

## A Remarkable and Reform-Oriented Interaction on CGHS

A highly productive meeting between General Secretary, Com. G. L. Jogi, and the Director, CGHS, Respected Dr. Sateesh, was held at CGHS Bhawan, New Delhi, on 11th November 2025. Despite his extremely tight schedule, Respected Dr. Sateesh was gracious enough to devote ample time for a detailed and in-depth discussion on several long-pending and critical issues affecting CGHS beneficiaries. His humility, clarity, transparent approach, and humane concern for pensioners were truly inspiring.

Respected Dr. Sateesh, a thorough gentleman - pleasing, dedicated, dynamic, efficient, and sincerely committed - has earned wide admiration for his reform-driven leadership and practical approach to modernizing CGHS. The meeting, which lasted from 09:15 a.m. to 10:45 a.m., proved to be highly productive, as the Director categorically promised several landmark policy decisions

- many of which have been consistently and relentlessly pursued by SNPWA.

**1. Landmark Policy Reform - Empanelment of Hospitals across Districts:** A historic and transformative decision, expected to be issued within two weeks, will soon change the very face of CGHS. Under this new policy, Super-speciality and Multi-speciality Hospitals will be empaneled at all District Headquarters and Tier-II & Tier-III cities, irrespective of the existence of Wellness Centres in those areas. This trailblazing reform will make indoor treatment easily accessible to nearly 80% of CGHS beneficiaries who presently live outside CGHS-covered cities. This decision marks a major victory for SNPWA, which has been persistently and forcefully advocating this reform for years. The Association derives immense satisfaction and pride in seeing this long-standing demand finally being accepted and implemented by the CGHS leadership.

**2. Online Referral System under Development:** The National Health Authority (NHA) is developing a fully online referral system that will resolve the hardships faced by beneficiaries below 70 years of age living in non-CGHS areas. Once implemented, this system will eliminate the need for physical visits to Wellness Centres for obtaining referrals, ensuring ease of access, transparency, and efficiency.

**3. New and Hospital-Friendly MOU for Empanelment:** A completely revised and attractive MOU for hospital empanelment is being finalized. This new framework will encourage more hospitals to join CGHS, particularly after the recent revision of consultation and diagnostic rates. To facilitate smooth implementation, training programs will be conducted by CGHS Headquarters to train and apprise all Additional Directors about the innovative provisions of the new MOU. This reform will ensure wider empanelment, better monitoring, and higher accountability while curbing malpractices.

4. Proposal to Reduce Referral Age Limit from 70 to 65: The Director confirmed that the proposal to reduce the age limit for obtaining referrals from 70 to 65 years is under active and serious consideration, which will greatly ease the process for elderly beneficiaries and remove unnecessary hardship.

5. Direct Delivery of Life-Saving Medicines at Wellness Centres:

GS forcefully highlighted the ordeal of cancer patients being compelled to visit AD offices for approval and delivery of medicines. Director responded with deep empathy, assuring that necessary software modifications are being implemented to enable direct delivery of life-saving drugs at the Wellness Centres, removing the need to visit AD offices. He also assured that this reform would be implemented on priority, recognizing the suffering faced by beneficiaries battling cancer and other critical diseases.

6. Cancer Screening and Genetic Tests: The Director clarified that while most essential cancer-related tests are already included under CGHS, routine approval of expensive genetic screening tests cannot be extended universally due to high costs and potential misuse. However, specific justified recommendations from treating doctors will continue to be favorably considered by the Standing Technical Committee (STC).

7. Procurement of Life-Saving Drugs by Empanelled Hospitals:

Empanelled hospitals have been authorized to procure life-saving medicines directly, provided they are billed at least 30% below MRP. Even though CGHS itself secures 40-50% rebates from manufacturers, this beneficiary-oriented initiative will ensure better drug availability and continuity of treatment in empanelled hospitals.

8. Policy Shift Regarding Opening of New Wellness Centres:

In view of the continued reluctance of the Department of Expenditure (DoE) to sanction new posts, the Government has decided not to open new Wellness Centres for the time being. Instead, emphasis will now be on empanelling reputed multi-speciality hospitals across all districts and Tier-II/Tier-III cities □ a policy shift that will bring long-term and sustainable relief to beneficiaries in non-CGHS areas.

9. Posts for Newly Approved Wellness Centres:

The proposal for sanction of posts for seven newly approved Wellness Centres - Udaipur, Kollam, Hubli, Sahkarnagar, Rewari, etc. - will be forwarded to the DoE within a week for approval. A review proposal will also be submitted for reconsideration of the current sanction of only one Medical Officer per Centre approved recently by DoE for new WCs.

10. Sanctioning of posts of AD/ AP: Director mentioned that persistent efforts for approval of post

for AD/ AP are continuing with D.O.E for more than two years. Somehow D.O.E is not according approval for Sanctioning of post of AD/ AP. Efforts, nonetheless, are continuing, Director informed. Efforts are underway to expedite operationalization of the new Centres at Warangal, Haldwani, and Hapur, though the acute shortage of doctors remains a major challenge due to restricted approvals from DoE.

#### Participation of Senior Officers:

During the latter part of the meeting, Dr. Jagadeesan (Chennai), Dr. Ravindra (Bangalore), and Dr. Bharat (Mumbai) joined the discussion and shared valuable insights on ongoing digital initiatives and reforms aimed at making CGHS simpler, transparent, and more beneficiary-friendly.

Dr. Ravindra also acknowledged Com. Javali, Circle Secretary, Karnataka, for his active involvement and constructive contribution.

#### A Word on the Transformative Reforms in CGHS:

It is worth proudly noting that many of the major reforms carried out in CGHS over the last two to three years - including revision of hospital and diagnostic rates, streamlining of medicine delivery, rationalization of empanelment procedures, and enhanced grievance redressal mechanisms - have been the direct outcome of sustained and strenuous efforts of SNPWA at all levels.

The steadfast advocacy and persistence of our leadership, particularly at the CHQ level, have drawn positive, receptive, and action-oriented responses from the CGHS top brass, culminating in a series of beneficiary-centric reforms that have significantly improved the system's reach, efficiency, and compassion.

This synergy between SNPWA's constructive advocacy and the responsive leadership of CGHS, especially under Respected Dr. Sateesh, deserves the highest appreciation.

**Conclusion:** The meeting was exceptionally fruitful and reform-driven, reflecting a new spirit of empathy, accountability, and modernization in CGHS administration. SNPWA places on record its deep appreciation and gratitude to Dr. Sateesh, the visionary Director of CGHS, whose sincerity, efficiency, and humane approach are giving renewed hope to pensioners across the nation.

We remain confident that the decisions and reforms discussed in this meeting will mark a turning point in the history of CGHS, making healthcare accessible, affordable, and dignified for all.

COURTESY: SNPWA WEB.