



## ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

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**AIACE/CENTRAL/2018/ 85**

**Dated 4/12/2018**

To

The Chairman

Standing Conference of Public Enterprises (SCOPE)

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SUB:-- Standardisation of PSE Health Service/treatment charges in empanelled hospitals and extension of facility to one and all PSEs in hospitals empanelled by any one public sector..

Dear Sir,

In the beginning, I may be permitted to seek your kind attention on behalf of All India Association of Coal Executives(AIACE), which is a registered body under Trade Union Act of India. This body believes in overall strengthening of working environment in respective industrial field without taking resort to confrontation. Extending this belief, I propose to make a few suggestions for your kind consideration and needful initiation for the benefit of entire PSEs by extending a helping hand to all employees – whether working or retired. This, in turn, may result in greater efficiency of PSEs by ensuring a greater level of satisfaction among the working masses who are our core resources

It is heartening to note that, SCOPE has ushered in an atmosphere of collective endeavour for public enterprises to enhance their efficiency with the help of favourable policies and strategies for improved performance, developing a competitive edge and facing emerging growth challenges. In a bid to create awareness among the employees of Central public sector enterprises about their health, the Standing Conference of Public Enterprises (SCOPE) had organized a Heart Protection Assembly 2011. Well-known heart surgeon Dr Trehan and senior cardiologist of Moolchand Medcity had participated in the programme to extend heart care for the beneficiaries. After this graceful activity, nothing further seems to have been undertaken concerning health issues of employees. It is felt that there are ample opportunities in this area to ensure the theme “Sabka saath, Sabka Vikas” There are around 300 PSU's in India and these have varied systems of providing the Medical Care Services to their employee population. Two agencies namely: CGHS and ESIC provide Health insurance to the employees of the Central Govt. and of industrial units respectively. These two schemes provide medical cover to the insured persons and to their spouses during the Service

and after superannuation from the service. The Central Govt. Health Scheme was set up in 1954 for providing Comprehensive Medical Care Services to Central Govt. employees and their families and to avoid cumbersome system of medical reimbursement. This scheme started with 2.3 lakh beneficiaries and is now operational in 17 cities and 312 dispensaries/hospitals in various systems of medicines and provides service to about 40.23 lakh employees.

The PSU's have the medical setups that are Internal and External i.e., (i) Internal set up, and (ii) External set up

- Internal set up to provide emergency services and routine medical Care needs of the employees during their working hours. In addition Dispensaries in the residential colonies and Hospitals/Family welfare centres also have been created by certain PSU's for their own employees and their dependents.
- The external setups ranging from Panel System for the General Practitioners, Specialists, Nursing Homes and Private Hospitals for the scattered population of employees and their dependents have also been created.

Working and retired employees and their dependants avail medical care as per rules prevalent in their respective parent PSEs. Mostly, the treatment is availed in the set ups maintained by their respective PSEs. Many PSEs have provisions to allow treatment in set ups meant other PSEs if their own facility is unavailable at the required place, and they used to reimburse the cost of treatment availed in other PSE set up.

It is observed that the 2 types of set up have their inherent problem areas.

Talking of Internal set up, (i) normally their charges are found to be much higher (some time lower also) than the CGHS rates, and (ii) there is no uniformity in charges prevailing in Internal set up of different PSEs. While these charges do not carry meaning for employees availing facilities in their own hospital, it becomes a bone of contention if treatment is availed in facilities of non-parent PSE as the charges do not follow CGHS pattern.

Similarly, in case of External set up, the empanelled hospital charges as per CGHS rates to the employees of the PSE for which they are empanelled, and do not extend this facility of charging as per CGHS rates to employees of other PSEs with whom they are not empanelled. They treat these other-PSE employees as FOREIGN employee and charge in the usual way meant for general public. This causes financial burden on the part of these FOREIGN employee.

Thus, there is need to devise ways such that,

- (i) a uniform PSE Health Service charges are formulated, along with
- (ii) making it mandatory for a hospital empanelled with any of the PSEs to extend the facility to one and all PSEs.

I am sure, fulfilling our aspirations, as stated above, will go on a long way to rise in performance of PSEs in our Nation.

Regards,



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Principal General Secretary

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