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Monthly NEWS Magazine
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A SYMBOL OF
PENSIONERS'
UNITY

ESTABLISHED IN : 1955

**BHARAT PENSIONERS'
SAMAJ**

(All India Federation of Pensioners' Associations)
(Registered No. 2023 of 1962-63), Recognised by GOI-DOP&PW
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Appeal

SG/BPS/RELHS/2020/4

Dated 23.08.2020

To
The Honourable Prime Minister,
Government of India

Through e-mail

Subject : Relook on Railway's RELHS (Retired Employees Liberalized Health Scheme) to bring it a par with CGHS (Central Govt. Health Scheme)

Sir,

As all our appeals to the Ministry of Railways & Railway Board on the subject have fallen on deaf ears. 'Bharat Pensioners Samaj' The All India Pensioners Federation through this appeal seek your intervention to help Railway's over 14 lac Senior Citizens. Sir, we have nothing except our blessing to offer. Kindly help considering the following :

1. Railway Health Units are located mostly at a distance of about 80 Kms from one health unit to other health unit . (RAILWAY BOARD No. 2016/H/Treatment Facility Dated-03.08.2018). This, causes difficulty for the retired railway medical beneficiaries located at far-flung areas in getting even primary health care. Secondary healthcare is available only at Divisional head quarters and Tertiary health care unit is only at Zonal HQ . Even in cities like Delhi NCR traffic snarls cause difficulties in commuting and Sr citizen beneficiaries often waste their whole day only for visiting the doctor of the Primary health unit.
2. In case of an emergency cashless Medical Aid during 'Golden Hour' is not available to retirees. Due to delay in referral process to appropriate hospital, initial treatment is delayed and lives are lost.
3. Though Rly Rules provide for adequate medical treatment within 'Golden Hour' in an emergency, and that patient should invariably be referred to the nearest Hospital (Railway Hospital/Government Hospital/Recognized Private Hospital/Any other Private Hospital) where such facilities are available irrespective of the jurisdiction of the hospital.. { RAILWAY BOARD No.2012/H/PNM/NFIR Dated 10.5.2018} But this seldom happens due to (1). time involved in reaching appropriate authority (2). Indifferent attitude of most Rly doctors who behave more like officers than Doctors (3).due to paper work involved. Leave aside beneficiaries of lower rung even retired officers find it difficult to get it timely

Referral process:

1. The simplest referral process for referring of patients for Treatment, Investigations, Physiotherapy, etc. to the Private Empanelled and other Govt. Hospitals requires signatures of two doctors (1). Treating Doctor (2). Administrative doctor nominated by MD/ CMS/CMO incharge of hospital who is not available in health unit & one has to travel to Divisional/Central hospital (. { RAILWAY BOARD NO. 2018/Trans Cell//Health/Medical Issues Dated: 24.01.2019}
2. Leave aside referral to private empanelled hospital . In railways even for visiting Railways own Subdivisional/Divisional/Central hospital referral by competent Rly doctor is reqd.

Reimbursement of medical expenses :

1. Majority of Pensioners do not have enough money to initially pay to private hospital for emergency treatment .2. Reimbursement is at CGHS rate whereas hospitals charge much more from non referred patients for emergency treatment 3. Actual System of processing reimbursement, causes much inconvenience and anxiety to Sr citizens who are unable to get reimbursement easily which is much less than the actual cost of treatment.

Smart cards for cashless treatment in emergency :

In July 2016 Railway Ministry launched CTSE Smart card for cashless treatment in Private empanelled Hospitals in case of medical emergencies and charged up-to Rs 30000/additional for this card which no hospital recognizes.

In April 2019 Railway Ministry Launched UMID card (Unique Medical I D card). Facilities promised are not available on ground till today the 19th August 2020

In 2020 during Covid-19 period Rly launched Tele medical consultation in N. Rly Central hospital through 'MYRHIS' Aap which too is proving failure due to (1). Live activation live link not sent to all 'UMID' beneficiaries under the jurisdiction (2). Doctors do not turn up in video conference for consultation on the day & time of appointment.

31st Meeting of Standing Committee of Voluntary Agencies (SCOVA) Ministry of Railways argued (Minutes of 31st SCOVA DOP &PW F No42/03/2019-P&PW(D) dated 25.10.2019 item 5.of discussion) that if the following suggestions on the lines of CGHS i.e. (a) Authorization of Doctors of Railway Health Units for referral to empanelled private hospitals, (b) Special provisions for Treatment of RELHS Beneficiaries who are above 80 years of age (c) Waiving of condition of Referral from Railway Doctor for over 75 years of age RELHS beneficiaries for OPD Consultation & treatment in Government Hospitals are accepted then the infrastructure and manpower in establishing secondary and tertiary facilities through Divisional/SubDivisional and Central Hospitals will remain under-utilized/unutilized.

Sir, Ground reality is that today these facilities are over crowded. More over ,Railway hospitals are now empanelled to 'Ayusaman Bharat' and have been opened to Central Govt Employees also. In any case these rly facilities are usefull only to those who happen to reside nearby.

In view of the above facts we request you to take a relook on RELHS and considering the following points & to bring RELHS at par with CGHS:

1. The ratio of pensioners to serving employees is of the order of 1.8:1 already. In the railway sector, octogenarians constitute more than 30% of the total pensioners. Railways have the largest

percentage of pensioners above the age of 80 years While in all other ministries/departments this percentage is in the range of 7-9% but. in the Railways it is 21% (7th CPC Report, page 384, Para 10. 1.3 (i) and will be rising year by year). Such octogenarian pensioners cannot withstand the rigors of the present system of healthcare in Railways.

2. The requirements of looking after the treatment and well-being of railway pensioners are becoming increasingly larger day by day. Evidence of this can be verified from records of treatment at all railway hospitals/health units across the country. Serving employees have ready access to railway medical/health facilities, being stationed at or close to locations/areas of railway operations.

3. The larger numbers of retirees, are spread out far and wide, with many of them settled in locations having no railway health/medical facilities. Even otherwise many of them lack ready access to railway facilities due to their living far away from railway hospitals/health units.

4. Existing referral policy is a cruel joke on septuagenarians & octogenarian beneficiaries.

5. With the abolition of a separate Railway Budget, Railways are like any other Ministry/Department in all matters other than those exclusively rail transport related.

6. This is all the more so in matters pertaining to health and treatment of railway retirees/pensioners as such exclusive railway-related requirements do not arise in their case. All Central Government pensioners could and should thus be placed on the same footing.

7. RELHS provisions have been derived from those of the CGHS.

8. There should therefore be no *real* need for referral by the Railways for pensioners/retirees accessing nearby CGHS facilities nor, for that matter, separate empanelment of CGHS empanelled hospitals by the Railways, as the standard conditions and rates are the same.

9. Existing Rly medical facilities are grossly insufficient for RELHS beneficiaries as these are (1) over crowded which will further increase due to empanelment of Railway Hospitals with Ayushman Bharat and opening of Railway hospitals to other Central govt.employees.

10. It is therefore high time that the beneficiaries of RELHS scheme be given the freedom/choice to get treated in any CGHS empaneled hospital/s if they find this to be more convenient to them from the viewpoint of logistics/quickness of access, etc. Financial and accounting systems are *really* no hindrance and can easily be revised.

Bharat Pensioners Samaj therefore appeal to you to bring RELHS at par with CGHS .

Thanking you in anticipation

Truly yours,



S C Maheshwari

Secy Genl Bharat Pensioners Samaj