AS INTRODUCED IN THE RAJYA SABHA
ON THE 7TH FEBRUARY, 2025

Bill No. VIII of 2025

THE DIGITAL HEALTH RECORDS (MANDATORY USE) BILL, 2025

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BILL

to mandate the use of digital health records for patients in government healthcare establishments, and for public servants, to ensure transparency, improve healthcare efficiency, and build a comprehensive health data ecosystem 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:—

Short title and commencement.

1. *(1)* This Act may be called the Digital Health Records (Mandatory Use) Act, 2025.

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

Definitions.

2. In this Act, unless the context otherwise requires, —

(a) "ABHA" or 'ABHA ID' means the Ayushman Bharat Health Account, a unique electronic identifier for a patient, under the Ayushman Bharat Digital Mission administered by the Union Ministry of Health and Family Welfare;

(b) "digital health record" means electronic documentation of a patient's medical history, treatment, diagnostic test results, prescriptions, and such other health related data, as may be prescribed;

(c) "government healthcare establishment" or "healthcare establishment" or "healthcare service provider" means any clinical establishment, as defined under the Clinical Establishments (Registration and Regulation) Act, 2010, owned, controlled, or funded by the Central Government, State Government, or any local authority, and provides healthcare services to the general public; 23 of 2010.

(d) "helpdesk" means a designated service centre within healthcare establishments to assist patients with the creation and use of ABHA accounts;

(e) "patient" means an individual who seeks healthcare facility in a government healthcare establishment on account of a real or perceived illness or for disease prevention or health promotion;

(f) "prescribed" means prescribed by rules made under this Act;

(g) "public servant", shall be any person as defined in clause *(28)* of section 2 of the Bharatiya Nyaya Sanhita, 2023 (45 of 2023); and

(h) "telemedicine service" means use of digitally stored information and communication technologies to provide healthcare services, especially in cases where distance is a critical factor.

Mandatory Digital Health Records.

3. *(1)* Every patient at a government healthcare establishment shall be required to create and use an ABHA ID for accessing medical services.

(2) All public servant shall create and maintain their health records digitally through ABHA.

Prohibition of unauthorized use of ABHA ID.

4. No healthcare provider, authority, or entity shall collect, store, or process a patients' ABHA ID or associated digital health records without prior consent of the patient, except as provided under this Act or other applicable laws.

Responsibilities of government healthcare establishments

5. *(1)* Every government healthcare establishment shall:

(a) integrate its systems with the Ayushman Bharat Digital Mission to facilitate the seamless creation and use of ABHA accounts;

(b) facilitate the creation of ABHA IDs for patients at no cost through designated helpdesks; and

(c) undertake regular awareness programs to educate patients about the benefits of digital health records and encourage voluntary adoption.

(2) Every government healthcare establishment shall comply with standards for data security, interoperability, and privacy as prescribed under this Act and other applicable laws.

Rights and Safeguards.

6. *(1)* The digital health records generated or maintained under this Act shall be subject to the provisions of the Personal Data Protection Act, 2023, and other applicable data protection laws.

(2) Every patient shall retain the following rights concerning his digital health records, in such manner as may be prescribed:

(i) the right to access the digital health records, free of charge;

(ii) the right to request corrections to inaccuracies in their health records; and

(iii) the right to seek erasure of their health records or restrict processing, subject to applicable laws.

(3) The Central Government may prescribe additional safeguards to ensure rights of a patient.

Responsibility of Central and State Government.

7. *(1)* The Central Government shall, —

(a) institute a mechanism for monitoring the implementation of the provisions of this Act by such nodal authority, as may be prescribed; and

(b) periodically review global standards and best practices in digital health records and incorporate relevant measures to strengthen the Ayushman Bharat Digital Mission.

(2) The State Governments shall, —

(a) collaborate with the nodal authority of the Central Government to ensure seamless integration of the Ayushman Bharat Digital Mission with healthcare service providers under the State Government;

(b) establish state-level help desks to assist patients in creating and managing ABHA IDs; and

(c) ensure that all healthcare service provides under State Government comply with the provisions of this Act and provide necessary infrastructure for the generation and use of ABHA IDs.

Incentives for adoption and use of ABHA ID.

8. *(1)* The Central Government may incentivise the adoption and use of ABHA IDs for patients who create and actively use ABHA ID, which may include, but not limited to, —

(a) preference in scheduling appointments in Outpatient Departments (OPD) of government healthcare establishments;

(b) eligibility for discounts or financial assistance for treatments in government healthcare facilities, as may be prescribed; and

(c) access to telemedicine services facilitated by the government, enabling consultations *via* phone or digital platforms.

(2) The continuation of such incentives provided in accordance with sub-section *(1)* shall be subject to active usage of the ABHA account.

Provisions for User-Friendliness.

9. *(1)* Every healthcare establishment, —

(a) shall make efforts to simplify the process of creating ABHA accounts, particularly for patients unfamiliar with digital systems; and

(b) may use Artificial Intelligence (AI)-driven analytics to provide personalized healthcare insights and improve treatment accuracy.

(2) The Central Government shall make efforts to integrate ABHA usage with existing healthcare schemes such as Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Employees' State Insurance Scheme (ESI) for seamless benefits.

Digital Health Records and Telemedicine.

10. *(1)* The digital health records shall serve as the foundation for telemedicine services, enabling healthcare service providers to access patient histories, diagnostic reports, and treatment plans remotely.

(2) Every Government healthcare establishment and telemedicine service provider shall integrate with the Ayushman Bharat Digital Mission to provide real-time access to patient health records for consultations.

Central Government to provide funds.

11. The Central Government shall, after due appropriation made by Parliament by law in this behalf, provide requisite funds to the State Governments, from time to time, for carrying out the purposes of this Act.

Penalty.

12. Whoever contravenes any provision of this Act shall be liable to such penalties as specified under section 40 and section 45 of the Clinical Establishments (Registration and Regulation) Act, 2010. 23 of 2010.

Act not in derogation of any other law.

13. The provisions of this Act shall be in addition to and not in derogation of the provisions of any other law for the time being in force and, in case of any inconsistency, the provisions of this Act shall have overriding effect on the provisions of any such law to the extent of the inconsistency.

Power to make rules.

14. *(1)* The Central Government may, by notification in the Official Gazette, make rules for the proper implementation of the provisions of this Act.

(2) Every rule made by the Central Government under this Act 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 both Houses agree that the rule should not be made, the rule 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.

STATEMENT OF OBJECTS AND REASONS

The objectives of the provisions of this Bill are the following:

1. *Enhancement of Healthcare Quality:* Access to comprehensive health records improves diagnosis and treatment.

2. *Promotion of Efficiency:* Digitalization reduces redundancies and administrative burdens.

3. *Empowerment of Patients:* Patients can make informed decisions about their health.

4. *Public Health Insights:* Aggregated, anonymized data aids disease monitoring and policy formulation.

5. *Alignment with Global Standards:* Ensures India's healthcare system is on par with developed nations.

6. *Incentives to Drive Adoption:* Encouraging adoption through priority services and financial assistance.

7. *Integration of Telemedicine with Digital Health Records*: Telemedicine services have been recognized as a critical tool in improving access to healthcare, especially in rural and remote areas.

Drawing inspiration from countries like Australia, where digital health records are seamlessly integrated into telehealth systems, India can significantly improve healthcare delivery through this model. By linking digital health records to telemedicine, it can be ensured that patients receive consistent, efficient, and high-quality care regardless of location.

Hence, this Bill.

SHAKTISINH GOHIL

FINANCIAL MEMORANDUM

Clause 11 of the Bill provides that Central Government shall, after due appropriation made by Parliament by law in this behalf, provide requisite funds to the State Governments, from time to time, for carrying out the purposes of this Act.

Thus, the Bill, if enacted will involve expenditure from the Consolidated Fund of India of an annual recurring expenditure of the estimated amount of rupees two hundred crore and a non-recurring expenditure of about rupees one hundred crore.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 14 of the Bill empowers the Central Government to make rules for carrying out the purpose of this Bill. As the rules relate to the matters of details only the delegation of the legislative power is of a normal character.

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(Shri Shaktisinh Gohil, M.P.)

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