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BEFORE THE MADURAI BENCH OF MADRAS HIGH COURT

Reserved on	Pronounced on
30.11.2022	20.12.2022

CORAM:

**THE HONOURABLE MR.JUSTICE R.MAHADEVAN
and
THE HONOURABLE MR.JUSTICE J.SATHYA NARAYANA PRASAD**

W.P.(MD) No.21095 of 2022

Dr.Karthick

... Petitioner

-VS-

- 1.Union of India
Rep. by its Secretary to Government,
Health and Family Welfare Department,
New Delhi - 110 011.
- 2.The National Medical Commission,
Rep. by its Chairman,
Sector -8, Pocket 14,
Dhwaraka Phase 1,
New Delhi - 110 077.
- 3.The State of Tamil Nadu,
Rep. by its Secretary to Government,
Health and Family Welfare Department,
Fort St. George, Secretariat,
Chennai - 600 009.
- 4.The State Government of Tamil Nadu,
Rep. by its Director,
Director of Public Health and Preventive Medicine,
64/75, Mian Road, Chokkalingam Nagar,
Teynampet,
Chennai 600 086.



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5.The Registrar,
The Tamil Nadu Medical Council
No.914, Poonamallee High Road,
Amaravathi Nagar,
Arumbakkam, Chennai 600 106.

6.The Project Director,
Tamil Nadu Health Systems Project (TNHSP)
3rd Floor, DMS Annex New Building
259 Anna Salai, Teynampet
Chennai - 600 006.

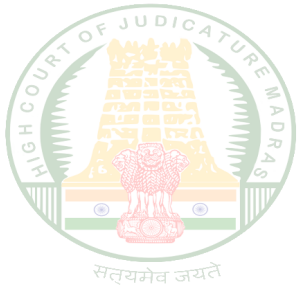
7.Dr.M.Vijay Kanna
S/o. Marappan
A62, Sivaprakasam Salai, Anna Nagar,
Tennur, Trichy – 620 017
Also having office at
Trichy SRM College Hospital and Research Centre,
HOD Anaesthesia Irungalur Village,
Manachannallur Taluk,
Trichy-Chennai Highway,
Trichy – 621 105.

8.Trichy SRM College Hospital and Research Centre,
Irungalur Village, Manachannallur Taluk,
Trichy – Chennai Highway,
Trichy – 621 105.

(R7 & R8 are impleaded as per the order of this
court dated 12.10.2022 in WMP(MD) No.16736/2022)

... Respondents

PRAYER: Petition filed under Article 226 of the Constitution of India, to issue a Writ of Mandamus, directing the 2nd respondent to consider the representation dated 28.08.2022 thereby take appropriate action against the errant officials and further direct the 3rd respondent to articulate regulatory measures to curb the unfair practices and to formulate Government schemes with proper standard guidelines to ensure every needy patient gets the service of medical treatment under Government scheme.



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For Petitioner : Mr.L.Infant Dinesh

For Respondents : Mr.V.B.Sundareshwar
Central Government
Standing Counsel for R1
Ms.Subha Ranjani Anand for R2
Mr.P.Thilak KUMar
Government Pleader for R3, R4 and R6

Mr.N.Sathish Babu for R5
Mr.Ram Sunder Vijayaraj for R7
Mr.S.Ramesh for R8

ORDER

R.MAHADEVAN, J.

At the outset, this Court wishes to observe that *"the State sponsored insurance schemes are significant in achieving the broader goal of universal health coverage and right to health enshrined under the Constitution. The beneficiaries of these schemes are marginalized groups, which have faced accessibility issues in utilizing the health services. Therefore, positive measures need to be taken to ensure non-discrimination and equality in implementation of such schemes"*.

2.The petitioner, who is a Cardio Thoracic Surgeon, in the larger public interest, has preferred this writ petition, alleging that while he was working in SRM Medical College Hospital and Research Centre at Trichy / 8th respondent, he performed a surgery on a patient, who is a beneficiary of the Chief Minister's Comprehensive Health Insurance Scheme, on 22.11.2021, at the



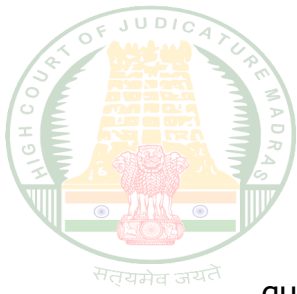
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time of which, the anesthetist by name Dr.M.Vijay Kanna / 7th respondent, left the surgery mid-way to cater to another patient, not covered by the said scheme, under the directions of the Hospital Management, as a consequence of which, the patient covered by the scheme (hereinafter "scheme patient") died. Though the petitioner made efforts to bring the issue with the Hospital Management, it went unnoticed. Rather, he was relieved of his duties on 18.12.2021. Further, his attempts by lodging complaints with the police and Tamil Nadu Medical Council against the respondents 7 and 8 for appropriate action, did not evoke any fruitful result. According to the petitioner, the Government introduced various insurance schemes to provide world class health care to the people, especially designed for poor, through government and empaneled private hospitals, but large number of people are not aware of the same and that, 65% of the state population, who have the right to avail medical benefits, are denied admission under these schemes. Therefore, the petitioner is before this court with the present writ petition for the following reliefs:

(i) Direction to the second respondent / National Medical Commission to consider his representation dated 28.08.2022 and take action against errant officials;

(ii) Direction to the third respondent / State Government

(a) to articulate regulatory measures to curb the unfair practices;



(b)to formulate government schemes with proper standard guidelines to ensure that needy patients get medical treatment under the Government schemes; and

(c) to form a committee of doctors, government officials and stakeholders

- to ensure transparency in scheme amount, treatment and its quality provided by every private hospital,
- to conduct frequent inspections,
- to frame written guidelines by the department about treatment and quality of drugs, and
- to direct every hospital to get empanelled after clearing the quality inspection like NABH (Quality Guideline Inspection).

3.The learned counsel for the petitioner would submit that the petitioner, while working in a private hospital, involved himself in informing the patients about the government sponsored insurance schemes, which was disapproved by the hospital management. In these circumstances, the petitioner had experienced the death of the scheme patient, as a result of discrimination as against the non-scheme patient, on the part of the eighth respondent. The petitioner brought the said incident to the notice of all the authorities viz., hospital authorities, medical council, police officials and Government, however, no action has been taken on the same. But, he was relieved of his duties by the hospital management. The learned counsel further submitted that the Government has formulated insurance schemes to provide medical treatment to poor and vulnerable families free of cost,



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whereas the private hospitals, which get empaneled themselves under such schemes, have been using cheap tactics to force the patients to pay for treatment out of their own pockets. In effect, they avoid treating the patients covered by schemes and fail to provide proper care, due to monetary loss they incur. Though certain measures are taken by the council, the same appear to be insufficient and ineffective, defeating the purpose of the scheme enabling the needy to avail free medical treatment. Therefore, the learned counsel prayed for appropriate and comprehensive directions to the respondents concerned.

4.The learned Government Pleader appearing for the State Government authorities submitted that *vide* G.O.(Ms.) No.49, Health and Family Welfare (EAP-II(2)) Department, dated 04.02.2009, the Government approved the Chief Minister's Insurance Scheme for Life Saving Treatments for the benefit of poor people and constituted a State Empowered Committee, headed by the Chief Secretary to Government of Tamil Nadu to review the implementation of the Insurance Scheme periodically and to provide operational guidelines for the scheme whenever required. Further, the State Health Society is designated as the implementing agency for this scheme; and the Taluk and District hospitals in the State, provide emergency and elective services to majority of the ailments. The learned counsel further submitted that as regards the petitioner's grievances, the respondent authorities would consider the same and pass appropriate orders, on merits and in accordance with law.



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5. Upon notice, the learned counsel appearing for the fifth respondent filed a counter affidavit denying the averment made by the petitioner that he was threatened to withdraw the complaint, and submitted that based on the complaint lodged by the petitioner against the seventh respondent for the alleged negligence in leaving the operation theatre in the midst of surgery, leading to the death of the scheme patient, the disciplinary committee sent summons to the seventh respondent and the petitioner for enquiry and accordingly, they appeared and gave their statements. It is also submitted by the learned counsel that the disciplinary committee would verify whether there is any negligence on the part of the seventh respondent, in the light of the oral and documentary evidence produced, and thereafter take action, as per law.

6. Repudiating the allegation raised by the petitioner as false and baseless, the learned counsel for the seventh respondent filed a detailed counter affidavit. According to the learned counsel, the nursing staff on duty in cardio thoracic surgery department have made several complaints as to the petitioner's behaviour and the petitioner who was appointed on temporary basis, was relieved from service on 18.12.2021. Further, the learned counsel submitted that on the fateful day, the scheme patient operated by the petitioner died, due to innate health issues and not due to any anesthetic complications and that, the seventh respondent was not at all responsible for the same. It is also submitted by the learned counsel that the management



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does not follow any such cheap tactics and they always treat all the patients equally, with due respect and care. However, the petitioner has unnecessarily dragged the seventh and eighth respondents into the proceedings, with ill-motive. Stating so, the learned counsel prayed for dismissal of this writ petition.

7.It is the submission of the learned counsel for the eighth respondent that Trichy SRM Medical College started functioning from the year 2009 with annual intake of 150 UG Medical students. It's a postgraduate institute having PG courses in all the departments (clinical and para and pre-clinical). It serves around 2000 OP patients daily and it has nearly 800 inpatients per day, at an average. It provides medical need to rural population by extending relentless service. Being a teaching and treating hospital, it gives most of the investigation and treatment free to all the patients. Adding further, the learned counsel submitted that the eighth respondent being an empaneled hospital under all the Government schemes both central and state Governments viz., Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS), Pradhan Mantri Jan Arogya Yojana (PMJAY), Central Government Health Scheme (CGHS) and renders cashless treatment for all eligible patients. It's doctors on roll in all specialities, serve the public under these schemes very well and have also been awarded the certificates of appreciation from the State Government and the District Administration continuously from 2019 to 2022 (four years). As far as the present case is



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concerned, the learned counsel submitted that the petitioner was on probation as Cardio Thoracic Surgeon at the hospital and reiterated that the scheme patient died due to various complications on account of his innate health issues and therefore, the allegation that he died due to anaesthetic complication, is false. It is also submitted that upon receipt of the petitioner's complaint, it was thoroughly investigated by the eighth respondent and no lapse was found on the part of the seventh respondent /Anaesthetist. On the other hand, the eighth respondent received several complaints about the petitioner's rude, rough and unethical practices, as well as his lack of cooperation and coordination with other resident doctors, in treating the patients, which, upon consideration, resulted in dismissal of his service, on 18.12.2021. Thus, according to the learned counsel, the petitioner is ventilating his professional inefficiency and poor performance against the eighth respondent by making malafide allegation, without any basis and is attempting to cause stigma under the garb of public interest litigation.

8.This court paid its thoughtful consideration to the submissions made by the learned counsel appearing for all the parties and carefully perused the materials available on record.

9.Highlighting the incident that took place in the eighth respondent hospital, while he was working, the petitioner has sought a two fold relief in this writ petition viz.,



(i)directing the second respondent to consider his representation dated

28.08.2022 requesting to take appropriate action against the errant officials, for the death of scheme patient, due to negligence on the part of the seventh respondent / Anaesthetist, at the instance of the eighth respondent; and

(ii)directing the third respondent to implement and monitor the medical treatments given for needy patients in the private hospitals under the Government Medical Insurance Schemes and to regulate the same by framing guidelines.

10.Regarding the first relief, the learned counsel for the fifth respondent submitted that upon receipt of the petitioner's complaint, the disciplinary committee issued summons to both the parties, viz., seventh respondent and petitioner and thereafter, obtained their statements along with documentary evidence and the decision is now pending consideration. That apart, the learned counsel for the sixth respondent produced a copy of the communication in Roc.No.4049/TNHSP/Ins/2022 dated 01.11.2022, wherein it is stated that a committee has been constituted to investigate into the complaint of the petitioner with regard to the allegations raised against the eighth respondent hospital, with the following members:

(1)Prof. Marudhu Durai, Dean, Government Thanjavur Medical College Hospital, Thanjavur.

(2)Dr.Dhamodharan, Prof and HOD CTS, Rajiv Gandhi Government General Hospital, Chennai-3.



(3)Dr.S.Ravi Babu, Joint Director, CMCHIS, TNHSP, Ch-6.

(4)Dr.Jotheeban, Medical Officer, CMCHIS, TNHSP, Ch-6.

(5)Dr.Parthasarathy, HOD Department of Anaesthesia, Omandurar Speciality Hospital, Chennai-2.

(6)The Project Manager, United India Insurance Company, Kilpauk, Chennai-10.

Hence, the Deans and UIIC are requested to depute the concerned official to conduct an enquiry on the above mentioned hospital and submit a report to the project Director.

Thus, it is evident that the fifth respondent / Tamil Nadu Medical Council, will take appropriate action, after verifying whether there is any negligence on the part of the registered medical practitioner. It is further evident from the aforesaid communication that the sixth respondent constituted a committee to enquire into the complaint against the eighth respondent hospital. In such circumstances, this court deems it fit and appropriate to direct the authorities concerned to pass orders, after completion of the enquiry, as per law.

11.With respect to second relief, the petitioner's grievance is that the insurance schemes offered by the Government for the medical aid to the poor and needy, have not been effectively implemented; and the private hospitals which got empaneled themselves under such schemes, make the patients to suffer by forcing them to avail their treatment at cost. To elucidate the changes to be incorporated in handling the Government Medical Insurance Scheme in the best interest of the public at large, the petitioner filed an additional affidavit, wherein, he stated certain suggestions with regard to



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monitoring and implementation of the scheme by periodical review and meetings of the State empowered committee, prompt handling of complaints made by the public, curbing proxy claims, formulating functions and responsibilities of State Health Society and State Health Mission, conducting random inspection, specifying the punishment for violations/ lapses/ irregularities by hospitals/doctors/authorities, strict compliance with NABH standards for empanelled hospitals, etc.

12.It is the stand of the respondent authorities that they have already framed guidelines and procedures for proper functioning of the medical insurance schemes, thereby discharging their duties with utmost sincerity and due diligence. According to the fifth respondent, the implementation of the scheme does not come under the purview of the Tamil Nadu Medical Council and that the guidelines, if any, shall be formulated only by the Government of Tamil Nadu and by the Project Director, Tamil Nadu Health Systems Project.

13.1. In this context, it would be appropriate to refer to the Constitutional basis for right to health and duty of the State to ensure health care services. The Constitutional provisions which expressly relate to healthcare under the Directive Principles of State Policy, are Articles 39(e), 39(f) and 47, which run thus:



"Art 39. Certain principles of policy to be followed by the State

(e) that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength;

(f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment."

"Art. 47. Duty of the State to raise the level of nutrition and the standard of living and to improve public health

The State shall regard the raising of the level of nutrition and the standard of living of its people and the **improvement of public health as among its primary duties** and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purpose of intoxicating drinks and of drugs which are injurious to health."

13.2. The Hon'ble Supreme Court has consistently held the right to health as a part of right to life under Article 21, beginning with ***Bandhua Mukthi Morcha v Union of India* [1984 AIR 802]**; reaffirmed in ***State of Punjab v. Mohinder Singh Chawla*, [(1997) 2 SCC 83]**. In ***State of Punjab v. Ram Lubhaya Bagga* [(1998) 4 SCC 117]**, the Hon'ble Supreme Court read the right to health within the expanded scope of right to life under Article 21 by identifying the corresponding duty under Article 47 so as to hold that securing health to its citizens is the primary duty of the state. It stressed the obligation of states to improve health services.



13.3. In ***Paschim Banga Khet Mazdoor Samity v. State of West***

Bengal and another [(1996) 4 SCC 37], the Hon'ble Supreme Court reiterating that right to health is a fundamental right in-built in right to life under Article 21 of the Constitution, emphasised the need of financial resources for medical facilities. The relevant passage of the said decision is usefully extracted below:

"9. The Constitution envisages the establishment of a welfare state at the federal level as well as at the state level. 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 essential part of the obligations undertaken by the Government in a welfare state. The Government discharges this obligation by running hospitals and health centres which provide medical care to the person seeking to avail those facilities. Article 21 imposes an obligation on the State to safeguard the right to life of every person. Preservation of human life is thus of paramount importance. The Government hospitals run by the State and the medical officers employed therein are duty bound to extend medical assistance for preserving human life. Failure on the part of a Government hospital to provide timely medical treatment to a person in need of such treatment results in violation of his right to life guaranteed under Article 21. ...

*...
16. It is no doubt true that financial resources are needed for providing these facilities. But at the same time it cannot be ignored that it is the constitutional obligation of the State to provide adequate medical services to the people. Whatever is necessary for this purpose has to be done. In the context of the constitutional obligation to provide free legal aid to a poor accused this Court has held that the State cannot avoid its constitutional obligation in that regard on account of financial constraints. [Khatri (II) v. State of Bihar, 1981 (1) SCC 627 at p. 631]. The said observations would apply with equal, if not greater, force in the matter of discharge of constitutional obligation of the State to provide medical aid to preserve human life. In the matter of allocation of funds for medical services the said constitutional obligation of the State has to be kept in view.*



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It is necessary that a time-bound plan for providing these services should be chalked out keeping in view the recommendations of the Committee as well as the requirements for ensuring availability of proper medical services in this regard as indicated by us and steps should be taken to implement the same. The State of West Bengal alone is a party to these proceedings. Other States, though not parties, should also take necessary steps in the light of the recommendations made by the Committee, the directions contained in the Memorandum of the Government of West Bengal dated August 22, 1995 and the further directions given herein.

17. The Union of India is a party to these proceedings. Since it is the joint obligation of the Centre as well as the States to provide medical services it is expected that the Union of India would render the necessary assistance in the improvement of the medical services in the country on these lines."

13.4. There is a global movement towards Universal Health Coverage (UHC) after the 2030 Agenda for Sustainable Development. The state sponsored insurance schemes seek to achieve universal health coverage to ensure that everyone receives health services without financial hardship. The schemes address the high out-of-pocket expenditure that is prevalent in the health sector. Further, the political declaration of the High Level meeting on Universal Health Coverage adopted by the General Assembly on 10th October, 2019, reflects the political commitment of the state towards achieving universal health coverage. One of the commitments is to ensure a strong, responsible and ethical regulatory system to promote inclusiveness of all stakeholders. Paragraph 58 is relevant for the same, which runs thus:

"58. Improve regulatory capacities and further strengthen a responsible and ethical regulatory and legislative system that promotes inclusiveness of all stakeholders, including public



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and private providers, supports innovation, guards against conflicts of interest and undue influence, and responds to the evolving needs in a period of rapid technological change.”

Thus, it is lucid from above stated provisions and international developments that the state-sponsored insurance schemes are indispensable in achieving the broader goal of universal health coverage and right to health. It also points out how deterioration in the quality of health care services provided under the scheme, has grave ramifications affecting the right to health under Article 21.

14.It could be seen from the documents enclosed in the typed set of papers filed by the petitioner that the Government passed G.O.Ms.No.49, Health and Family Welfare (EAP-II(2) Department dated 04.02.2009, by which, the Chief Minister's Insurance Scheme for Life Saving Treatments for the benefit of poor people was approved to be operated through an approved insurance company; that, a State Empowered Committee chaired by the Chief Secretary to Government of Tamil Nadu, was constituted to approve the tender for selection of the health insurance companies and to review the implementation of the insurance scheme periodically and to provide operational guidelines for the scheme, whenever required; that the State Health Society is designated as the implementing agency for the scheme; that, the list of 51 diseases identified for availing the financial assistance under the insurance scheme is given; that the entire premium will be paid by the Government to the Insurance Company on behalf of the beneficiaries and



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each beneficiary family will be insured for availing free treatment upto Rs.1 lakh in a block period of four years. It is also stated in the said G.O. that the entire scheme shall be operated through real time online mode and people can have access to the information through a dedicated website to be created for the scheme by the selected health insurance company. Subsequently, G.O. (Ms)No.320, Health and Family Welfare (EAP-II(2)) Department, dated 19.11.2012, came to be issued, sanctioning Rs.10 crores for creating an initial corpus fund to help the needy and poor especially children. Thereafter, various G.O.s have been passed framing guidelines to improve the standard of medial assistance provided to the needy poor families. Recently, G.O.(Ms) No.253 Health and Family Welfare (EAP1-1) Department, dated 27.08.2022, came to be passed for incorporation of the AB-PMJAY logo and AB-PMJAY name in the smart card being issued to the beneficiaries of the converged scheme, identifying eligible SECC families or tagging of non-SECC families against eligible SECC family targets for implementation of AB-PMJAY, and adherence of uniform card design.

15.At this juncture, it is pertinent to take a brief overview of the Chief Minister's Comprehensive Health Insurance Scheme. This scheme is being implemented with Pradhan Mantri Jan Arogya Yojana (PMJAY) based on an MoU signed between National Health Agency and Health and Family Welfare Department, Government of Tamil Nadu. Under the MoU, the state of Tamil Nadu has been entrusted with the responsibility to facilitate, monitor and



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evaluate the implementation of the scheme. It was framed to benefit the poor and needy citizens, whose monthly income is less than Rs.72,000/- through the Government and empaneled private hospitals. For empaneling as a network hospital, the approval of the Empanelment and Disciplinary Committee is necessary and the same will be given, after verifying compliance of certain conditions, such as, number of inpatient beds, equipped and engaged in providing medical and surgical facilities along with diagnostic facilities, equipped and microbiologically safe operation theater, sufficient number of doctors, nurses and human resources, maintenance of records, quality of labs, bio-medical waste management approval/renewal done regularly, etc. One such essential criteria is to get NABH entry level accreditation / equivalent GOI qualification, before empanelment of any hospital or such minimum qualification shall be acquired within 12 months of such empanelment. All such non-accredited hospitals will be de-empaneled in the event of such accreditation not being acquired, within the time period. Thus, NABH accreditation becomes a prerequisite for any private hospital to be empanelled and the Empanelment and Disciplinary Committee selects the hospitals (government and private hospitals) to be empaneled on the basis of documents submitted and the inspection report. However, we find that there is no framework through which such parameters are monitored after the empanelment.



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16.This court is of the opinion that the Government medical schemes are important for ensuring that the citizens have access to quality healthcare, however, the implementation of these schemes have come under threat due to the empanelled private hospitals, which have been attempting to exploit the system for their own personal gain. The incident alleged in this petition is one such case which highlights the lacunae in implementation of the scheme. Though there exist various guidelines, the goals for framing such schemes, have not been achieved due to a lack of proper monitoring framework and awareness among the public about the scheme. The inadequacies in the implementation and monitoring of the scheme has led to a decrease in the quality of healthcare available to the citizens, who are already struggling to make their ends meet. Therefore, certain directions necessarily be issued to the authorities concerned, for effective implementation of the insurance Scheme.

17.To sum up:

Qua first relief, this court directs the authorities concerned to complete the enquiry and pass appropriate orders, on merits and in accordance with law, after affording due opportunity of hearing to all the parties, as expeditiously as possible.

Qua second relief, considering the need and necessity for effective implementation of the Health Insurance Scheme by the private hospitals, this



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court issues the following directions to the State Empowered Committee constituted under G.O. (Ms) No. 49 dated 04.02.2009 / respondent authorities:

(i)to conduct periodical review meetings to consider complaints and irregularities related to implementation of the scheme and deaths of patients covered by such schemes,

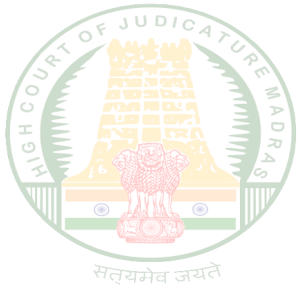
(ii)to ensure a mechanism for surprise inspections of the empaneled hospitals for sustained compliance and implementation of the scheme. Any wilful violation or non-compliance must be seriously dealt with,

(iii)to make the scheme related online portals/website user friendly so as to enable the patients seeking assistance to access information with ease. The role of the 'District Medical Officer' and 'District Vigilance Officer' and the grievances for which they may be contacted, must be expressly stated,

(iv)to provide a Toll free number for the public to enquire and register grievances related to the hospitals and the scheme,

(v)to designate a nodal officer in every District Government Hospital to provide ready assistance to the public seeking to avail the benefits of the scheme and identification of hospitals providing specific treatments under the scheme. This would ensure that the public will not run from pillar to post in search of hospitals providing scheme treatments,

(vi)to strictly adhere with the mandatory NABH accreditation requirement for empanelment of hospitals under the scheme,



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(vii)to frame guidelines and formulate procedure for de-empanelment of hospitals, in case of proved violations and irregularities,

(viii)to specify the functions and responsibilities of the State Health Society, designated implementing agency, for effective operationalization of the scheme,

(ix)The State Empowered Committee shall monitor the implementation of the scheme based on periodical reports submitted by the State Health Society, and

(x)The insurance companies approved by the government shall process and sanction the reasonable claims without any delay and any case of frivolous rejection of such claims shall be dealt with by the State Empowered Committee in accordance with law.

18.Accordingly, this writ petition stands disposed of. There is no order as to costs.

[R.M.D., J.] [J.S.N.P., J.]
20.12.2022

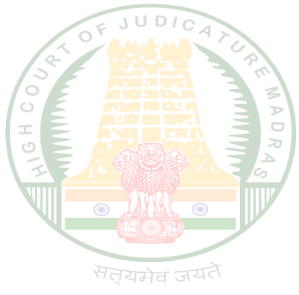
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To

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1. Secretary to Government, Union of India
Health and Family Welfare Department,
New Delhi - 110 011.
2. The Chairman, National Medical Commission,
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Dhwaraka Phase 1,
New Delhi - 110 077.
3. The Secretary to Government,
State of Tamil Nadu,
Health and Family Welfare Department,
Fort St. George, Secretariat,
Chennai - 600 009.
4. The Director, State Government of Tamil Nadu,
Director of Public Health and Preventive Medicine,
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Chennai 600 086.
5. The Registrar,
The Tamil Nadu Medical Council
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Arumbakkam, Chennai 600 106.
6. The Project Director,
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VERDICTUM.IN



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R.MAHADEVAN, J.
and
J.SATHYA NARAYANA PRASAD, J.

r n s/ps

Pre-delivery order in
W.P.(MD) No.21095 of 2022

20.12.2022