

Standing Committee Report Summary

The HIV and AIDS (Prevention and Control) Bill, 2014

- The Standing Committee on Health and Family Welfare (Chairperson: Mr. Brajesh Pathak) submitted its report on the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2014 on April 29, 2015.
- The Bill seeks to: (i) prevent and control the spread of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS); (ii) prohibit discrimination against persons living with HIV and AIDS; (iii) provide for informed consent and confidentiality relating to treatment; (iv) place certain obligations on various establishments to safeguard the rights of persons living with HIV and AIDS; and (v) create grievance redressal mechanisms.
- The Committee endorsed the Bill, but made certain recommendations. Major recommendations of the Committee are outlined below.
- **Framing of guidelines:** The Bill provides for the framing of guidelines on certain provisions such as data protection, testing, and diagnosis. The Committee recommended that all guidelines to be framed under the Bill should be framed such that the provisions of the Bill are implemented effectively. The Committee also recommended that these guidelines be framed and be made available before the date of implementation of the proposed law.
- **Role of ombudsman:** The Bill creates the position of an ombudsman to inquire into violations related to healthcare services. The Committee recommended that certain other acts of discrimination outlined under the Bill (such as those relating to employment and education) should be brought within the purview of the ombudsman.
- The Bill does not specify a time frame within which the ombudsman must pass an order. The Committee recommended that in case of medical emergencies, the order should be passed in 15 days. In case the order relates to a life saving treatment, the order should be passed in 24 hours.
- In addition, the Committee observed that several matters pertaining to the appointment and functions of the ombudsman have been delegated to state governments. The Committee recommended the centre should formulate a set of model guidelines in this regard. In addition, it suggested that the significant provisions of these guidelines may be incorporated in the Bill, instead of leaving it to delegated legislation.
- **Insurance cover:** The Bill prohibits the denial or unfair treatment in providing insurance cover to HIV positive people, unless the unfair treatment is based on actuarial studies. The Committee recommended that all people living with HIV should be provided insurance cover without any discrimination. This should be preferably at the normal rate of premium or could be slightly higher than normal, but not at exorbitant rates.
- **Provision of diagnostic facilities for HIV:** The Bill requires that the central government should provide anti-retroviral therapy and opportunistic infection management to HIV positive people, as far as possible. The Committee recommended that the Bill also mandate the provision of diagnostic facilities for people living with HIV by the central government.
- **Disposal of cases by the complaints officer:** The Bill requires that a complaints officer be appointed in establishments employing more than 100 people. Similarly, a complaints officer must be appointed in healthcare establishments if more than 20 people are employed. The Bill does not specify the time within which complaints must be dealt with. The Committee recommended that the Bill provide that complaints be dealt with as soon as possible.

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