

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. 111
TO BE ANSWERED ON THE 6TH FEBRUARY, 2026**

RAMPANT OVER-TESTING BY DIAGNOSTIC LABORATORIES

***111. SHRI SRIBHARAT MATHUKUMILLI:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of rampant over-testing and diagnostic screening being carried out by certain hospitals, doctors and diagnostic laboratories without proper medical prescriptions, if so, the details thereof;
- (b) the details of complaints received along with the actions taken against clinical establishments in relation to unauthorized diagnostic testing during the last three years;
- (c) whether a centralized mechanism exists under the Ayushman Bharat Digital Mission to flag patterns indicative of excessive or non-prescribed testing by clinical establishments, if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to increase awareness and protect patients from undergoing unnecessary medical tests or preventive health packages in the country?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

- (a) to (d) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 111 * FOR 6TH FEBRUARY, 2026**

(a) and (b) ‘*Health*’ being a State subject, the primary responsibility to take note of rampant over-testing and diagnostic screening carried by hospitals, doctors and diagnostic laboratories without proper medical prescriptions lies with the respective States/UTs. Complaints in this regard, as and when received, are forwarded to the concerned State/ UT which regulate the hospitals as per provisions of the Act and Rules applicable in the concerned State/UT. The data and details, in this regard, are not maintained centrally.

(c) Ayushman Bharat Digital Mission (ABDM) does not operate a centralized mechanism to monitor, flag or assess patterns relating to clinical practices such as excessive or nonprescribed diagnostic testing by healthcare establishments. ABDM’s role is limited to provide the digital framework for secure data exchange and consent management, and does not include clinical surveillance or algorithmic monitoring of provider behaviour.

(d) The Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 (CE Rules) further amended in 2018 and 2020, to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. The CE Act is adopted by 19 States/UTs (12 States, viz., Arunachal Pradesh, Assam, Bihar, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Rajasthan, Sikkim, Telangana, Uttarakhand & Uttar Pradesh and 7 UTs, viz., Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Ladakh, Lakshadweep & Puducherry).

The CE Act and CE Rules, *inter-alia*, have provisions to prevent arbitrary prescriptions by clinical establishments by necessitating that:

- The clinical establishment shall fulfil the prescribed minimum standards for facilities and services;

- The clinical establishment shall ensure compliance of the Standard Treatment Guidelines;
- The clinical establishment shall maintain and provide Electronic Medical Records or Electronic Health Records of every patient;

'Health' being a State subject, the States / UTs which have adopted the CE Act are primarily responsible for enforcing/implementing the provisions of the CE Act in the respective States/UTs. The Act has empowered a registering authority at the district level under the chairmanship of the District Collector / District Magistrate to take actions including imposing penalties in respect of violation of its provisions. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with.

The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are registered and regulated by the respective State Acts.

Additionally, through the Personal Health Record (PHR) applications and linking of health records with Ayushman Bharat Health Account (ABHA), citizens can access health records and thus build their longitudinal health history. This enables them to securely access and share their past diagnostic reports and medical history with healthcare providers, which reduces the need for repeat or unnecessary medical tests arising from lost or misplaced physical copies of records.

Further, the National Medical Commission (NMC), an apex statutory body established under an Act of Parliament, is responsible for regulating and overseeing medical education and professional practice in the country. Under Chapter 3 of the Professional Conduct, Etiquette, and Ethics Regulations, 2002 framed by the erstwhile Medical Council of India (now NMC), Registered Medical Practitioners (RMPs) are required to avoid unnecessary consultations and ensure that all referrals and diagnostic investigations are carried out judiciously.
