

XXIII

Bill No. XLIV of 2025

A Bill to prohibit violence against healthcare workers and professionals and damage or loss to the property of medical establishments across the country by constituting an institutional mechanism and for matters connected therewith and incidental thereto.

BE it enacted by Parliament in the Seventy-sixth Year of the Republic of India as follows: —

CHAPTER I

PRELIMINARY

1. (1) This Act may be called the Central Protection of Healthcare Workers and Medical Establishments from Violence Act, 2025.
- (2) It shall apply to all medical establishments as defined and registered

Short title,
application and
commencement.

under the Clinical Establishments (Registration and Regulation) Act, 2010 or under any State Act for the time being in force relating to registration of medical establishments.

23 of 2010.

- (3) It shall come into force on such date, as the Central Government may, by notification in the Official Gazette, appoint.

Definitions.

2. (1) In this Act, unless the context otherwise requires, –

(a) “appropriate Government” means–

(i) in relation to medical establishment located in a Union territory without a legislature, the Central Government; and

(ii) in all other cases, the State Government, as the case may be, within whose jurisdiction such medical establishment, is situated.

(b) “Board” means the State Healthcare Protection Board constituted in each State and Union territory under section 16;

(c) “District Committee” means the District Healthcare Vigilance Committee constituted in each district under section 19;

(d) “medical establishment” means any healthcare institution or facility that offers services, facilities, or care requiring diagnosis, treatment (including curative, palliative and preventive), or management of illness, injury, deformity, abnormality, or pregnancy in any recognized system of medicine under the National Commission for Indian System of Medicine Act, 2020 and may include, but not limited to:

14 of 2010.

(i) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium, blood banks, dental clinics, all registered alternative medicine healthcare facilities, physiotherapy clinics, medical camps, first-aid posts, or any other premises offering healthcare services;

(ii) institutions or facilities engaged in pathological, bacteriological, genetic, radiological, chemical, biological investigations, or other diagnostic services, with the aid of laboratory or other medical equipment, usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not;

(iii) any establishment offering healthcare services and owned, controlled, or managed by:

(a). the Central or State Government or a Department of such Government;

(b). Public Sector Undertakings or Autonomous Bodies of the Central or State Government;

(c). Public or private trusts;

(d). Corporations or societies registered under Central, Provincial, or State Acts;

(e). Local authorities;

(f). Single doctors practicing independently;

(iv) mobile medical units and ambulances that are fitted with medical equipment and used for providing healthcare

services;

(v) teaching institutes, primary health centers, pharmacies, radiology and imaging centers, casualty and trauma care centers, health and wellness centers, management and consulting centers, e-medicine and telemedicine centers; and

23 of 2010.

(vi) any clinical establishment as defined in the Clinical Establishments (Registration and Regulation) Act, 2010.

(e) "healthcare worker" or "healthcare personnel" or "healthcare service personnel" means any individual engaged in delivering, supporting or facilitating medical and healthcare services, and includes, –

30 of 2019.

(i) medical practitioners registered in accordance with the provisions of the National Medical Commission Act, 2019, and possessing a recognized medical qualification within the meaning of clause (r) of section 2 of that Act;

(ii) practitioners of Indian systems of medicine or homeopathy registered under any law of appropriate Government, and recognized by the Ministry of AYUSH or any statutory body constituted for such purpose;

21 of 2023

(iii) dentists, dental professionals, dental hygienists, and dental mechanics registered under the National Dental Commission Act, 2023;

26 of 2023.

(iv) nurses, midwives, auxiliary nurse-midwives, and health visitors, registered under the National Nursing and Midwifery Commission Act, 2023;

10 of 2017.

(v) mental health professionals registered under the Mental Healthcare Act, 2017;

8 of 1948.

(vi) a pharmacist registered under the Pharmacy Act, 1948;

(vii) paramedical and allied health professionals and students including physiotherapists, radiologists, dieticians, occupational and speech therapists, pharmacists, and diagnostic services providers, recognized under any law of appropriate Government or by any authority constituted by the such Government;

(viii) medical and nursing students undergoing education or training in any recognized systems of medicine or healthcare profession;

(ix) community health workers such as polio workers, lady health workers, Accredited Social Health Activist (ASHA) workers or any such other individual deployed in public health outreach activities;

(x) any person, including support staff, ambulance drivers, paramedics, social workers, bereavement counsellors, transplant coordinators, security personnel, or administrative and non-clinical staff, who by virtue of their employment in a medical establishment, directly or indirectly participates in healthcare delivery;

(xi) any other person or class of persons notified by the Central Government in the Official Gazette for the purposes

of this Act;

(f) "healthcare services" means any service relating to the provision, facilitation, curative, rehabilitative, preventive, promotive, supportive, or administrative functions aimed at managing any disease, injury, disability or overall health, and includes efforts to provide, facilitate, or ensure access to necessary healthcare for individuals, such as locating, treating, or transporting those in need, as well as the management and operation of healthcare facilities;

(g) "prescribed" means prescribed under the rules made under this Act;

(h) "property" means any movable or immovable asset, including medical equipment or machinery, owned by, in possession of, or under the control of any healthcare professional, medical personnel, or medical establishment; and

(i) "violence" means any act that causes or may cause harm, injury, intimidation, or endangerment to the life of healthcare worker, whether occurring within a medical establishment or outside it, and shall include, but not limited to,—

(i) physical harm through actions resulting in bodily injury, grievous hurt, or death to healthcare worker;

(ii) psychological abuse including verbal abuse or harassment intended to insult, humiliate, or provoke healthcare worker in the performance of their duties;

(iii) any interference that obstructs or hinders or prevents healthcare worker from carrying out their responsibilities, regardless of the location;

(iv) loss or damage to any property, medical equipment, or documents in the custody of or associated with healthcare worker or medical establishments; and

(v) harassment including any unwanted conduct that violates the dignity of healthcare workers, impacting their living and working conditions and affecting their ability to perform their duties effectively; or

(vi) any other activity that results in mental anguish, physical injury, or death to the healthcare service providers or beneficiary of healthcare services.

CHAPTER II

OFFENCES AND PENALTIES

Prohibition of violence against healthcare workers and damage to property of medical establishments.

3. (1) No individual shall, by words, either spoken or written, or by signs or by visible representations or otherwise, engage in any act of violence against a healthcare worker, whether during the discharge of their professional duties or otherwise, or cause any damage or loss to any property, within or associated with, a medical establishment.
- (2) Any act of violence against a healthcare worker or damage to the property of a medical establishment under sub-section (1), which is motivated, whether wholly or in part, by considerations of caste, gender, religion, language, or place of birth, is hereby prohibited.
- (3) The appropriate Government shall, in consultation with the Central Government, notify and implement such measures, as may be necessary or expedient to prevent and mitigate any act of violence against

healthcare workers and damage to property of medical establishments, ensuring that such acts are addressed and remedied at all levels of governance, as expeditiously as possible.

4. (1) Whoever commits, abets or incites commission of any act of violence or damage in contravention of the provisions of section 3, shall be punished with imprisonment which shall not be less than six months but which may extend to five years, and with fine **which** shall not be less than fifty thousand rupees but which may extend upto five lakh rupees;

Penalties for violence against healthcare workers and damage to property of medical establishments.

(2) Whoever, while committing violence or damage as referred to under sub-section (1) of section 3, causes grievous hurt, as defined under section 116 of the Bharatiya Nyaya Sanhita, 2023, to any healthcare worker, shall upon conviction be punished with imprisonment for a term which shall not be less than three years, but which may extend to ten years and with fine which shall not be less than two lakh rupees but which may extend to ten lakh rupees.

45 of 2023.

5. (1) Notwithstanding anything contained in the provisions of the Bharatiya Nagarik Suraksha Sanhita, 2023, upon receipt of a written complaint from the aggrieved healthcare worker the person in charge or head of the medical establishment, as the case may be, in which the healthcare worker is working, shall, within such period as may be prescribed, notify the officer in charge of the police station having territorial jurisdiction, regarding the commission of an offence under this Act, in such form and manner as may be prescribed.

Information and registration of offence.

(2) In the event of any violence against healthcare workers while on duty, the head of the establishment shall be responsible for causing an institutional First Information Report to be filed, within a period not exceeding six hours from the time of occurrence of such incident.

(3) Upon receipt of a complaint or information under sub-section (1), either from the medical establishment or an aggrieved healthcare worker, the police officer shall, notwithstanding anything to the contrary contained in the Bharatiya Nagarik Suraksha Samhita, 2023, register a First Information Report within one hour of receiving such complaint or information.

46 of 2023.

6. Notwithstanding anything contained in the Bharatiya Nagarik Suraksha Sanhita, 2023, an offence punishable under this Act shall be cognizable and non-bailable.

Offence to be cognizable and non-bailable.

7. (1) (i) Notwithstanding anything contained in the Bharatiya Nagarik Suraksha Sanhita, 2023, any case registered under this Act shall be investigated by a police officer not below the rank of Inspector;

Investigation, supervision and trial of cases.

(ii) The investigation of each such case shall be completed within a period of thirty days from the date of registration of the First Information Report;

(iii) Each such investigation shall be supervised by a senior police officer not below the rank of Deputy Superintendent of Police, in such manner as may be prescribed.

- (2) (i) All inquiries and trials under this Act shall be conducted as expeditiously as possible and once examination of witnesses has commenced, the same shall proceed on a day-to-day basis until all witnesses in attendance have been examined, unless a court-ordered adjournment is necessary for reasons to be recorded in writing by the Court;

(ii) Notwithstanding anything contained in the Bharatiya Nagarik Suraksha Sanhita, 2023, efforts shall be made to ensure that the inquiry or trial is concluded within a period of one year

46 of 2023.

from the date of filing of charge-sheet:

Provided that such period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time:

Provided further that where the trial is not concluded within the said period, the Judge shall record the reasons for delay in writing.

- (3) (i) For the purpose of ensuring speedy trial in all cases registered under this Act, the appropriate Government shall, with the concurrence of the High Court, establish by notification in the Official Gazette, one or more Special Courts in each district, to try offences under this Act; and

(ii) The appropriate Government shall, by notification in the Official Gazette, designate for every such Special Court, a Special Public Prosecutor for the purpose of conducting cases under this Act in that Court.

Presumption as to certain offences.

8. Where an individual is charged with commission of an offence under section 3, the Court shall presume that the individual has committed the offence, unless proven otherwise.

Compensation for acts of violence.

9. In addition to the penalties provided under section 4, any individual found guilty of an offence under this Act shall be required to pay compensation, as follows, –

(i) an amount equal to twice the fair market value of the property damaged or the loss incurred, as adjudicated by the competent court;

(ii) a sum of one lakh rupees for inflicting hurt on a healthcare worker and five lakh rupees for inflicting grievous hurt on a healthcare worker, or as determined by the competent court:

Provided that if the convicted individual fails to remit the compensation provided under this section, the amount shall be recoverable as arrears of land revenue in accordance with the provisions of the Revenue Recovery Act, 1890.

1 of 1890.

Presumption of culpable mental state.

10. In any prosecution for an offence under section 3, wherein the commission of the offence necessitates a culpable mental state on the part of the accused, the Court shall presume the existence of such culpable mental state, however, it shall be open to the accused to rebut this presumption by proving that he did not possess such mental state with respect to the act constituting the alleged offence.

Explanation.—For the purposes of this section,—

(a) a fact is said to be proved only when the Court believes it to exist beyond reasonable doubt and not merely when its existence is established by a preponderance of probability.

(b) "culpable mental state" includes intention, motive, knowledge of a fact and the belief in, or reason to believe, a fact.

Prohibition of carrying weapons into a medical establishment.

11. (1) Notwithstanding anything to the contrary contained in any other law for the time being in force, no person shall possess, carry, or display any arms, including licensed weapons, within the premises of any medical establishment:

Provided that no provision of this section shall apply to arms

officially permitted for security purposes and carried by law enforcement agencies or security personnel on duty at the medical establishment.

Explanation.— For the purposes of this sub-section, "arms" shall have the meaning assigned to it under clause (c) of section 2 of the Arms Act, 1959.

54 of 1959.

(2) Whosoever found in violation of sub-section (1) shall be liable to punishment with imprisonment of either description for a term of not less than one month but which may extend to six months, or with fine, which shall not be less than fifty thousand rupees but which may extend to three lakh rupees, or with both.

12. Where, during any stage of the inquiry, investigation or trial under this Act, it is established to the satisfaction of the court that no violation of the provisions of this Act was committed by the accused and that the complaint or the charge made against the accused was false and malicious, the individual making such false or malicious charge shall be liable to be prosecuted and punished under the relevant provisions of the Bharatiya Nyaya Sanhita, 2023.

Punishment for false charge.

45 of 2023.

CHAPTER III

SAFETY STANDARDS AND RESPONSIBILITIES

13. (1) Every medical establishment shall ensure the creation and maintenance of a safe and secure working environment for all healthcare workers within its premises, in accordance with the guidelines issued by the Central Government under sub-section (2) and for this purpose, undertake the following measures, namely, –

Safe working environment in medical establishments.

(i) All medical establishments including colleges and hospitals thereunder shall develop a policy for ensuring a safe working environment within their campus;

(ii) Any incident of violence within the premises shall be promptly investigated by the management, and a First Information Report shall be lodged as per the provisions of section 5 of this Act;

(iii) A detailed action taken report on any incident of violence shall be sent to the National Medical Commission within forty-eight hours of the occurrence of the incident;

(iv) All medical establishments shall be declared as 'Safe Zones' where any act of violence or threats shall result in swift legal action;

(v) All medical establishments shall develop and implement internal policies to address workplace violence, including protocols for responding to and reporting such incidents; and

(2) The Central Government shall, from time to time, issue guidelines on the safety standards and measures to be deployed in all medical establishments across the country.

14. Every medical establishment shall implement such basic safety measures as may be necessary to ensure the physical security of healthcare workers, patients, and attendants, and to prevent the occurrence of violence within its premises, which shall include but not be limited to, –

Basic safety measures in medical establishments.

(i) implementing advanced security measures, including but not limited to improved lighting, monitored CCTV cameras, and trained security personnel covering high-traffic areas like emergency rooms, operation theatres, connecting pathways, along with other such areas identified by the medical establishment;

(ii) adequate CCTV surveillance within and outside the

premises;

(iii) stationing Quick Response Teams, equipped with effective communication tools to respond to incidents of violence or threats in a timely manner;

(iv) mandatory de-escalation and crisis management training to healthcare workers to manage patient families in high-stress situations along with training on the legal recourses available in case of violence;

(v) provision of safe and secure transportation facilities to healthcare workers for traveling to and from hospitals and other relevant medical institutions, especially during night shifts;

(vi) installing and maintaining CCTV cameras at all critical entry points to ensure the screening of individuals for weapons or prohibited items and secure storage and regular review of the footage in accordance with the security protocols issued by the Central Government, from time to time, as per sub-section (2) of section 13;

(vii) addressing instances of violence, disproportionately affecting female and younger healthcare workers by prioritizing their safety in medical establishment infrastructure design, including secure duty and rest rooms and separate facilities for female healthcare workers;

(viii) designating and deploying a trained security force which shall be responsible for managing the safety of sensitive areas, including emergency rooms, Intensive Care Units, and entry points and impart training to them in handling violent situations, de-escalation techniques, and healthcare-specific security challenges;

(ix) ensuring establishment of emergency response protocols for handling incidents of violence or threats to safety;

(x) implementing access control measures or systems such as identification checks and systems, visitor badges and screening, and security personnel at critical points to restrict entry of unauthorized persons, particularly in sensitive zones such as Intensive Care Units, emergency wards, and healthcare professionals' resting rooms;

(xi) deploying a visitor management system to regulate the flow of visitors and to ensure that only authorized personnel and family members are allowed in patient area; and

(xii) ensuring the provision of adequate sanitation, nutrition and hygiene measures to all healthcare workers.

Responsibilities
of healthcare
workers and
medical
establishments.

15. (1) Before initiating any treatment or medical procedure, every doctor, medical professional, or medical establishment, as the case may be, shall provide an explanatory note to the patient, or their nearest kin or attendant, outlining:

(i) the present medical condition of the patient;

(ii) expected procedures and treatments;

(iii) possible outcomes of the treatment;

(iv) expected recovery time;

(v) chances of failure of the prescribed procedures; and

(vi) estimated expenses for medication, procedures,

treatment, and services:

Provided that a confirmation of understanding must be obtained either in writing or recorded verbally in such form and

manner as may be prescribed in the presence of at least two witnesses.

Provided further that this requirement shall not delay emergency or trauma care, and the explanatory note shall be given and written or verbal confirmation of understanding obtained as early as reasonably possible;

(2) All healthcare service providers shall ensure that the treatment and procedures are explained in a clear and comprehensible manner to the patient or their designated attendant before and during treatment;

(3) All medical establishments shall —

(i) safeguard patient confidentiality, uphold the highest standards of ethical conduct, and provide emergency care without discrimination, except on medical grounds;

(ii) furnish, upon request, a copy of the patient's medical record or any part thereof to the patient or their designated attendant;

(iii) ensure display of essential information for all stakeholders, including patients, visitors, and healthcare staff, at noticeable places within their premises;

(iv) provide separate duty rooms for male and female healthcare workers and ensure basic amenities such as sanitation, resting spaces, and access to food and water during night shifts;

(v) be equipped with CCTV surveillance at critical entry points to monitor any unwanted access by attendants of patients into sensitive areas, such as Intensive Care Units and doctors' resting rooms;

(vi) provide mental health counselling services for their staff, especially those who have been victims of violence or face high-stress work environments and institute peer support groups to offer ongoing emotional and psychological support;

(vii) establish a clear, visible emergency reporting mechanism that healthcare workers can use to alert security personnel in the event of an emergency;

(viii) abide by the safety standards and guidelines issued under sections 13 and 14 of this Act.

(4) Any healthcare worker or medical establishment found to be in violation of any of provisions of sub-section (3) or refuses treatment to a patient on malicious grounds, shall be punished by disciplinary action, suspension, or revocation of licenses for medical practice or sealing of the medical institution, as the case may be, as prescribed by the appropriate Government in accordance with the relevant laws, rules, and regulations in this regard.

CHAPTER IV

STATE HEALTHCARE PROTECTION BOARD AND DISTRICT HEALTHCARE VIGILANCE COMMITTEES

16. (1) **The appropriate Government shall, by notification in the Official Gazette constitute, a Board, to be known as the State Healthcare Protection Board in each State and Union territory to be known as the —(name of the State/Union territory) Healthcare Protection Board for the purposes of overseeing and ensuring implementation of the provisions of this Act and the rules made thereunder within its territorial jurisdiction.**

Constitution of
State Healthcare
Protection Board.

(2) The composition of the Board shall be as follows, -

(i) the Minister in charge of the Ministry or Department of Health and Family Welfare in the appropriate Government—Chairperson, *ex-officio*;

(ii) the Secretary or Principal Secretary to the appropriate Government in the Ministry or Department of Health and Family Welfare—Vice-Chairperson, *ex-officio*;

(iii) one officer not below the rank of Joint Secretary in the Ministry or Department of Health and Family Welfare in the appropriate Government, to be nominated by that Government in such manner as may be prescribed;

(iv) the Director of Health Services or Director of Medical Education in the State, as decided by that Government - Member *ex-officio*;

(v) a legal expert of repute to be nominated by the State Advocate General or the Attorney General of India, as the case may be, in such manner as may be prescribed Member;

(vi) a senior police officer not below the rank of Superintendent of Police to be nominated by the appropriate Government in such manner as may be prescribed – Member *ex-officio*;

(vii) one person to be nominated by the State Medical Council in such manner as may be prescribed – Member;

(viii) three persons to be nominated by the appropriate Government in such manner as may be prescribed, representing healthcare professionals, which may include doctors, nurses, paramedics – Members;

(ix) one public health expert or civil society representative working in the field of healthcare to be nominated by the appropriate Government; in such manner as may be prescribed – Member; and

(x) two representatives of the patient-community, to be nominated by the appropriate Government, in such manner as may be prescribed – Member.

(3) The qualifications and experience, term of office, salary and allowances of the Chairperson, Vice-Chairperson and Members specified in clauses (f) to (j) of sub-section (4) of the Board shall be such as may be prescribed.

(4) The Board shall regulate its own procedure with transaction to its business and for discharge of its powers and functions under this Act and for this purpose, may issue regulations in this regard.

17. The Board shall be responsible for overseeing the implementation of the provisions of this Act within the States and Union territories, as the case may be, and for that purpose, shall perform all of any of the following functions,—

(i) monitor adherence to the prescribed safety standards by medical establishments;

(ii) ensure institutional compliance with the provisions of this Act and redressal of incidents of violence;

(iii) coordinate with law enforcement and district authorities for implementation of the provisions of this Act;

(iv) constitute and supervise functioning of the District Healthcare Vigilance Committees under section 19 and provide adequate funds for their efficient functioning;

(v) oversee and analyze reports from the District Committees and forward the recommendations from District Committees for disciplinary and/or legal action against public officials for dereliction of duty under clause (ii) of section 20 to the appropriate Government for necessary action at their end;

(vi) submit an annual report to the appropriate Government on the activities undertaken by it for the implementation of the Act and including therein incident data, and recommendations to mitigate occurrence of such incidents etc.; and

(vii) perform such other functions as may be prescribed by the appropriate Government from time to time.

18. (1) **The appropriate Government, may appoint such number of officers and staff to the Board, as may be required, for the efficient discharge of its functions under this Act.**

Officers and staff
of the Board.

(2) **The method of appointment, the salaries and allowances payable to and other terms and conditions of service, of the officers and staff, so appointed under sub-section (1), shall be such as may be prescribed.**

19. (1) **The Board shall, by notification in the official Gazette, constitute a District Healthcare Vigilance Committee in each district within the States and Union territories, to monitor the implementation of this Act and ensure compliance with the safety standards prescribed under sections 13 and 14 of this Act.**

Constitution of
District
Healthcare
Vigilance
Committee.

(2) **The composition of the District Committee shall be as follows, –**

(i) **the District Magistrate- Chairperson, *ex-officio*;**

(ii) **the Chief Medical Officer of the district - Member Secretary *ex-officio*;**

(iii) **one representative from the State Health Department to be nominated by the appropriate Government in such manner as may be prescribed – Member *ex-officio*;**

(iv) **one representative of a recognized medical association to be nominated by the appropriate Government in such manner as may be prescribed – Member;**

(v) **one representative from a civil society organization working in the field of public health to be nominated by the appropriate Government in such manner as may be prescribed – Member; and**

(vi) **two healthcare professionals, one from a government and one from a private healthcare institution, to be nominated by the appropriate Government in such manner as may be prescribed – Members.**

- (3) **The term of office, the salary and allowances payable to and other terms and conditions of service of the Chairperson, Member Secretary and Members of the District Committee shall**

be such as may be prescribed.

(4) The procedure to be followed by the District Committee with regard to transaction of its business shall be such as may be prescribed by regulations, issued by the Board.

Functions of
the District
Committee.

20. The District Committee shall perform all or any of the following functions, namely—

(i) review and audit compliance with the prescribed healthcare safety standards and protocols in public and private medical establishments within the district;

(ii) conduct regular investigations and inquiries into instances of alleged dereliction of duty or willful negligence by public officials in enforcing the provisions of this Act and submit reports thereof to the Board with recommendations for disciplinary or legal action against them;

(iii) conduct awareness campaigns across all medical establishments and communities to promote understanding of the provisions of this Act, deter violent actions, and encourage compliance;

(iv) maintain a district-level database to track incidents of violence against healthcare workers in such form and manner as may be prescribed;

(v) submit biannual reports to the Board constituted under section 16, in such form and manner as may be prescribed.

Officers and
staff of the
District
Committee.

21. (1) The appropriate Government, may appoint such number of officers and staff to the District Committee, as may be required, for the efficient discharge of its functions under this Act.

(2) The method of appointment, the salaries and allowances payable to and other terms and conditions of service, of the officers and staff, so appointed under sub-section (1), shall be such as may be prescribed.

Central
Government
Oversight and
Monitoring.

22. (1) The Central Government shall ensure that the provisions of this Act, and the guidelines framed under sections 13 and 14, are properly implemented across all States and Union territories.

(2) The Central Government shall, from time to time, issue such guidelines, advisories, and model protocols as may be necessary for the effective implementation of this Act.

(3) The Central Government shall have the power to require States and Union territories to submit compliance reports annually or at such intervals as may be prescribed, and may conduct periodic reviews of their performance under this Act.

CHAPTER V

ACCOUNTS, AUDIT AND ANNUAL REPORT

Central
Government to
provide funds.

23. The Central Government may, after due appropriation made by Parliament by law on this behalf, provide, from time to time, adequate funds to the Board of the Union territories without Legislature, for the implementation of the provisions and purposes of this Act.

Grants and
loans by the
State or Union
territory
Government.

24. The State or Union territory Government may, after due appropriation made by State or Union territory Legislature, as the case may be, by law in this behalf, make to the State Board concerned, grants and loans of

such sums of money as the State or Union territory Government may think fit for carrying out the purposes of this Act.

25. (1) The Board shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed by the appropriate Government in consultation with the Comptroller and Auditor-General of India.

Accounts and
audit.

(2) The accounts of the Board shall be audited by the Comptroller and Auditor-General of India or by any person so appointed by him in this behalf, annually or at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Board to the Comptroller and Auditor-General of India.

(3) The accounts of the Board, as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon shall be forwarded annually to the appropriate Government by the Board and the appropriate Government shall cause the annual accounts along with the audit report thereon to be laid, as soon as may be after it is received, before each House of Parliament or, as the case may be, before the State Legislature or the Union territory Legislature, where it consists of two Houses, or where such legislature consists of one House, before that House.

26. (1) The Board shall prepare, in such form and manner, as may be prescribed, its annual report, giving a full account of its activities during the previous financial year, and submit a copy thereof to the appropriate Government.

Annual Report.

(2) A copy of the report received under sub-section (1) shall be laid, as soon as may be after it is received, before each House of Parliament or, as the case may be, before each House of the State Legislature or the Union territory Legislature, where it consists of two Houses, or where such legislature consists of one House, before that House.

CHAPTER VI

MISCELLANEOUS

27. (1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as appear to it to be necessary or expedient for removing the difficulty:

Power to remove
difficulties.

Provided that no such orders shall be made after the expiry of the period of three years from the date of commencement of this Act.

(2) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

28. (1) The appropriate Government may, by notification in the official Gazette, make rules for carrying out the provisions of this Act.

Power of the
appropriate
Government to
make rules and of
the Board to
make regulations.

(2) The Board, may from time to time, with the approval of the appropriate Government, by notification in the Official Gazette, make regulations not inconsistent with the provisions of this Act and the rules made thereunder, to provide for all matters for which provision is necessary or expedient for the purposes of giving effect to the provisions of this Act.

(3) Every rule or regulation made by the Central Government under this section shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions,

and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both the Houses agree that the rule should not be made, the rule or regulation shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation.

(4) Every rule made by the State Government or the Union territory Government, as the case may be and every regulation made by the Board, under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature or the Union territory Legislature, where it consists of two Houses, or where such legislature consists of one House, before that House.

Act to
supplement
other laws.

- 29.** The provisions of this Act shall be in addition to and not in derogation of any other law in this regard, for the time being in force.

STATEMENT OF OBJECTS AND REASONS

Violence against healthcare workers is a growing and systemic issue in India, encompassing physical assaults, verbal abuse, bullying and sexual harassment. According to the Indian Medical Association, healthcare workers are four times more likely to face injury or require time away from work due to violence compared to other sectors. Shockingly, over 75per-cent. of doctors have reported experiencing some form of violence, with 68.33per-cent. of incidents having been perpetrated by patients' attendants or escorts.

The violence manifests in multiple forms, including verbal abuse, telephonic threats, physical assaults, murder and arson. These attacks have severe psychological consequences for healthcare workers, causing insomnia, anxiety, depression and fear, ultimately affecting their ability to perform their duties effectively. The repercussions are not limited to the healthcare workers alone but extend to the patients, as such incidents undermine the quality of healthcare services and fuel more violence in a vicious cycle.

In response to the increasing incidents of violence, there have been multiple strikes and protests led by medical professionals across the country. The medical community has repeatedly called for stronger protection for healthcare workers, recognizing that violence against healthcare workers weakens the health system, affects patient care and needs urgent attention from all societal stakeholders.

Although some States have enacted laws to address the issue, this legal framework remains fragmented. There is, therefore, an urgent need for a comprehensive national legislation that uniformly protects healthcare professionals across the country and ensures a zero-tolerance approach towards any form of violence against them. The object of this Bill is to establish a strong legal deterrent against all forms of violence against healthcare workers, ensuring a safe and conducive working environment in the healthcare sector. The Bill aims to provide uniform protection across States, filling the legislative gaps that currently exist and reinforcing the safety, security and dignity of healthcare workers in India.

Hence, this Bill.

FAUZIA KHAN.

FINANCIAL MEMORANDUM

Clause 16 of the Bill provides for the constitution of State Healthcare Protection Boards by the appropriate Government in each State and Union territory for ensuring the implementation of the provisions of this Act its composition and for the salary and allowances payable to and other terms and conditions of service of the Chairperson, Vice-Chairperson and Members thereof. Clause 18 of the Bill provides that the appropriate Government may appoint such number of officers and staff to the Board as deemed necessary and for the salaries and allowances payable to them as well as other terms and conditions of their service. Clause 19 provides for the constitution of District Healthcare Vigilance Committees in each district, its composition and for the salary and allowances payable to and other terms and conditions of service of the Chairperson and Members thereof. Clause 21 provides that the appropriate Government may appoint such number of officers and staff to the District Committee as deemed necessary and for the salaries and allowances payable to them as well as other terms and conditions of their service. Clause 23 provides for the provision of adequate funds by the Central Government to the Board of the Union territory without Legislature for the implementation of the Act.

The Bill, therefore, if enacted, would involve both recurring and non-recurring expenditure from the Consolidated Fund of India. However, at this juncture, it is difficult to estimate the actual expenditure likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 27 empowers the Central Government to make such provisions through an order for removing any difficulty that might arise in giving effect to the provisions of the Bill. Clause 28 of the Bill empowers the appropriate Government to make rules and the Board, with the approval of the appropriate Government to make regulations for carrying out the purpose of this Bill.

As the orders or rules or regulations relate to the matters of procedural and administrative details only, the delegation of the legislative power is of a normal character.