



राजस्थान सरकार
निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर
स्टेट हेल्थ सोसायटी (एन.सी.डी.)

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HA /RTH/2022-23/

Date:

—: सूचना :—

राजस्थान स्वास्थ्य का अधिकार अधिनियम 2022 का ड्राफ्ट तैयार कर आमजन, सिविल सोसायटी, एन.जी.ओ. और अन्य संगठन से सुझाव/आपत्ति लेने हेतु विभागीय वेबसाइट पर अपलोड किया है। उक्त ड्राफ्ट के संबंध में कोई व्यक्ति या संगठन यदि अपना सुझाव/आपत्ति प्रेषित करना चाहता है, तो वह विभागीय ईमेल <adhadmhs@gmail.com> पर प्रेषित कर सकते हैं यदि वे सुझाव/आपत्ति व्यक्तिगत देने चाहता है तो कार्यालय समय में निदेशालय, चिकित्सा एवं स्वास्थ्य सेवायें(स्वास्थ्य भवन), सी-स्कीम, तिलक मार्ग, जयपुर के नवीन भवन के कमरा नं. 2 में दे सकते हैं। सुझाव/आपत्ति देने की अंतिम दिनांक 24.03.2022 सांय 5.00 बजे तक स्वीकार होगी।

निदेशक (जन स्वा.)
चिकित्सा एवं स्वास्थ्य सेवायें,
राज0 (जयपुर)

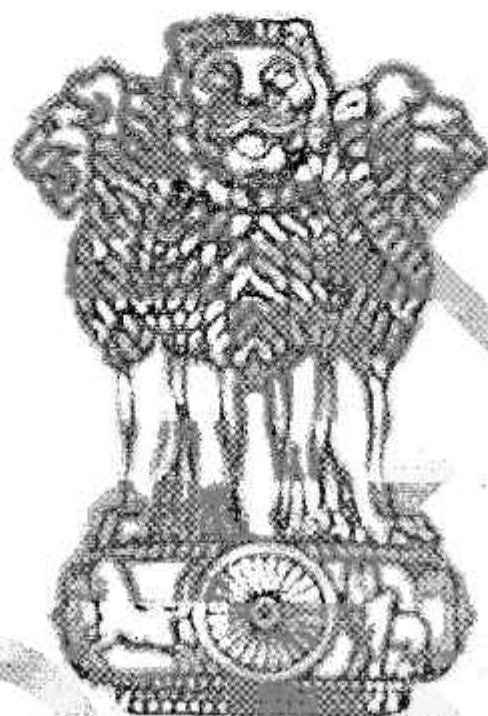
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Date: 8/3/2022

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. विशिष्ट सहायक, चिकित्सा मंत्री महोदय, राजस्थान सरकार।
2. निजी सचिव, शासन सचिव महोदय, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
3. निजी सचिव, मिशन निदेशक (एनएचएम) चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
4. प्रभारी सर्वर रूम, मुख्यालय को भेजकर निर्देशित किया जाता है कि विभागीय वेबसाइट पर अपलोड कर लिंक की सूचना भिजवावे।
5. रक्षित पत्रावली।

निदेशक (जन0 स्वा.)
चिकित्सा एवं स्वास्थ्य सेवायें,
राज0, (जयपुर)



Government of Rajasthan

Rajasthan Right to Health Care Act 2022

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Government of Rajasthan
Department of Medical, Health and Family Welfare

Rajasthan Right to Health Care Act 2022

PREAMBLE

To provide protection and fulfillment of rights, equity in relation to health and well-being for achieving the goal of health care for all through guaranteed access to quality health care to all the residents of the State, without any catastrophic out-of-pocket expenditure.

And whereas the persisting inequitable accessibility and denials in the matter of health care in the State are a concern to all.

The Government of Rajasthan is committed to ensure that people's right to health care is realized. The most important stakeholders in realization of right to health care are the people themselves. Therefore, people's participation is crucial and critical for realization of people's right to health care services.

The constitution of India incorporates provisions Article 21 of the constitution guarantees protection of life and personal liberty to every citizen.

Chapter-I: Short title, Extent and Commencement- Definitions

1. Short title, extent and commencement: -

- a) This Act may be called the Rajasthan Right to Health Care Act, 2022.
- b) It extends to the entire State of Rajasthan.
- c) It shall come into force on such date as the Government may, by notification in the official Gazette.

2. Definitions: -

In this Act, unless the context otherwise requires -

- a) **"Affordable"** means that which can be secured by every person without any catastrophic expenditure to obtain health care and reducing that person's capacity to acquire other essential goods and services including food, water, sanitation and health services. Catastrophic household health care expenditures are defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption expenditure;
- b) **"Basic Primary Healthcare Services"** means preventive, promotive and outpatient services as defined from time to time for health & wellness centers at sub-centers. They include consultation, drugs and diagnostics;
- c) **"Bioterrorism"** means the international use of any microorganism, virus, infectious substance (including toxins), or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product to

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

- d) **"Comprehensive Primary Healthcare Services"** means in addition to basic primary healthcare, it would include emergency care, childbirth and other services as defined from time to time for health & wellness centers at Primary Health Centers.
- e) **"Capacity to consent"** means the ability of an individual, including a minor or a mentally challenged person, assessed by the relevant healthcare provider on an objective basis, to understand and appreciate the nature and consequences of proposed health care or of a proposed disclosure of health-related information, and to make an informed decision in relation to such health care or disclosure
- f) **"Clinical Establishment"** means establishments defined as a clinical establishment under clause c) of section 2 of the Clinical Establishments (Registration and Regulation) Act, 2010.
- g) **"Conditions of public health importance"** means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or a community level and can reasonably be expected to lead to adverse health effects in the community.
- h) **"Communicable Diseases"** means illness caused by microorganisms and transmissible from an infected person or animal to another person or animal.
- i) **"Decontamination"** means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk.
- j) **"Deratting"** means the procedure whereby health measures are taken to control or kill rodent vectors of human diseases present in baggage cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry.
- k) **"Disaster"** means a catastrophe, mishap, calamity or grave occurrence.
- l) **"Disinfection"** means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents.
- m) **"Endemic"** means diseases prevalent in or particular locality, region or people.
- n) **"Epidemic"** means occurrence of cases of disease in excess of what is usually expected for a given period of time and includes any reference to disease outbreak.
- o) **"Essential Public Health Functions"** means the following.
 - I. monitor and evaluate health status to identify community health problems and take measures to solve them,
 - II. monitor and evaluate health status to identify community health problems and take measures to solve them,
 - III. instituting appropriate and timely response for the prevention and control of outbreaks,
 - IV. inform, educate and empower people about health issues,
 - V. mobile community partnerships to identify and solve health problems,
 - VI. develop policies and plans that support individual and community health efforts,
 - VII. enforce laws and regulations that protect and ensure public health and safety,
 - VIII. link people to needed personal health services and assure the provision of health care when otherwise unavailable,

- IX. assure a competent public and personal health care workforce,
- X. evaluate effectiveness, accessibility and quality of personal and population based health services,
- XI. research for new insights and innovative solutions to health problems,
- p) **"Government"** means the Government of Rajasthan.
- q) **"Guaranteed health care services"** means health services assured through the public health systems.
- r) **"Health care"** means medical investigations, treatment, care, procedures and any other service or intervention towards a therapeutic, nursing, rehabilitative, palliative, convalescent, preventive, diagnostic, and/or other health related purpose or combinations thereof, including reproductive health care and emergency medical treatment, in any system of medicines.
- s) **"Health care establishment"** means the whole or any part of a public or private institution, facility, building or place, whether for profit or not, that is operated to provide inpatient and/or outpatient health care; and a "public health care establishment" shall accordingly refer to a health care establishment set up, run, financed or controlled by the Government or privately owned.
- t) **"Health care provider"** means a person who is authorized by the Government to engage in identifying, preventing and/or treatment of illness and/or disability.
- u) **"Health research"** means any research which contributes to knowledge of; -
 - I. biological, clinical, genetic, psychological or social processes in human beings,
 - II. improved methods for health care services.
 - III. human pathology, causes of diseases, effect of the environment on the human body.
 - IV. development or new application of pharmaceuticals, medical devices, medicines vaccines etc;
 - V. the development of new applications of the health technology; and any reference to "research" herein shall mean the same unless specifically stated otherwise.
 - VI. assessment, analysis and formulation of approaches to health systems development.
- v) **"Health impact assessment"** means a combination of procedures, methods, and tools for identifying, predicting, evaluating, and mitigating potential effects of a proposed law, policy, program, project, technology, or a potentially damaging activity, in relation health prior to taking decisions thereon and making commitments thereunder, on the health of the population, and other relevant effects, and the distribution of those effects within the population, and any reference to health impact assessment shall mean the same;
- w) **"Identifiable health information"** means any information, whether oral, written, electronic, visual, pictorial, physical or any other form, that relates to an individual's past, present or future physical or mental health status, condition, treatment, service, products, purchased or provision of care, and reveals that identity of the individual, or that of a group of people, whose health care is the subject of the information, or there is a reasonable basis to believe the information could be utilized (either alone or with other information) to reveal the identity of the individual.
- x) **"Information, Education and Communication"** means programs formulated, instituted and implemented by government for information, education and communication on and related to health, such that evidence based and scientific

updated multi-lingual and easily understood the information on and related to health is accessible, available and disseminated to people, with their participation and mobilization, on a continuing and sustained basis, and in a manner that is age-appropriate, gender sensitive, non-stigmatizing, non-discriminatory, promotes equality and other human rights, and do not promote gender and sexual stereotypes, including through integration in informal and formal educational settings, at national, state and local levels and through all forms of media including print, electronic, mass and digital media,

- y) **"Informed consent"** means consent given, specific to a proposed health care; without any force, undue influence, fraud, threat, mistake or misrepresentation and obtained after disclosing to the person giving consent, either for himself/herself, or in representative capacity wherever it is necessary, all material information including costs, risks, benefits and other significant implications of, and alternatives to, the proposed health care in a language and manner understood by such person;
- z) **"Isolation"** means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.
- aa) **"Local Authority"** includes panchayat raj institutions, municipalities or a district board, cantonment board, town planning authority or Zila Parishad or any other body or authority, by whatever name called, for the time being invested by law, or rendering essential services or, with the control and management of civic services, within a specified local area.
- bb) **"Medical Emergency"** means a sudden injury or serious illness that, if not treated right away, could cause serious consequences amounting to death or serious harm to the individual.
- cc) **"Municipality"** means an institution of self-government constituted for any urban area or an area in rural to urban transition, like municipal council, municipal corporation, Nagar Panchayat or by whatever other name called.
- dd) **"Non-identifiable health information"** means any information, whether oral, written, electronic, visual, pictorial, physical, or any other form, that relates to an individual's past, present, or mental health status, condition, treatment, service, product, purchased, or provisions of care and does not reveal the identity of the individual, or a group of people whose health status is the subject of the information, or there is no reasonable basis to believe that such information could be utilized (either alone or with other information that's, or should reasonably be, known to be available to predicable recipients of such information) to reveal the identity of that individual.
- ee) **"Non-communicable diseases"** means diseases associated with the way a person or group of people lives, including lifestyle diseases atherosclerosis, cardio-vascular diseases, stroke, diabetes, hypertension, occupational diseases, mental health, injuries and accidents;
- ff) **"Order"** means subsidiary legislation dealing with specific persons or cases and shall refer to orders issued under and by the mandate of this Act;
- gg) **"Outbreak"** means an epidemic limited to a localized increase in the incidences of a disease;
- hh) **"Panchayati Raj Institutions"** means institutions of local self-government established under any of the state's Panchayati Raj Laws, at village, block, or district levels, like Gram Panchayat, Panchayat Samiti, or Zilla Parishad, or by whatever other name called, and any reference to "PRI" shall mean the same,

- ii) **"Prescribed"** means as prescribed under this Act or under the Rules, Regulations, Bye-laws and orders are framed under and by the mandate of this Act.
- jj) **"Public Health"** means the health of the population, as a whole, especially as monitored, regulated and promoted by the Government.
- kk) **"Public Health Institution"** means governmental organizations that is operated or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services to public;
- ll) **"Public health emergency"** means an occurrence or imminent threat of illness or health conditions that
 - I. Is believed to be caused by any of the following;
 - 1. bioterrorism,
 - 2. the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin,
 - 3. a natural disaster,
 - 4. a chemical attack or accidental release,
 - 5. a nuclear attack or accident; and
 - II. poses a high probability of any of the following harms;
 - 1. a large number of deaths in the affected population;
 - 2. a large number of serious or long term disabilities in the affected population or
 - 3. widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.
- mm) **"Public health emergency of international concern"** means an extraordinary event which is determined, as provided in International Health Regulations (IHR) of World Health Organisation (WHO).
- nn) **"Government funded health care services"** are those funded and provided by the government or those provided by the non-government entities but for which government funds part or whole of the costs of care to some or all patients.
- oo) **"Public Health Surveillance"** means the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.
- pp) **"Quarantine"** means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect, baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.
- qq) **"Regulation"** means subsidiary legislation for laying down procedure and shall refer to Regulations framed under and by the mandate of this Act.
- rr) **"Reservoir"** means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk.
- ss) **"Rules"** means subsidiary legislation of general application and shall refer to Rules framed.
- tt) **"Resident"** Person who is a *bonafide* resident of the state or is currently residing in the state.
- uu) **"State"** means state of Rajasthan.
- vv) **"Social audit"** is one which is conducted by the community using the social dimension.
- ww) **"Secondary Health Care services"** provided through community health centers and through district hospitals. Secondary health care services include

complex and referred cases by the primary health care system, which require more complex investigation and specialized services.

- xx) **"Tertiary Health Care services"** provided through Medical colleges and associated hospitals. Tertiary health care services include complex and referred cases by the secondary health care system, which require more complex investigation and super-specialty services.
- yy) **"User"** means person who seeks, accesses, or receives any health care services, as an outpatient or inpatient, from a facility or provider whether any public or private health care establishment.
- zz) **"Vector"** means an insect or any living carrier that transports an infectious agent from an infected individual or its wasters to a susceptible individual or its food or immediate surroundings.

Chapter-II: Collective and Individual Rights in relation to Health Care

3. Right of Residents: -

- a) Residents will have the right to collect information to make themselves healthy.
- b) Residents will have the right to free consultation, drugs, diagnostics, emergency transport and emergency care at all public health institutions as may be prescribed by rules made under this Act;
- c) Residents will have the right to free/affordable care for surgeries at all public hospitals as may be notified by rules made under this Act;
- d) Residents covered under insurance scheme will have the right to avail free services under the insurance scheme through the empaneled Hospitals as notified in terms and conditions of the insurance scheme when in force and as modified from time to time.
- e) Residents will have the right to avail free services from the private hospitals established through the land allocation on concession rates as per the terms and conditions mentioned at the time of the allotment of the land.
- f) Right to receive information, records and reports of self from the health care establishment be it public or private;
- g) Right to informed consent at all health care establishments be it public or private;
- h) Right to confidentiality through all health care establishments as may be defined by rules made under this Act.
- i) Right to safe and quality care according to standards prescribed for different levels of health care establishments run or managed by Government or private institutions.
- j) Right to proper referral transport by all health care establishments be it public or private as per the procedures detailed in the rules made under the act.
- k) Right to take treatment summary in case of patient, leaving against the medical advice.
- l) Right to be heard and seek redressal from health care establishment in case of any grievance occurred after availing services.
- m) Right to the family member/authorized person of the deceased to receive dead body irrespective of payment due status from every health care establishment.

4. Duties of Residents: - Every resident has duties as may be prescribed by rules made under this Act as follows:

- a) Tertiary health care services can be availed by following referral from primary and secondary level institution or a service provider.

- b) Provide health care providers with the relevant and accurate information for health care, subject to the user's right to confidentiality and privacy.
- c) Comply with the prescribed health care.
- d) Sign a discharge certificate or release of liability if he or she refuses to accept recommended treatment.
- e) Ensure that the premises occupied by the residents are kept clean and indulge in no activity that pollutes the atmosphere physically or otherwise.
- f) Refrain from misconduct and misbehavior with any health care providers, and treat them with respect and dignity.
- g) Refrain from physical assault on any healthcare personnel or damage to property.
- h) Report illegal or unethical behavior.
- i) Permit post-mortem to be done in case of unnatural death.

5. Rights of Health Care provider:

Every health care provider has right to: -

- a) protection from complaints relating to adverse consequences on providing his/her services of any kind as long as the provider has acted *bonafide* to the best of his/her professional capability through application of standard treatment procedure and judgment, and in the best interests of the residents and exercised all reasonable care;
- b) be treated with respect and dignity by the patient and attendants.
- c) decent working conditions and training.
- d) right of physical safety and security at the workplace.
- e) availability of protective measures for any accidental exposure to harm.

6. Duties of Health Care provider:

- a) Follow the standard treatment guidelines, protocols as notified time to time under the rules made under this Act, and using the clinical judgement in the best interest of resident.
- b) Maintain confidentiality, privacy, dignity of residents, and treat them with respect.
- c) Respect the rights of residents to take a decision for getting either a lab investigation or medicines be purchased from the vendor of his/her choice.
- d) Ensure informed consent is taken before every procedure.
- e) Explain and inform either patient or relatives regarding the diseases severity, progression, treatment and prognosis regularly.

Chapter-III: Obligations of the Government

- 7. Government has the following general obligations at all times, by enhancing the quantum of the resources towards the time bound realization of health and wellbeing of every resident in the state;
 - a) Appropriate State budget would be provided.
 - b) Within six months of the enactment, develop and institutionalise a Human Resource Policy for Health to ensure availability and equitable distribution of doctors, nurses and other ancillary health professionals and workers at all levels of healthcare as notified in the rules under the act.
 - c) Within six months, set up the social audit and grievance redressal mechanisms as notified under the rules as notified under this Act.

- d) Within one year, align all health services and schemes to strengthen a system of health services to empower and make residents aware for preventive, promotive and protective health care, not merely an absence of disease.
- e) Within one year, lay down and notify standards for quality and safety of all levels of health care as notified under the rules.
- f) Guarantee availability of government funded healthcare services as per distance or geographical area or considering population density which will include health care institutions, free medicine, test & diagnostics of notified items and ambulance services as per standards to be notified under the rules.
- g) Ensure that there will not be any directly or indirectly denial, to anyone, for any government funded health care services at appropriate health care establishment and as per guaranteed services mentioned in clause(a) of section 4 and clause(f) of section 7.
- h) Mobilize and enact any other budget, plan, or policy required to ensure the above guarantees.
- i) Set up co-ordination mechanisms among the relevant government departments to facilitate nutritionally adequate and safe food, adequate supply of safe drinking water and sanitation.
- j) Institute effective measures to prevent, treat and control epidemics and other public health emergencies and public health issues notified from time to time under this Act.
- k) Take appropriate measures to inform, educate and empower people about health issues.

Chapter-IV: Constitution, Power and Duties of State Health Authority, State Executive Committee and District Health Authority

8. Constitution and Duties of State Health Authority: -

- a) The Government shall, by notification in the official gazette, constitute an independent body as State Health Authority, to exercise powers conferred on and perform the functions assigned to that Authority under this Act;
- b) The State Health Authority shall consist of the following members, namely:-
 - I. The Chief Secretary, Government of Rajasthan, -Chairperson,
 - II. Secretary in-charge of Medical, Health and Family Welfare Department - Co-Chairperson,
 - III. The Director of Health Services (Public Health), Rajasthan, - Member-Secretary,
 - IV. Secretary in-charge of the following departments shall be members, namely
 - 1. Medical Education Department,
 - 2. Public Health Engineering,
 - 3. Women & Child Development,
 - 4. Panchayati Raj and Rural Development,
 - 5. Social Justice and Empowerment,
 - 6. Tribal Area Development,
 - 7. Urban Development,
 - 8. Finance,
 - 9. Information and Public Relations,
 - 10. Revenue,

11. Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy,
 12. Education department,
 13. Relief and
 14. Rehabilitation
- V. Three members of the Rajasthan Legislative Assembly as nominated by the State Government,
 - VI. Three persons from the Government Medical Teachers of the State especially from clinical specialties,
 - VII. Four non-official persons,
 1. Public health experts to be nominated by the Chairperson,
 2. Representatives of health associations to be nominated by the Chairperson,
 3. Civil society organizations to be nominated by the Chairperson,
 4. One member from an NGO of repute, preferably working in the state to be nominated by the Chairperson,
 - VIII. Representative of Chairman, State Pollution Control Board, and
 - IX. Three representatives of patient groups - nominated by the Chairperson.
- c)
- I. The appointment of each member of the State Health Authority, except the ex-officio appointees, shall be for three years.
 - II. The State Health Authority shall meet at least once in six months; and
- d) The State Health Authority shall carry out the following functions:-
- I. To advise the Government on any matter concerning public health, including preventive, promotive, curative, and rehabilitative aspects of health and occupational, environmental, and social determinants of health;
 - II. Formulate State's health goals and get these included in the mandate of Panchayati Raj Institutions and urban local bodies;
 - III. Formulate state level strategic plans for implementation of Right to Health Care Act provisions, including action on the determinants of health - food, water and sanitation;
 - IV. Formulate a comprehensive written State Public Health Policy/plan for prevention, tracking, mitigation, and control of a "public health emergency", as well as situations of "outbreak" or "potential outbreak" in the State;
 - V. To monitor the preparedness of the State for management of public health emergencies;
 - VI. To develop mechanisms and systems for regular medical, clinical, and social audits for good quality of health care at all levels;
 - VII. The State Health Authority may, as and when it considers necessary, constitute one or more committees/scientific panels/technical panels for the efficient discharge of its functions;
 - VIII. The State Health Authority may, as and when it considers necessary, associate with institutions, experts, Non-Government organizations for the efficient discharge of its functions;
 - IX. The State Health Authority through the community-based monitoring methods, as may be prescribed by rules made under this Act, shall involve the communities as active co-facilitators articulating their needs, helping in identification of key indicators and creation of tools for monitoring, providing feedback as well as validating the data collected by these methods; and

X. Carry out other functions as may be defined by rules made under this Act.

9. Constitution and Duties of State Executive Committee: -

- a) The State Health Authority shall, by notification in the official gazette, constitute an independent body as State Executive Committee, to exercise powers conferred on and perform the functions assigned under this Act;
- b) The State Executive Committee shall consist of the following members, namely: -
 - I. Secretary in-charge of Medical, Health and Family Welfare Department - Chairperson,
 - II. Secretary in-charge of the following departments shall be members, namely
 1. Medical Education Department,
 2. Women & Child Development,
 3. Panchayati Raj and Rural Development,
 4. Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy, and
 5. Elementary Education department
 - III. Mission Director (National Health Mission), Rajasthan - Member,
 - IV. The Director Medical and Health Services (Public Health), Rajasthan - Member,
 - V. Additional Director (Hospital Administrator), Rajasthan-Member,
 - VI. Nodal officer (Right to Health Care Act), Rajasthan-Member Secretary,
 - VII. Three persons from the Government Medical Teachers of the State especially from clinical specialties, to be nominated by the Chairperson.
 - VIII. Four non-official persons,
 1. Public health experts to be nominated by the Chairperson,
 2. Representatives of health associations to be nominated by the Chairperson,
 3. Civil society organizations to be nominated by the Chairperson,
 4. One member from an NGO of repute, preferably working in the state to be nominated by the Chairperson.
 - IX. Representative of Chairman, State Pollution Control Board
- c)
 - I. The appointment of each member of the State Executive Committee, except the ex-officio appointees, shall be for three years.
 - II. The State Executive Committee shall meet at least once in three months; and
- d) The State Executive Committee shall carry out the following functions: -
 - I. Implement state level strategic plans for implementation of Right to Health Care Act provisions, including action on the determinants of health - food, water and sanitation;
 - II. Implement a State Public Health Policy/plan for prevention, tracking, mitigation, and control of a "public health emergency", as well as situations of "outbreak" or "potential outbreak" in the State.
 - III. To ensure the State for management of public health emergencies;
 - IV. To ensure mechanisms and systems for regular medical, clinical, and social audits for good quality of health care at all levels,
 - V. To monitor population health status to identify and solve community health problems,
 - VI. Carry out other functions as given by Chairperson from time to time.

10. Meeting of State Health Authority:

- a) The State Health Authority shall meet at least two times in a year, by giving such reasonable advance notice to its members and shall observe such rules of procedure regarding the transaction of business at its meetings as may be prescribed by rules made under this Act.

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

- (b) The meetings of the Authority and the mode of transaction of business at such meetings, including quorum etc., shall be governed by such regulations as may be prescribed by rules made under this Act.

11. Constitution and Duties of District Health Authority: -

- a) The Government shall constitute an independent body as District Health Authority, within one month from the date of constitution of State Health Authority;
- b) The District Health Authority shall consist of the following members, namely:-
- I. The District Collector - Chairperson,
 - II. Chief Executive Officer, Zila Parishad - Co-Chairperson,
 - III. The CM&HO - Member Secretary,
 - IV. Senior most officers of the district from the departments shall be members, namely
 1. Public Health Engineering,
 2. Social Justice and Empowerment,
 3. ICDS,
 4. Women Empowerment,
 5. Local Body,
 6. Education, and
 7. Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy
 - V. Pramukh, Zila Parishad of the district and three Pradhans of the Panchayat Samitis in rotation, as may be prescribed by rules made under this Act.
 - VI. Four non-official members, namely
 1. Public health experts, to be nominated by the Chairperson,
 2. Representatives of health associations, to be nominated by the Chairperson,
 3. Civil society organizations preferably working in health sector, to be nominated by the Chairperson,
 4. One member from an NGO of repute, preferably working in the district in the health sector, to be nominated by the Chairperson,
- c) The District Health Authority shall carry out the following functions:-
- I. Ensure implementation of the policies, recommendations, and directions of State Health Authority;
 - II. Formulate and implement strategies and plans of action for the determinants of health, especially food, water, sanitation, and environment.
 - III. Formulate a comprehensive written plan for prevention, tracking, mitigation, and control of a "public health emergency", as well as situations of "outbreak" or "potential outbreak" in the district based on State Plan.

- IV. Coordinate with the relevant Government departments and agencies to ensure availability and access to adequate and safe food, water and sanitation throughout the district.
- V. Organize hearing of the beneficiaries coming to the hospital once in three months with a view to improve the health care services; and
- VI. District Health Authority through the community-based monitoring methods, as may be prescribed by rules made under this Act, shall involve the communities as active co-facilitators articulating their needs, helping in identification of key indicators and creation of tools for monitoring, providing feedback as well as validating the data collected by these methods.
- VII. Carry out other functions as may be defined by rules made under this Act.

12. Powers of the State Health Authority and District Health Authority

- a) For purposes of carrying out the inquiry under this Act, the authority shall nominate one or more persons / committees for the efficient discharge of its functions, as may be prescribed by rules made under this Act.
- b) The authority shall have the power of only official purpose to require any person, to furnish information on such points or matters as may be the subject matter of the inquiry and any person so required shall be deemed to be legally bound to furnish such information within the meaning of sections 176 and 177 of the Indian Penal Code (45 of 1860).
- c) The authority or any other officer authorized on this behalf by the State Health Authority and District Health Authority may enter in any building or place where the authority has reason to believe any document relating to the subject matter of an inquiry may be found, and may seize any such document or take extracts or copies therefrom subject to the provisions of section 100 of the code of Criminal Procedure, 1973, in so far may be applicable.
- d) Fixing responsibility and accountability of private institutions, facilities, buildings, or places, whether for profit or not, operated to provide inpatient and/or outpatient services. The government shall have the power to regulate prices for the packages and ensure display of rates for each of the packages in public domain, as may be notified by rules made under this Act.
 - I. In case of a pandemic, or any other public health emergency the government shall have the right: -
 - 1. to takeover building of private institutions;
 - 2. to takeover facilities of private institutions;
 - 3. to takeover services of private institutions;
 - 4. to takeover duties of human resources working in private institutions; and
 - 5. to prescribe treatment rate of services provided by private institutions during the pandemic,
 as may be specified in the government notification issued under this Act.
- e) Other powers as defined under the rules of the act.

Chapter-V: Grievance Redressal and Social Accountability Mechanism

13. Grievance Redressal Mechanism:

- a) The Government shall constitute in-house complaints forum at an appropriate level within one year from the date of notification of the provisions of this Act,

- b) The Government shall define rules, within six months from the date of notification of the provisions of this Act, which may include,-
- I. On denial of services and infringement of rights provided by the right to health care Act, residents can lodge the grievances for redressal at a specified web-portal and helpline banda,
 - II. On denial of services and infringement of rights provided by the right to health care Act, residents can lodge the grievances for redressal at a specified web-portal and a user-friendly helpline center. The web-portal/helpline centre will forward the grievances received to the concerned officer and his/her immediate supervisors within 24 hours,
 - III. The concerned officer must respond to the complainant within 30 days. The grievances and their redressals will be noted in the personnel file of the respective staff member,
 - IV. If the complaint is not resolved by concerned officer within 30 days the complaint will be forwarded to District Health Authority, as the case may be,
 - V. District Health Authority will investigate the grievance/complaint and share the summary of the investigation with the complainant and in public domain, within 60 days. District Health Authority will invite the complainant and try to resolve and close the grievance within 30 days.
 - VI. If the grievance is still not resolved within 30 days by the district health authority, then the complainant will be escalated to the State Health Authority within 30 days.

Chapter- VI Penalties and Procedures

14. Penalties-

- a) Any contravention due to negligence as defined in detail in rules of any provisions of this Act or any Rule or Order made or issued thereunder shall be punishable with a fine not exceeding Rupees ten thousand for the first contravention and not exceeding Rupees twenty-five thousand for the repeat contravention.

15. Appeals-

- a) Any person or body aggrieved by order of the District Health Authority passed under the provisions of this Act, can appeal against the said order to the State Executive Committee within 30 days as per the detailed procedure notified under the rules.

- 16. Bar of jurisdiction-** No civil court shall have jurisdiction to entertain any suit or proceeding in respect of any matter which an Appellate Authority constituted under this Act is empowered by or under this Act to determine, and no injunction shall be granted by any court or other authority in respect of any action taken or to be taken in pursuance of any power conferred by or under this Act.

Chapter- VII Savings and Immunities

- 17.** Notwithstanding anything contrary contained under the provisions of this Act, neither the Government nor the Government personnel, experts or agents responsible for the performance of any of the duties and functions under this Act or any member especially authorized or entrusted by the Government to Act under this Act, shall be held liable for the

death of or any injury caused to any individual, or damage to property, or violation of any kind, directly as a result of complying with or attempting to comply with this Act or any rule made thereunder. Furthermore, nothing in this Act shall be construed to impose liability on State or local public health agency for the Acts or omissions of a private sector partner unless explicitly authorized by law.

- a) No action for damages lies or may be brought against any official of the Government because of anything done or omitted in good faith in the performance or purported performance of any duty under this Act, or in the exercise or purported exercise of any power under this Act,
- b) No person who is a superior or supervisory officer over his/her subordinate official of the Government who violates any part of this Act, except in cases of gross negligence, shall be subject to civil remedies under this Act on the theory of vicarious liability, unless such superior or supervisory official had prior actual or constructive knowledge of the violation or actions leading to the violation; and or was otherwise directly responsible for ensuring against the occurrence of the violation, and
- c) Within time frame and procedure as may be defined by rules made under this Act.

18. Relationship with other health related laws

- a) Uniformity: This Act shall be applied and construed to effectuate its general purpose to facilitate uniformity of the laws with respect to the subject matters of this Act,
- b) Relationship with State Laws: Notwithstanding the above, this Act does not restrict or limit the rights and obligations under any of the laws or regulations, as long as the rights and obligations enumerated herein are fully complied with,
- c) Overriding effect: in the event of a conflict between this Act and other laws or regulations, or administrative procedures, the provisions of this Act shall apply. However, the existing laws, rules and regulations, at the national and State levels, shall continue to prevail to the extent of consistency with this Act and only portions thereof shall become severable and unenforceable to the extent of inconsistency with any provision of this Act,
- d) Severability: The provisions of this Act are severable such that if any provision of this Act or its application to any person or circumstances is held invalid judicially, the invalidity shall not affect other provisions or applications of this Act that can be given effect to without the invalid provision or application, and
- e) Compatibility Review: Notwithstanding the above the Government shall undertake a comprehensive review of all the laws or provision of laws related to health within 1 year of this Act coming into force for their compatibility with this Act.

19. Reports and Effective Date of Commencement:

- a) Report: the Health Minister shall as soon as possible at the end of each fiscal year and in any event or later than December 31 of the next fiscal year, make a reporting respecting the administration and operation of this Act for that fiscal year including all relevant information on the extent to which the Government has satisfied the criteria and conditions, for payments made under this Act and shall cause the report to be laid before State Legislative Assembly on any of the first fifteen days on which that House is sitting after the report is completed, and
- b) The Act shall come into force on such date as the Government may, by notification in the Official Gazette, appoint.