

Annexure - III

No. W/11011/2/2009-RAN
Government of India
Ministry of Health & Family Welfare
(Grants Section)

SOEED 2037

Nirman Bhavan, New Delhi-11
Dated : 13th July, 2009.

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17/7/09
To,
The Director,
RIMS, Imphal,
Manipur.

Subject : Health Minister's Cancer Patient Fund (HMCPF) under Rashtriya Arogya Nidhi (RAN) Scheme -Reg.

The undersigned is directed to inform that Health Minister's Cancer Patient Fund (HMCPF) has been set up within the Rashtriya Arogya Nidhi (RAN) Scheme and it has been decided to place a sum of Rs.10.00 lakh (Rupees Ten lakh only) initially as an advance with the Director, under HMCPF under RAN Scheme.

This amount will be utilized by the Institutes/Hospitals for treatment of poor patients living below poverty line who are suffering from Cancer disease. The financial assistance not exceeding Rs.1, 00,000/- (Rs. One lakh only) in each case may be granted by the concerned Institutes/Hospitals itself.

The above advance is subject to the following conditions: -

- (1) Director/Med. Supdt. of the Institute/ Hospital will deposit the amount in a separate **Bank account (Cancer Fund)** and will keep an account of all amount disbursed by him in each case through his respective Accounts Officer/DDO.
- (2) The accounts along with vouchers/sanctions and all the connected papers will be retained by him for purpose of auditing in future.
- (3) The accounts and various records maintained by the Institute for RAN will be subject to inspection by officers nominated by the Member Secretary of the Fund to see that the scheme is being implemented as per guidelines.
- (4) These records are subject to audit by CAG/DACR.
- (5) A list of **beneficiaries** who have been granted financial assistance under the scheme may be sent to this Ministry every quarter, stating the amount, nature of illness and department recommending treatment in each case by the 15th of the following month at the end of the quarter.
- (6) All conditions for the sanction of advance/treatment under HMCPF within RAN must be satisfied (i.e. income of the patient, family below poverty line, illness as given in the list etc.), before the treatment is commenced

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(7) Individual cases which require assistance more than Rs.1,00,000/- but not exceeding 1,50,000/- may be sent to the concerned State Illness Assistance Fund of the State/UT to which the applicant belongs or to this Ministry in case no such scheme is in existence in the respective State or the amount is more than 1,50,000/-

(8) Re-imburement of medical expenditure already incurred is not admissible under the scheme.

(9) The total family's income certificate from respective State Revenue Authority is required in original for calculation of per capita income and determining BPL status as per the yardstick issued by Planning Commission, which is obtained by dividing total monthly income by the number of total family members of the patient.

(10) The amount should not be used for upgrading the facilities at Institute or for any other purpose and would be utilized only for providing assistance for medical treatment to poor patients.

(11) Advance will be replenished on receipt of intimation regarding utilization certificate in GFR-19A, beneficiaries list, showing illness and sanctioned amounts.

1. A copy of the Guidelines of HMCPF within RAN is enclosed.
2. State wise list of poverty line (in term of income) per person per month as supplied by Planning Commission.
3. Cheque No. 432944 dated 10.7.09 for Rs.10.00 lakh (Rs. Ten Lakh only) is enclosed.

This cheque may please be deposited in a separate account in the Bank: Director, RIMS, Imphal, A/C HMCPF under RAN will be operated by Medical Supdt..

Stamped Receipt of the cheque may kindly be sent duly signed by the Director of Institute for our record.

Any query in this regard for clarification would be welcomed.

Encl: as stated above.

(M. S. Shamsi)

Under Secretary to the Govt. of India.

RASHTRIYA AROGYA NIDHI

The National Illness Assistance Fund (NIAF) renamed Rashtriya Arogya Nidhi (RAN) was set up under Ministry of Health & Family Welfare during 1997 with an initial contribution of Rs. 5.00 crores. State Illness Assistance Funds have also been set up in 23 States viz. Andhra Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil nadu, Tripura, West Bengal, Himachal Pradesh, Gujarat, Bihar, Goa, Chhatisgarh, Jharkhand, Uttarakhand, Haryana and Punjab besides NCT of Delhi and Union Territory of Pondicherry. These States/Union Territories have been released grant-in-aid as admissible under Scheme. Other States/Union Territories have been requested to set up the Fund. All 5 Union Territories (with out legislature) have also set up Committees to screen cases of medical treatment. These UTs were sanctioned an outlay of Rs. 50 lakhs each during the year 1998-99. In January, 1998 it was decided that Medical Superintendent of 3 Central Government Hospitals in Delhi and 3 Institutes of national repute, viz. Dr. R.M.L. Hospital, New Delhi, Safdarjung Hospital, New Delhi, L.H.M.C. & Smt. S.K. Hospital, New Delhi AIIMS, New Delhi, PGIMER, Chandigarh and JIPMER, Pondicherry may be sanctioned an amount of Rs. 10 to 40 lakh each at a time from RAN to provide immediate financial assistance up to Rs. 1,00,000/- (as substituted from Rs. 50,000 w.e.f. 02-06-2008) per case to patients living below the poverty line. This scheme was subsequently extended to NIMHANS, Bangalore, CNCI, Calcutta, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Gandhi Memorial & Associated Hospital and KGMC, Lucknow, NEIGRIHMS, Shillong, and RIMS, Imphal which have also been given similar advances.

A copy of the guidelines of the scheme is enclosed.

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RASHTRIYA AROGYA NIDHI

The Department related Parliamentary Standing Committee on Human Resource Development in their 31st Report on the functioning of the Central Government Hospitals under the Department of Health, had expressed concern about inadequate facilities for the treatment of poor patients for major illness. The committee felt that it was essential to explore all appropriate sources of funds to assist poor patients coming to AIIMS or other Central Govt. Hospitals for their **treatment of specific life threatening illness.**

In view of the recommendations of the above Committee, it was decided to set up a National Illness Assistance Fund renamed Rashtriya Arogya Nidhi (RAN) under the Department of Health, Ministry of Health & Family Welfare. The Committee on non-Plan Expenditure in its meeting held on 17th October 1996 approved the proposal for setting up of the fund. Accordingly the Rashtriya Arogya Nidhi has been set up vide Resolution No. F-7-2/96-Fin-II dated 13/1/97 as published in the Gazette of India (Extraordinary) and has been registered under the Society Registration Act, 1860, as an autonomous Society. This was set up with an initial contribution of Rs. 5 crores from Ministry of Health & Family welfare. The Fund could also be subscribed by individuals in India or abroad with the approval of FCRA, Corporate bodies in private or public sector, philanthropic organisations and all contributions made to this fund are exempt from payment of Income-Tax under section 80-G of Income-Tax Act, 1961.

The Fund will provide financial assistance to patients, living below poverty line who is suffering from major life threatening diseases, to receive medical treatment at any of the super speciality Hospitals/Institutes or other Government hospitals. The financial assistance to such patients would be released in the form of 'one-time grant', which will be released to the Medical Supdt. of the Hospital in which the treatment has been/is being received. In a bid to speed up the assistance to the needy patients, the Scheme has been modified in Jan '98 and an advance of Rs. 10 to 40 lakh has been kept with the Medical Supdts. of AIIMS, New Delhi, Dr. RML Hospital, New Delhi, Safdarjung Hospital, New Delhi LHMC & Smt. S.K. Hospital, New Delhi, and PGIMER, Chandigarh, JIPMER Pondicherry, to enable sanction of an amount up to Rs. 1,00,000/- (as substituted from Rs. 50,000/- w.e.f. 02-061-2008) in each deserving case reporting for treatment in the respective Hospital/Institute. The advance amount would be replenished as and when the reports of its utilization are received from the Hospital/Institute. NIMHANS, Bangalore and CNCI, Calcutta, SGPGIMS Lucknow, Gandhi Memorial & Associated Hospitals(KGMC)Lucknow, NEIGRIHMS, Shillong, RIMS, Imphal have also been given similar advances with suitable instructions to implement the Scheme.

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All State Govts./UT Administrations have been advised vide Ministry of Health & Family Welfare letter dated 11/11/96 to set up an Illness Assistance Fund in their respective States/UTs. It has been decided that grant-in-aid from Central Government would be released to each of these States/UTs (with Legislature) where such Funds are set up. The Grant-in-aid to States/UTs would be to the extent of 50% of the contributions made by the State Govts./UTs to the State Fund/Society subject to a maximum of Rs. 5 crores to States with larger number and percentage of population below poverty line viz. Andhra Pradesh, Bihar, Madhya Pradesh, Karnataka, Maharashtra, Orissa, Rajasthan, Tamil nadu, Uttar Pradesh and West Bengal and Rs. 2 crores to other States/UTs. The State/UT level Funds could also receive contributions/donations from donors, as mentioned for RAN. The Illness Assistance Fund at the State/UT level would release financial assistance to patients living in their respective States/UT up to Rs. 1.5 lakh in an individual case and forward all such cases to RAN. where the quantum of financial assistance is likely to exceed Rs. 1.5 lakh.

The following States/UTs (with Legislature) have set up Illness Assistance Fund:- Karnataka, Madhya Pradesh, Tripura, Andhra Pradesh, Tamil Nadu, Himachal Pradesh, Jammu & Kashmir, Maharashtra, West Bengal, Kerala, Mizoram, Rajasthan, Goa, Gujarat, Sikkim, Bihar, Chhatisgarh, Jharkhand, Haryana, Uttarakhand, Punjab and Uttar Pradesh and the NCT of Delhi and Puducherry.

The following States/UTs have not yet set up the States Illness Assistance Fund in spite of repeated reminders.

1. Assam
2. Manipur
3. Arunachal Pradesh
4. Meghalaya
5. Orissa
6. Nagaland

It has also been provided in the scheme that Union Territories (which do not have a legislature) will be sanctioned a budget outlay out of the NIAF, as and when the UT administration have set up an Illness Assistance Society/Committee. It was decided in the first meeting of the Managing Committee held on 21-10-98 that each UT will be sanctioned a budget outlay of Rs. 50 lakhs. Accordingly the following UTs have been sanctioned a budget outlay of Rs.50 Lakhs each, during the year 1998-99.

1. Lakshadweep
2. Daman & Diu
3. Dadra & Nagar Haveli
4. Andaman & Nicobar Islands
5. Chandigarh

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HEALTH MINISTER'S CANCER PATIENT FUND (with in RAN)

The **Standing Finance Committee (SFC)** has approved the proposal for establishing **National Cancer Fund with the following observations:**

- (i) Health Minister's Cancer Patient Fund is to be established as a separate corpus fund within RAN which would be managed through the Management and Technical Committees of the RAN.
- (ii) The Scheme outlay for the Cancer Patient Fund and its share of Rs.100.00 crores would remain within the approved Plan allocation for National Cancer Control Programme (NCCP) as mandated in the 11th Five Year Plan i.e. Rs. 2400.00 crores.
- (iii) The earning from the corpus fund to be accrued out of the interest from the corpus fund would not be used on meeting the administrative expenses of the corpus fund.
- (iv) An estimate should be made to ascertain the percentage of cancer patients that would be covered under the scheme.
- (v) A cancer expert from the Directorate General of Health Services will be co-opted in the Technical Committee of RAN.

Eligibility for Health Minister's Cancer Patient Fund (HMCPF) within RAN :

- (i) The fund will provide financial assistance to patients, living below poverty line who is suffering from Cancer.
- (ii) Assistance is admissible for treatment in 27 Regional Cancer Centre(s) (RCC) only.
- (iii) Central Govt./State Govt. /PSU employees are not eligible for financial assistance from HMCPF.
- (iv) Re-imburement of medical expenditure already incurred is not permissible.
- (v) Grant from HMCPF would not be used where treatment /facilities for cancer treatment are available free of cost.

Requirement to be fulfilled by the Regional Cancer Centre(s) for further release of Revolving Fund:

Regional Cancer Centre(s) are required to furnish:

- (i) Utilization Certificate in GFR-19 A.
- (ii) The list of beneficiaries indicating the nature of illness and amount sanctioned in each case.

All the Rules, Regulations and the Guidelines framed for running the RAN Scheme would apply to the Health Minister's Cancer Patient Fund (HMCPF)

How to utilize the Health Minister's Cancer Patients Fund (HMCPF) :

In order to utilize the Health Minister's Cancer Patient Fund, it is proposed to establish the revolving fund like RAN in the various Regional Cancer Centre(s) which are getting fund for equipments from Cancer Programme of Government of India. Such step would ensure and speed up financial assistance to needy patients and would help fulfil the objective of HMCPF. The financial assistance to the Cancer Patients up to Rs.1,00,000/- (Rs. One lakhs only), would be processed by the concerned Institute /Hospitals on whose disposal, the revolving fund has been placed. The cases of financial assistance above this limit would be referred by the Hospitals for assistance from Central Funds. The list of 27 Regional Cancer Centres at whose disposal revolving fund has been placed is given below:

List of 27 Regional Cancer Centre(s) :

1. Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh.
2. Chittaranjan National Cancer Institute, Kolkata, West Bengal
3. Kidwai Memorial Institute of Oncology, Bangalore, Karnataka.
4. Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu.
5. Acharya Harihar Regional Cancer, Centre for Cancer Research & Treatment, Cuttack, Orissa.
6. Regional Cancer Control Society, Shimla, Himachal Pradesh.
7. Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh.
8. Indian Rotary Cancer Institute, (AIIMS), New Delhi.
9. R.S.T. Hospital & Research Centre, Nagpur, Maharashtra.
10. Pt. J.N.M. Medical College, Raipur, Chhatisgarh.
11. Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh.
12. Sher-I Kashmir Institute of Medical Sciences, Soura, Srinagar.
13. Regional Institute of Medical Sciences, Manipur, Imphal.
14. Govt. Medical College & Associated Hospital, Bakshi Nagar, Jammu.
15. Regional Cancer Centre, Thiruvananthapuram, Kerala
16. Gujarat Cancer Research Institute, Ahmedabad, Gujarat.
17. MNJ Institute of Oncology, Hyderabad, Andhra Pradesh.
18. Pondicherry Regional Cancer Society, JIPMER, Pondicherry.
19. Dr. B.B. Cancer Institute, Guwahati, Assam.
20. Tata Memorial Hospital, Mumbai, Maharashtra.
21. Indira Gandhi Institute of Medical Sciences, Patna, Bihar.
22. Acharya Tulsi Regional Cancer Trust & Research Institute (RCC), Bikaner, Rajashtan.
23. Regional Cancer Centre, Pt. B.D.Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana.
24. Civil Hospital, Aizawl, Mizoram.
25. Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow.
26. Govt. Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu.
27. Cancer Hospital, Tripura, Agartala.

Rashtriya Arogya Nidhi is managed by a Management Committee, consisting of the following members:-

1. Health Minister - Chairman
2. Secretary (Health/Min. of Health & FW) - Member
3. DGHS - Member
4. Joint Secretary, M/o Health & F.W. - Member Secretary
5. C.C.A., M/o Health & F.W. - Treasurer

There is also a provision of two non-official members to be co-opted from amongst the prominent donors to the fund.

There is a Technical Committee to advise the managing Committee on technical matters, such as nature of illness to be covered for assistance under the Scheme and other ancillary issues.

The Technical Committee comprises of the following:-

1. DGHS
2. Joint Secretary
3. Medical Superintendent, Dr. RML Hospital
4. HOD, Cardiology, AIIMS, New Delhi.
5. Cancer Expert.

An illustrative list of categories of treatment to be provided from the Fund is given in the Annexure 'A'.

For more detailed information contact:
Under Secretary (Grants)
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110011
Tele.: 23061881

An illustrative list of categories of treatment to be provided from the fund is as follows : (This list could be modified by the Technical Committee):

1. Cardiology & Cardiac Surgery:

1. Pacemakers
2. CRT/Biventricular pacemaker
3. Automatic Implantable Cardioverter defibrillator (AICD)
4. Combo devices
5. Diagnostic Cardiac Catheterization including Coronary Angiography
6. Interventional procedure including Angioplasty, Rota-ablation, Balloon Valvuloplasty e.g. PTMC, BPV etc.
7. ASD, VSD and PDA device closure
8. Peripheral Vascular Angioplasty, Carotid Angioplasty, Renal Angioplasty
9. Coil Embolization and Vascular plugs
10. Stents including Drug Eluting Stents
11. Electrophysiological Studies (EPS) and Radio Frequency (RF) Ablation
12. Heart surgery for Congenital and Acquired conditions including C.A.B.G
13. Vascular Surgery
14. Cardiac Transplantation etc.,

2. Cancer :

- 2 Radiation treatment of all kinds
- 3 Anti-Cancer Chemotherapy
- 4 Bone Marrow Transplantation- Allogenic & Autologous
- 5 Diagnostic Procedures- Flow cytometry/cytogenetics /IHC Tumour Markers etc.,

3. Urology/Nephrology/Gastroenterology :

1. Dialysis and its consumable (Both hemodialysis as well as Peritoneal)
2. Plasmapheresis in acute renal failure
3. Continuous renal replacement therapy in acute renal failure in ICU sick patient.
4. Vascular access consumables (Shunts, catheters) for Dialysis
5. Renal transplant-cost of renal transplant varies from 2.5 to 4.0 lakh Depending upon type of drug used as per patient need.
6. PCN and PCNL Kits
7. Lithotripsy (for Stones)
8. Disposables & Stents for endoscopic surgical procedures in Urology & Gastroenterology

4. Orthopedics:

1. Artificial prosthesis for limbs
2. Implants and total hip and knee replacement.
3. External fixators
4. AO implants, used in the treatment of bone diseases and fractures
5. Spiral fixation Implant- Pedicle Screws (Traumatic, Paraplegic, Quadriplegic)
6. Implant for Fracture fixation (locking plates & modular)
7. Replacement Hip -Bipolar /fixed

5. Miscellaneous:

Shunts for Hydrocephalus.

6. Investigations:

Ultra-sound, Doppler studies, Radio-nucleotide scans, CT Scan, Mammography, Angiography for all organs, M.R.I. E.E.G, E.M.G, Urodynamic studies, Cardiac Imaging- Stress Thallium & PET, CT Coronary angiographic Cardiac MRI, Investigation for CMV, BK Virus, TMT, Echocardiography.

7. Drugs :

1. Immunosuppressive drugs
2. Anti D
3. Anti Haemophilic Globulin
4. Erythropoietin
5. Blood & Blood products/Plasma for patients of Burns
6. Liposomal Amphotericin
7. Peg Interferon
8. Ribavarin
9. CMV treatment (IV Gancyclovir, Valganciclovir)
10. Voriconazole
11. Anti-rejection treatment (ATG, OKT 3)
12. Treatment for Post -transplant viral infection.

8. **Other major illness/treatment/intervention considered appropriate for assistance by Medical Superintendent/Committee of Doctors could be considered for grant.**

State-Specific Poverty Lines in 2004-05
(Rs. Per capita per month)

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S.No.	State/UTs	Rural	Urban
1.	Andhra Pradesh	292.95	542.89
2.	Assam	387.64	378.84
3	Bihar	354.36	435.00
4	Chhattisgarh	322.41	560.00
5	Delhi	410.38	612.91
6	Goa	362.25	665.90
7	Gujarat	353.93	541.16
8	Haryana	414.76	504.49
9	Himachal Pradesh	394.28	504.49
10	Jammu & Kashmir	391.26	553.77
11	Jharkhand	366.56	451.24
12	Karnataka	324.17	599.66
13	Kerala	430.12	559.39
14	Madhya Pradesh	327.78	570.15
15	Maharashtra	362.25	665.90
16	Orissa	325.79	528.49
17	Punjab	410.38	466.16
18	Rajasthan	374.57	559.63
19	Tamil Nadu	351.86	547.42
20	Uttar Pradesh	365.84	483.26
21	Uttarakhand	478.02	637.67
22	West Bengal	382.82	449.32
23	Dadra & N. Haveli	362.25	665.90
	All India *	356.30	538.60

* The poverty line(implicit) at all-India level is worked out from the expenditure class-wise distribution of persons (based on URP consumption, that is, consumption data collected from 30 days recall period for all-items) and the poverty ratio at all India level. The poverty ratio at all India is obtained as the weighted average of the State wise poverty ratio.

Notes :

1. Poverty Ratio of Assam is used for Sikkim, Arunachal Pradesh, Meghalaya, Mizoram, Manipur, Nagaland and Tripura.
2. Poverty Line of Maharashtra and expenditure distribution of Goa is used to estimate poverty ratio of Goa.
3. Poverty Ratio of Tamil Nadu is used for Pondicherry and A. & N Island
4. Urban Poverty Ratio of Punjab used for both rural and urban poverty of Chandigarh is used to estimate poverty ratio of Dadra & Nagar Haveli.
5. Poverty Ratio of Goa is used for Daman and Diu.
6. Poverty Ratio of Kerala is used for Lakshadweep.



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RASHTRIYA AROGYA NIDHI

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SB/2006/OJ

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Treasurer

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Member Secretary

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