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy	L1,L2,L3,L4	143,000
Total Exenteration	L1,L2,L3,L4	143,000
Total Exenteration	L1,L2,L3,L4	143,000
Total Glossectomy + Reconstruction	L1,L2,L3,L4	143,000
Laryngectomy Any Type	L1,L2,L3,L4	143,000
Oesophagectomy Any Type	L1,L2,L3,L4	143,000
Parotidectomy Any Type	L1,L2,L3,L4	143,000
Total Pelvic Exenteration	L1,L2,L3,L4	143,000
Total Penectomy	L1,L2,L3,L4	143,000
Total Temporal Bone Resection	L1,L2,L3,L4	143,000
Tracheal Resection	L1,L2,L3,L4	143,000
Tracheal Resection	L1,L2,L3,L4	143,000
Tracheostomy	L1,L2,L3,L4	27,700
Tripple Bypass	L1,L2,L3,L4	143,000
Urinary Diversion	L1,L2,L3,L4	143,000
Vulvectomy	L1,L2,L3,L4	143,000
Whipples Any Type	L1,L2,L3,L4	143,000
Wide Excision + Reconstruction soft tissue/Bone Tumours	L1,L2,L3,L4	143,000
Wide Excision for tumour	L1,L2,L3,L4	143,000
Wide Excision of Breast for Tumour	L1,L2,L3,L4	143,000
Wide Excision soft tissue/Bone Tumours	L1,L2,L3,L4	99,000
Oesophageal stenting including stent cost	L1,L2,L3,L4	167,000
Enucleation of pancreatic neoplasm(Other than Neck of Pancreas)	L1,L2,L3,L4	167,000
<b>CONSERVATIVE PACKAGES</b>		
Charges for ICU without ventilator (if not covered under earlier packages) Per Day	This includes - Monitoring & Investigations Drugs Consultations Bed charges nursing charges meals Procedures like Ryles tube insertion, urinary tract Catheterization	7,500
Charges for ICU with ventilator (if not covered under earlier packages) Per Day		9,000

Packages are walk-in ; walkout packages for patients unless specified otherwise(Complicated cases) for the procedures where implants are to be charged extra.
The packages includes room stay, routine tests, routine diagnostics, OT charges, Surgeons fees, Anaesthesia, Dr's visit fees (admitting Doctor) and medicines/consumables. Package include length of stay as applicable under agreed GIPSA / TPA / Corporate Tie Up Packages. In case patient is required to stay in hospital beyond agreed length of stay under such packages then extended period shall be charged as per day basis calculated on pro rata basis as may be applicable.
In cases of multiple surgeries major surgery will be approved 100%, 2nd surgery @ 50% of package and 3rd surgery @ 25% of agreed package. Multiple surgeries shall imply surgeries done in one sitting ,in same incision and same speciality.
Blood/Blood products will be charged as per actuals as per direction 9.
Investigations do not include high end tests such as CT, MRI, Radiation, Stress Test, Liver Profile,SMA+12 etc. which will be charged on actuals as per tariff as on 31 Dec. 2019.
Pre-Operative investigation are included in package amount. Investigation included in packages- CBC, Urine Routine, HIV Spot, Anti HCV, HbsAG, Serum Creatinine, Usg, 2D Echo, X-ray and ECG.
If Hospital rack rates as on 31 Dec. 2019 found to be lower than above mentioned rates then lower rates will be applicable.
No Services charge/ Surcharge/ Emergency charge will be applicable.

### ANNEXURE – B

**Following are the rates in percentages, applicable to different districts and various category of hospitals based on which rates in annexure A would be calculated for those health care providers which are not part of GIPSA-PPN or do not have agreement with any TPA**

Name of District	>100 beds	99 to 50 beds	Less than 50 beds
Mumbai City	100	90.0	80.0
Mumbai Suburban	100	90.0	80.0
Pune	85	76.5	68.0
Ahmednagar	75	67.5	60.0
Akola	70	63.0	56.0
Amravati.	70	63.0	56.0
Aurangabad.	80	72.0	64.0
Beed.	70	63.0	56.0
Bhandara.	70	63.0	56.0
Buldhana.	70	63.0	56.0
Chandrapur	70	63.0	56.0
Dhule	75	67.5	60.0
Gadchiroli	70	63.0	56.0
Gondia	70	63.0	56.0
Hingoli	70	63.0	56.0
Jalgaon	75	67.5	60.0
Jalna	70	63.0	56.0
Kohlapur	75	67.5	60.0
Latur	75	67.5	60.0
Nagpur	75	67.5	60.0
Nanded	75	67.5	60.0
Nandurbar	70	63.0	56.0
Nashik	75	67.5	60.0
Osmanabad	70	63.0	56.0
Parbhani	70	63.0	56.0
Raigad	75	67.5	60.0
Ratnagiri	75	67.5	60.0
Sangli	70	63.0	56.0
Satara	75	67.5	60.0
Sindhudurg	70	63.0	56.0
Solapur	75	67.5	60.0
Thane	100	90.0	80.0
Wardha	75	67.5	60.0
Washim	70	63.0	56.0
Yavatmal	70	63.0	56.0
Palghar	100	90.0	80.0



**ANNEXURE – C**

<b>Maximum rates which can be charged to Covid patient (Applicable throughout Maharashtra for all Health Care Providers)</b>			
<b>Package</b>	<b>Rate in INR per day</b>	<b>Inclusions</b>	<b>Exclusions</b>
Charges for Routine ward + Isolation	4000	This includes - Monitoring & Investigations like CBC, Urine Routine, HIV Spot Anti HCV, Hbs Ag, Serum Creatinine, USG, 2D Echo, X-ray, ECG, Drugs Consultations Bed charges nursing charges meals	Does not include - 1) PPE 2) Interventional Procedures like, but not limited to, Central Line insertion, Chemoport Insertion, bronchoscopic procedures, biopsies, ascitic/pleural tapping, etc, which may be charges at the rack rate as on 31st Dec 2019.
Charges for ICU without ventilator + Isolation	7500	Procedures like Ryles tube insertion, urinary tract Catheterization	3) COVID testing - to be done as per actual cost as per direction 9.
Charges for ICU with ventilator + Isolation	9000		4) High end drugs like Immunoglobulins, Meropenem, Parenteral Nutrition, Tocilizumab, etc - to be charged at MRP as per direction 9. 5) High end investigations like CT scan, MRI, PET scan or any lab investigation not included in the previous column - to be charges at rack rates of hospital as on 31st Dec 2019.



## EXHIBIT-I

24/07/2020

Maharashtra caps hospital costs for uninsured - The Hindu

THE HINDU

## Maharashtra caps hospital costs for uninsured

**Jyoti Shelar**

MUMBAI, MAY 01, 2020 22:46 IST

UPDATED: MAY 01, 2020 22:48 IST

### Hospitals have been asked to charge the lowest rates for procedures as per their pacts with the insurance companies

In a first, the Maharashtra government has capped the cost of medical treatment in private hospitals for people who are not covered under insurance. For those who have medical insurance, the capped prices will come into force after they have exhausted the cover. The

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highlighted the exorbitant cost of treatment at private hospitals at the time of a pandemic.

Also read | [Maharashtra reports record surge of over 1,000 cases in a day](#)

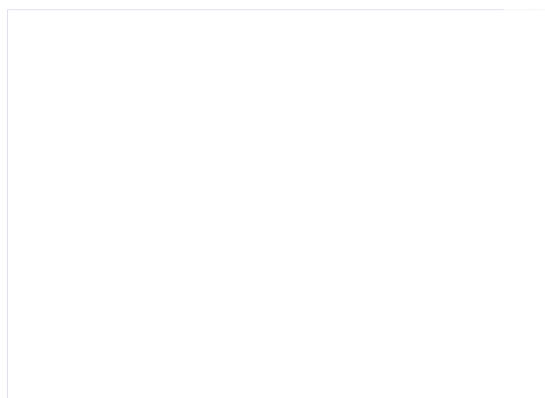
24/07/2020

Maharashtra caps hospital costs for uninsured - The Hindu

## THE HINDU

The notification issued by Principal Secretary Pradeep Vyas states that hospitals should charge the lowest rates for procedures as per their pacts with the insurance companies. Hospitals that don't have tie-ups with any insurance network will have to follow the rates fixed under the notification. The document has provided the capped prices for more than 130 different procedures including general surgeries, cardiac, obstetric and gynaecology, ophthalmology, orthopaedic and neurosurgery. For example, an angiography has been capped at ₹12,000, angioplasty with one stent has been capped at ₹1.2 lakh, dialysis has been capped at ₹2,500, and a total knee replacement has been capped at ₹1.6 lakh.

[State Helpline numbers](#) | [State-wise tracker](#) | [A map of confirmed cases in India](#)



A majority of the hospitals in Mumbai, Pune, Navi Mumbai, Panvel and Thane are members of the General Insurer's Public Sector Association (GIPSA) - Preferred Provider Network (PPN) and have fixed treatment package rates which have been worked out based on the type of hospital, infrastructure, facilities etc. Other hospitals in the State have agreements with Third Party Administrators (TPA) under which the treatment rates and packages are designed. "As per the notification, if a non-insured patient goes to any of these hospitals, he or she should be charged as per their lowest treatment packages, irrespective of whether the patient is admitted in a general or deluxe category," explained Sudhakar Shinde, chief executive of the State-run health insurance scheme.

24/07/2020

Maharashtra caps hospital costs for uninsured - The Hindu

**THE  HINDU**

...rooms, he said.

A chief executive of a Mumbai hospital said that it would be impossible for them to sustain their financial viability with such price caps. "We are struggling with COVID-19 patient encounters that have led to the staff being quarantined," said the CEO, speaking on the condition of anonymity. "There is an additional burden of testing the staff, arranging their transport during the lockdown, and continuing to pay their salaries even when they are off duty while in quarantine. Hospitals are already facing many losses," he added.

The State's notification, however, did not elaborate on how the government would control the cost of COVID-19 treatment. While the Brihanmumbai Municipal Corporation has capped the rates of beds for COVID-19 patients at ₹3,000, the bills of many patients requiring critical care have exceeded ₹5 lakh. In a media statement, Health Minister Rajesh Tope said that some hospitals had charged ₹1 lakh to COVID-19 patients for one day. He asserted that the notification would help in controlling exorbitant charges by hospitals.

## EXHIBIT-J

29/07/2020

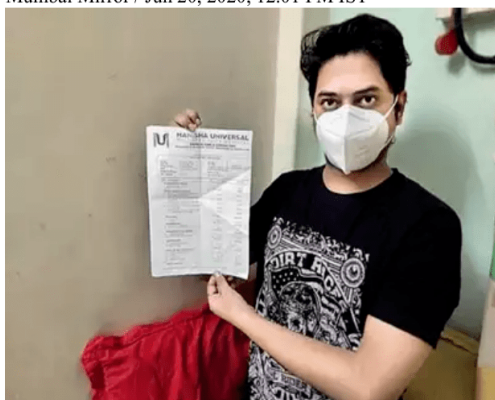
COVID-19: Hospitals come up with new charges to inflate bills

Printed from

**MumbaiMirror**

## COVID-19: Hospitals come up with new charges to inflate bills, despite govt notification to cap treatment charges

Mumbai Mirror / Jun 20, 2020, 12.01 PM IST



Man showing Manisha Universal hospital bill.

**By | Chaitanya Marpakwar and Linah Baliga**

*As the state caps rates, pvt hospitals introduce heads like care and hygiene charges, staff management charges and N-95 allocation charges*

The state government had last month issued a notification to cap treatment charges for Covid-19 and nearly 200 non-Covid procedures in private hospitals. As per the order, the capped rates will apply to 80% of hospital beds, while the management can charge their own prices for the remaining 20% till August 31. But hospitals have come up with innovative heads like care and hygiene charges, staff management charges and N-95 allocation charges to inflate bills of Covid-19 patients.

In Mulund, a 30-year-old man, Rahul Ahire, was admitted to Manisha Universal Multi Speciality Hospital on June 4. He was in the hospital for 12 days and was handed over a bill of Rs 3.7 lakh.

This bill included Rs 3,000 per day for PPE kits, Rs 500 per day as gloves charges, Rs 2,000 per day in Covid staff management charges and Rs 3,000 per day for Covid staff management charges in ICU, Rs 1,000 per day as face shield charges and Rs 1,000 per day as gloves charges in ICU.

## EXHIBIT-K

ET Healthworld.com  
From The Economic Times

## 57% worried of high-priced COVID-19 treatment in private hospitals: Survey

*The survey conducted by LocalCircles, a community social media platform, received around 40,000 responses on five questions related to public perception of government and private hospitals for COVID-19 treatment.*

PTI • May 31, 2020, 12:38 IST



New Delhi: Around 57 per cent of respondents expressed concern about exorbitant charges for [COVID-19 treatment](#) at private [hospitals](#), while 46



New Delhi: Around 57 per cent of respondents expressed concern about exorbitant charges for **COVID-19 treatment** at private **hospitals**, while 46 per cent fear of contracting a secondary **infection** in a **government facility**, a survey said.

The survey conducted by LocalCircles, a community social media platform, received around 40,000 responses on five questions related to public perception of government and **private hospitals** for COVID-19 treatment.

It also said that 61 per cent of respondents want the government to fix a price cap or standardise **coronavirus** treatment related room charges in private hospitals.

According to the survey, 46 per cent of people expressed concern over catching secondary infection due to crowd and poor adherence to infection prevention control standards in hospitals, while 32 per cent highlighted the lack of adequate medical infrastructure, as their topmost concern regarding COVID-19 treatment available in the country.

It said 16 per cent of people pointed at long waiting time and inefficiencies as major issues.



On being asked where would they prefer to go for treatment if they contracted the disease, 32 per cent of respondents said they would prefer a private hospital.

While, 22 per cent said they would want to go to a government hospital, 32 per cent of respondents did not want to go to a hospital, the survey said, adding 14 per cent were unsure about it.

When the country started reporting a surge in COVID-19 cases, government hospitals were initially designated to treat such cases. The treatment for the same was made available in private hospitals later.

According to the survey, in [Red Zones](#), especially the high virus load districts, many people expressed concern over limited capacity in private hospitals and long waiting time for admission in government facilities for COVID-19 treatment.

"That explains why 32 per cent citizens say they would rather stay home and take treatment at home and not go to the hospitals unless it is an emergency situation," Akshay Gupta, General Manager, LocalCircles said.



On the COVID-19 treatment available in private hospitals, 57 per cent of the respondents said exorbitant charges in such facilities was their topmost concern.

Additionally, unnecessary tests, lack of knowledge of COVID-19 treatment protocols and difficulty in getting admission were other major concerns expressed by 26 per cent of respondents.

"Even today, many private hospitals, especially in smaller towns, do not break up the charges of rooms, consumables and services, and it is offered as a single package.

"According to the respondents (of the survey), given that COVID-19 is already having a major economic impact on people's lives, most cannot sustain the high cost of treatment. Therefore, need of the hour is for the central and state governments to cap the treatment charges or at least standardise them based on hospital categories or ratings," Gupta said.

<b>EXHIBIT-L</b>
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[TO BE PUBLISHED IN THE GAZETTE OF INDIA, EXTRAORDINARY, PART II, SECTION 3, SUB-SECTION (i)]

GOVERNMENT OF INDIA  
MINISTRY OF FINANCE  
(DEPARTMENT OF REVENUE)

Notification No. 20/2020– Customs

New Delhi dated the 9<sup>th</sup> April, 2020

G.S.R. (E).- In exercise of the powers conferred by sub-section (1) of section 25 of the Customs Act, 1962 (52 of 1962) read with section 141 of Finance Act, 2020 (12 of 2020), the Central Government on being satisfied that it is necessary in the public interest so to do, hereby exempts the goods of the description specified in column (3) of the Table below falling within the Chapter, heading, sub-heading or tariff item of the First Schedule to the said Customs Tariff Act specified in column (2) of the Table below, from whole of the duty of customs leviable thereon under the First Schedule to the said Customs Tariff Act and the whole of health cess leviable thereon under section 141 the said of Finance Act, 2020:

Table

S.No	Chapter or Heading or sub-heading or tariff item	Description of goods
(1)	(2)	(3)
1.	9018 or 9019	Artificial respiration or other therapeutic respiration apparatus (Ventilators)
2.	63 or any chapter	Face masks and surgical Masks
3.	62 or any chapter	Personal protection equipment (PPE)
4.	30, 38 or any chapter	Covid-19 testing kits
5.	Any Chapter	Inputs for manufacture of items at S. Nos. 1 to 4 above, subject to the condition that the importer follows the procedure set out in the Customs (Import of Goods at Concessional Rate of Duty) Rules, 2017.

2. This notification shall remain in force upto and inclusive of the 30<sup>th</sup> September, 2020.

[F.No. 354/41/2020-TRU]

(Gaurav Singh)  
Deputy Secretary to the Government of India

## EXHIBIT-M

29/07/2020

Life-saving COVID drug Remdesivir going for 6 times the price seized, 7 involved in black-marketing held

Printed from

**MumbaiMirror**

## Life-saving COVID drug Remdesivir going for 6 times the price seized, 7 involved in black-marketing held

/ Jul 20, 2020, 06.09 AM IST



*The accused were produced in court on Sunday. They will be in police custody till July 24. (Photo by Raju Shinde)*

The Mumbai Crime Branch and the state Food and Drug Administration have jointly busted a gang and arrested seven people involved in black-marketing of Remdesivir, the life-saving drug used to treat Covid-19 patients.

Officials posed as customers to first lure employees of two drug distribution companies last week, who were selling the vials for Rs 30,000 apiece – more than six times their normal price.

The two, identified as Rahul Gala and Vikas Dube, came to Mulund (West) to supply the vials to the undercover officials. They led the authorities to the other five.

Mirror EXCLUSIVE: FDA traps gang for black marketing of Remdesivir injection  
00:29

## EXHIBIT-N

Top Searches : Coronavirus In India Covid Cases In India Air India Flig

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INDIA

## N95 mask prices rise 250% in 4 months, but no cap yet

Rema Nagarajan | TNN | Jun 10, 2020, 02:58 IST



NEW DELHI: N95 masks, bought by government agencies at Rs 12.25 including taxes in September 2019, cost them Rs 17.33 in January 2020, Rs 42 by March-end and up to Rs 63 by the middle of May, an increase of over 250% since the beginning of the year. Yet, the price regulator NPPA has decided not to cap the price of N95 masks as it “may disincentivise domestic manufacturing”.



Rs 165 as reduced prices. The ‘reduced’ MRPs are 450%-850% higher than the January price paid by a government institution.

The list of MRPs was for N95 masks of four manufacturers including Venus Safety and Magnum, the two largest Indian ones. NPPA claimed prices had been brought down after its May 21 memo “advising” manufacturers/importers/suppliers “to maintain parity in price for nongovernment procurements and to make available the same at reasonable prices”.

The NPPA claimed a “significant” reduction of 47% in prices, though the price of just one N95 mask had been reduced by 47%. Most came down by 23%-41%. Even these reductions were from prices over ten times the January price. So far during the pandemic, the Centre has bought 1.15 crore masks, mostly from Venus Safety, via its procurement agency HLL Lifecare.

OPEN APP

Almost a crore more are to be delivered. HLL Lifecare bought 40 lakh N95s for Rs 40 plus taxes till the last week of March. By May 15, HLL Lifecare was buying these masks for Rs 60 plus taxes, an increase of Rs 20, which would have cost the government crores of rupees extra.

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examining the black box of the Boeing-73...

“How does NPPA justify this as a price reduction when something sold for Rs 17.33 in January is now being sold for as much as Rs 165? It is plain loot or profiteering. If it can cap charges of hospitals and even airlines, why can’t they intervene to cap price of N95 masks,” asked Anjali Damania of Voice of Taxpayers, one of the petitioners in the Bombay HC over mask pricing.

## EXHIBIT-O



File No. 37007/2020/Div.III/NPPA

भारत सरकार

Government of India

रसायन एवं उर्वरक मंत्रालय

Ministry of Chemicals &amp; Fertilizers

औषध विभाग

Department of Pharmaceuticals

राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण

National Pharmaceutical Pricing Authority

तीसरी एवं पांचवी मंजिल,  
वाई.एम.सी.ए. सांस्कृतिक केन्द्र बिल्डिंग,  
1, जय सिंह रोड, नई दिल्ली-110001

3<sup>rd</sup> and 5<sup>th</sup> Floor,  
YMCA Cultural Centre Building,  
1, Jai Singh Road, New Delhi - 110001

दिनांक/ Dated: 21<sup>st</sup> May 2020**OFFICE MEMORANDUM**

This refers to the grievances being received regarding hoarding, black-marketing and differential higher pricing of N-95 Masks in the country. In this context, it is hereby informed that N-95 Mask has been notified as an essential commodity under Essential Commodities Act, 1955 by the Government vide Notification dated 13<sup>th</sup> March 2020. Further, hoarding, black-marketing of the essential commodity is punishable offence under the Act. Further, this Office in exercise of the powers conferred under National Disaster Management Act, 2005 had directed all States/UT Governments to ensure sufficient availability of surgical and protective Masks, Hand Sanitizers and Gloves at prices not exceeding the Maximum Retail Price printed on the pack size vide Orders dated 13<sup>th</sup> March 2020.

2. In the prevailing situation due to COVID-19, a mismatch is noted between the demand and supply of N-95 Masks in the country. As per Guidance issued by the Ministry of Health & Family Welfare and World Health Organization (WHO) for management of COVID-19, it has been stated that Medical Masks are primarily meant for use of frontline health care workers.

3. In the wake of the prevailing situation due to COVID-19, the Government is striving to ensure uninterrupted supply of N-95 Masks in adequate quantity primarily for the health care workers. For this, the Government is procuring largest chunk of the N-95 Masks directly from the manufacturers/importers/suppliers at bulk rates and ex-factory prices. However, it has been noticed that other procurers (non-government entities) are getting N-95 Masks at differential prices.

4. Thus, in order to ensure availability of N-95 Masks at affordable prices in the country, NPPA hereby directs manufacturers/importers/suppliers of the N-95 Masks to

maintain parity in prices for non-government procurements and to make available the same at reasonable prices.


5. Any instance of hoarding, black-marketing and higher pricing of N-95 Masks reported will be viewed seriously and action shall be initiated by the Government under the Essential Commodities Act, 1955.



(Alok Ranjan)

Asst. Director (M&E)

E-mail: [alok.ranjan89@gov.in](mailto:alok.ranjan89@gov.in)

 011-23746793

To,

1. All the Manufacturers/Importers/Suppliers for necessary action
2. Medical Devices Industry Associations (AiMeD, MTal, CII, FICCI, PWMAI) for wider dissemination among Member companies concerned

EXHIBIT-P

**The Indian EXPRESS**[Home](#) / [Cities](#) / [Mumbai](#)

# Mumbai: FIR against Nanavati hospital for overcharging Covid patient

The 52-year-old woman died in mid-May after being treated at the hospital for 13 days. After her death, her family was presented a bill of Rs 6 lakh.

By: **Express News Service** | Mumbai |

Updated: July 3, 2020 9:55:38 am



The family then complained to the BMC, claiming that the hospital had given them an inflated bill. Following an inquiry, a case was filed against the hospital under the IPC for violating an order issued by a public servant. A senior police officer said that in the FIR, the BMC alleged that the hospital had overcharged the woman's family for the use of PPE kits and other safety and sanitation equipment.

A spokesperson for the hospital said, "We have learnt from media reports that an FIR has been filed owing to some alleged discrepancy in a bill. We are awaiting the copy of the complaint to scrutinise the bill and will fully cooperate with the authorities concerned to redress the issue."

## EXHIBIT-Q

27/07/2020

Covid-19 has hit finances of low-income the most; affluent still better off

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Home &gt; Money &gt; Personal Finance &gt; Covid-19 has hit finances of low-income the most; affluent still better off



Financial literacy and inclusiveness can help combat the devastating effects the pandemic. (AP)

## Covid-19 has hit finances of low-income the most; affluent still better off

3 min read . Updated: 02 Jul 2020, 01:53 PM IST

Nilanjana Chakraborty

A survey conducted by Generali showed that close to 80% of the working class in India experienced loss of income and over 90% of them are preparing for more hardships

COVID-19  
WORLD  
10,451,492

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The covid-19 pandemic and its economic impact have taken a toll on businesses, jobs and incomes across socioeconomic sections, forcing almost everyone to take stock and reconsider their financial plans. Recent surveys by BankBazaar and IndiaLends showed that Indians are worrying about their financial future and focusing more on savings. Now another survey titled *PayNearby India Savings Behaviour*, conducted with 10,000 participants from low-income groups, has revealed that 55% of that section of the population is also keen to save more to manage covid-19-like situations in the future.

But the PayNearby report showed that while the impact is across the board, those in the lower-income group are at an added disadvantage because of the lack of financial literacy. Here's what the data showed about how different economic sections have been affected.

Close

27/07/2020

Covid-19 has hit finances of low-income the most; affluent still better off

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BankBazaar surveyed 1,112 customers on the impact of covid-19 on their personal finance management and published the results in a report called *MoneyMood Covid Edition*. The survey showed that people have become more conservative when it comes to their financial priorities, with discretionary spending falling and saving, investing and loan repayment rising to the top of the list. When asked what would be their topmost financial priority after the pandemic, 52% said saving, investment and debt payment, 24% said household expenses, utilities and education; and 13% said healthcare and insurance.

The IndiaLends survey corroborated this, showing that 82% of Indians are bearing the financial brunt of covid-19. Of the 5,000 respondents, 94% of the respondents said they would have to be extra careful about how they spend their money in the next few months; 84% said they were cutting back on spending, and 90% expressed concerns about their savings and financial future.

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Covid-19 has hit finances of low-income the most; affluent still better off

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least staying 10% below the pre-covid levels, incomes of the mass-market or low-income segment (those with an income below ₹20,000) were hardest hit, remaining 37% below the pre-covid levels.

Another survey conducted by Generali, an Italy-based global insurance and asset management company, showed that close to 80% of the working class in India experienced loss of income and over 90% of them are preparing for more hardship in the future.