

## **RETIRED TELECOM OFFICERS' WELFARE ASSOCIATION**

Reg No: F-37187 (Mumbai) 2008 Corr.Add: A-402, Gayatri Avenue, 90' Road, Thakur Complex, Kandivali East, Mumbai 400101 Email Address: <u>rtowamumbai@gmail.com</u> Website: rtowambi.in

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RTOWA M 5-2024

Dated 11<sup>th</sup> Apr'2024

Shri Apurva Chandra, IAS Secretary / Min. of Health & Family WelfareNirman Bhawan, <u>New Delhi -110001</u>

## <u>Subject: -</u> Mandatory linking CGHS ID with ABHA (Ayushman Bharat Account) ID. Ref.:- F.No.Z15025/23/2023/DIR/CGHS (CoomppNoo.8236195)I/3663776/2024 dated 28/03/2024.

Sir,

The above mentioned OM dated 28.03.2034 states inter alia, as follows:

" It has now been decided that linking of CGHS beneficiary ID with ABHAID shall be

## mandatory w.e.f 1<sup>St</sup>.April 2024. The linking

CGHS Beneficiary ID with ABHA ID shall be completed within 30 days by allexisting CGHS Beneficiaries."

This Association that represents thousands of CGHS beneficiaries fromtelecom sector of our country is vehemently opposed to such sudden, retrograde decision and the way this decision is attempted hurriedly for mposing arbitrarily on this section of senior citizens.

2. The C.G. pensioners, predominantly in septuagenarian and octogenarian category, earned this benefit of CGHS facility by virtue of their life long tenure of service in the Central Government etc. They had to pay financially for continuing in CGHS scheme of health care benefits. For all practical purposes, CGHS constitutes an important element of post retirement guarantee for the CG retirees. Whereas the objectives with which Ayushman Scheme is launched is far away from this and it stands on completely different footings. The respective category of beneficiaries of these two schemes, their eligibilityfor the respective scheme and entitlement are quite different. Both cannot bebracketed with a stroke of pen.

**3.** Agreed that CGHS suffers from certain shortcomings in the recent years. There is acute shortage of doctors, provisions of inadequate number of Wellness Clinics and readily availability of appropriate medicines etc to name afew. But there is a system in place to address these issues. Some more care and concern is expected from Min. of Health in this regard. But it is not difficult

to understand that the action like Linking CGHS with ABHA will not serve any purpose in this direction. Rather there is serious and legitimate apprehension that the action of such mandatory linking will downgrade whatever status of healthcare benefits is provided today. Initially it was stated to be not



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mandatory. The response was poor for genuine and understandable reason. Sonow such coercive measure is taken by making it mandatory.

2. We have gone through carefully the clarifications issued subsequently in this matter. But sorry to state that such clarifications raise more queries thanallay the fear.

**3.** It is, therefore, requested that kindly drop forthwith this proposal of linkingCGHS ID with ABHA ID and maintain "status quo ante."

Thanking you,

With regards,

Sincerely Yours,

(J.S. YADAV) General Secretary RTOWA Mumbai

General Secretary RTOWA MUMBAI