



Sanchar Nigam Pensioners' Welfare Association

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CHQ: B-11/1, Ramesh Nagar, New Delhi-110015, India

 snpwachq.com

 snpwachq@gmail.com

K.D Sebastian
CHQ President
+91 9447144100

G.L.Jogi
General Secretary
+91 9868217799

S.S. Rajput
Treasurer
+91 9413394204

SNPWA/CHQ/MOH&FW/3/2025

Dated 7th, July 2025

To

Sh J.P.Nadda ji ,

Hon'ble Minister of Health and Family Welfare,

Government of India

Nirman Bhavan

New Delhi – 110011

Subject: Urgent Need for Upward Revision of CGHS Rates for Consultation, Surgeries, Indoor Treatments and Admissions, Diagnostic Tests and Medical Procedures etc.

Respected Sir,

We write to you on behalf of the Central Government pensioners and other CGHS beneficiaries to express deep concern over the inordinate delay in revising the CGHS rates for aforesaid mentioned items, and various other medical procedures, a matter which is now seriously impacting the quality and accessibility of healthcare for lakhs of beneficiaries.

It is disheartening to note that the long-awaited rate revision, which was officially promised to be completed **within six months**, has not materialised **even after a lapse of over two years** . Meanwhile, the healthcare market has witnessed **sharp escalations in the cost of diagnostics, consumables, and medical procedures**, leaving the CGHS package rates far behind realistic standards.

As a result, there is an increasing reluctance on the part of reputed hospitals and diagnostic centres to either join or continue their empanelment under CGHS. The situation is particularly grim in suburban and semi-urban areas, where **many CGHS wellness centres** have only **one or two empanelled hospitals**, if any at all.

What is more alarming is that even some of the hospitals that were previously empanelled are now opting to **voluntarily de-empanel** , citing the unaffordability and unsustainability of continuing under the current rate structure.

It may be recalled that the **Parliamentary Standing Committee** on Health and Family Welfare, in its recent report, made **scathing, serious and pointed** observations about the **abysmally low CGHS rates** and the declining quality of care being provided to CGHS beneficiaries. The Committee, in a gravely concerning manner, stated that these outdated rates are directly responsible for poor participation by quality healthcare providers. **During the proceedings, even the senior officials of the Ministry found it difficult to justify the delay or defend the declining service standards and obscure and highly opaque procurement policy of medicines**

we respectfully urge your kind intervention on the following issues :

1. Immediate upward revision of CGHS package rates for diagnostic tests, investigations, and procedures, admissions, surgeries etc to bring them in line with current medical market standards.

2. Implementation of a regular, time-bound mechanism for periodic rate revision, perhaps linked to a medical inflation index.

3 . Special empanelment drives targeting quality hospitals in underserved areas, with reasonable incentives and streamlined procedures. Here we would like to emphasise that field officers of CGHS remain invariably mute spectators in so far as empanelment of Hospitals is concerned, and make no effort whatsoever to reach out to the Hospitals to prevail upon them to get empanelled.

Needless to say that Field officers, particularly at the level of CMOs/ ADs, have to proactively engage with Hospitals/ Diagnostic Centres for Empanelment, and act as Brand Ambassadors of CGHS. This professional approach which is currently completely absent has to be inculcated amongst them through through training etc. No doubt, the final decision rests with the Hospitals but serious and sincere explaining on the part of the field units can yield tangible results. This crucial effort is unfortunately and completely lacking which is highly regrettable.

4. Creation of a grievance redressal mechanism at the zonal level involving pensioners' associations for feedback on empaneled Hospitals.

We also implore upon you to **Walk the oft repeated talk of the Honble PM to make public healthcare, of which CGHS is an integral and significant component, robust and accessible.**

In the absence of ushering in technologically driven innovative and radical policy transformation in CGHS functioning by eliminating human intervention that is squarely responsible for huge bureaucratic red tape and opaqueness, persistent exhortations of the Honble PM lose their steam, become merely of academic interest, and, in the process, the

credibility and the image of the Govt. is eroded which consequently takes huge drubbing. That is precisely the prevailing perception of the CGHS beneficiaries

While huge transformation, with the advent of technology, is quite visible in the functioning of Central Govt Deptts/ Organizations, somehow, due to unknown reasons, this transformation has not occurred in CGHS which continues to be functioning in a primitive way, controlled largely by human intervention.

Sir, CGHS has long been considered a modeling health scheme for government employees and pensioners. However, without timely rate revisions and proactive administrative measures, the scheme is now at risk of losing its relevance and effectiveness. Senior citizens and chronically ill patients, particularly in Tier II and Tier III cities, are bearing the brunt of these shortcomings.

We trust that under your dynamic leadership, the Ministry will act swiftly to restore confidence in CGHS, and ensure that those who have served the nation with dedication are not denied the dignity of timely and quality healthcare in their twilight years.

With respectful regards,

Yours faithfully,



(G. L. Jogi)

General Secretary

Copy to

1. MS Salila Shrivastava, Secy/ MOH& FW. Personal intervention solicited to address aforesaid issues of critical significance that are going to define the sustainability and future of CGHS as a vibrant structure.

2. MS Roli Singh, AS/ DG CGHS. Besides, addressing the aforementioned issues of crucial significance, requested to put in place an effective surveillance mechanism to closely monitor the functioning of the Field Units in so far as implementation of the instructions of CGHS HQs by Empanelled Hospitals and Diagnostic Centres is concerned. As of now, this monitoring by CMOs/ ADs is completely absent and Empanelled Hospitals/ Diagnostic Centres are blatantly and brazenly violating these instructions, and, thus, freely wrecking havoc with the Beneficiaries.

3. Sh Manshvi Kumar, JS(Policy). Requested to introduce major policy reforms to cut down on prevailing red tape, and bring about fundamental and defining transformation in overall functioning of CGHS.

4. Dr Sateesh. Y. H. Director/ CGHS. Requested to monitor the functioning of ADs in so far as their day to day functioning like reimbursement of timely MRCs, Procurement and timely delivery of life saving drugs, timely approval of life saving implants/ unlisted tests/ procedures is concerned.

5. All ADs/ CGHS.