L. A. BILL No. LI OF 2026.

A BILL

to provide for registration, regulation and inspection of clinical establishments in the State of Maharashtra, to prescribe minimum standards of facilities and services which may be provided by such establishments; and for matters connected therewith or incidental thereto.

WHEREAS it is expedient to provide for registration, regulation and inspection of clinical establishments in the State, to prescribe minimum standards of facilities and services which may be provided by such establishments; it is hereby enacted in the Seventy-seventh Year of the Republic of India as follows:-

CHAPTER I

PRELIMINARY

1. (*1*) This Act may be called the Maharashtra Clinical Establishments (Registration and Regulation) Act, 2026. Short title and commencement.

(*2*) It shall come into force on such date as the Government may, by notification in the *Official Gazette*, appoint; and different dates may be appointed for different categories of clinical establishments for different types of recognized systems of medicines.

Definitions.

2. (*1*) In this Act, unless the context otherwise requires, -

(*a*) "authority" means the Clinical Establishment Registering Authority constituted under section 8;

(*b*) "Appellate Authority" means the Appellate Authority constituted under section 35;

(*c*) "certificate" means a certificate of registration issued under section 29;

(*d*) "clinic" means an establishment run by a single or group of physicians or health practitioners that provides out-patient services for clinical diagnosis, treatment or care for illness injury, deformity, abnormality or pregnancy in any recognised system of medicine with or without facility for preparation, storage and dispensing of medicines without provision for in-patient admission or overnight stay with or without observation bed and includes a dispensary ;

(*e*) "clinical establishment" means,-

(*i*) a hospital, maternity home, nursing home, day care centre, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicine established and administered or maintained by a single doctor, any person or body of persons, a trust, whether public or private, whether incorporated or not; or

(*ii*) a place established as an independent entity or part of an establishment referred to in sub-clause (*i*), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipments, are usually carried on, established and administered or maintained by a single doctor, any person or body of persons, a trust, whether public or private, whether incorporated or not;

but does not include the clinical establishments owned, controlled or managed by,-

(*a*) the Armed Forces;

(*b*) any asylum for lunatics or patients suffering from mental diseases, within the meaning of the Mental Healthcare Act, 2017; and 10 of 2017.

(*c*) Central Government, State Government, local self-government, local government authority or government public sector undertakings.

Explanation.—For the purpose of this clause "Armed Forces" means the forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957 ; 46 of 1950, 45 of 1950, 62 of 1957

(*f*) "Council" means the Maharashtra State Council for Clinical Establishments established under section 3;

(*g*) "day care centre" means an establishment where medical, dental or surgical procedures, diagnostic or therapeutic procedures are performed with or without local, regional, or general anaesthesia, or conscious sedation, and where the patient is admitted and discharged within the same calendar day (not exceeding 24 hours) with no provision for overnight stay in any recognised system of medicines ;

(*h*) "emergency medical condition" means an medical condition manifesting itself by an acute symptom of sufficient severity (including severe pain) of such a nature that the absence of immediate medical attention could reasonably be expected to result in,-

(*i*) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or

(*ii*) serious impairment to bodily functions; or

(*iii*) serious dysfunction of any organ or part of a body;

(*i*) "Government" means the Government of Maharashtra ;

(*j*) "hospital" means an establishment which has facility for admission of patients as in-patients more than twenty-four hours and provides critical care, medical care with or without surgery, with or without facility for conducting delivery, having out-patient facilities and such other facilities as may be required for diagnosis and treatment in any recognised system of medicine, having an organized medical and other professional staff, delivering medical, nursing and related or allied services twenty-four hours per day, seven days per week, offering a varying range of acute, convalescent and terminal care using diagnostic, curative services or rehabililation service in response to acute and chronic conditions arising from diseases, injuries and genetic anomalies, and generating essential information for research, education and management;

(*k*) "in-patient" means a patient admitted or hospitalized for indoor care across all types of hospital beds;

(*l*) "maternity home" means an establishment where any premises used or intended to be used for reception of pregnant women or of women in labour or immediately after childbirth;

(*m*) "medical laboratory" means an establishment or facility where various samples or materials derived from human body are collected on a regular basis or examined using microbiological, serological, chemical, haematological, immunopharmacological, immunological, toxicological, cytogenetic, or other analogous techniques and instruments, where findings of such examinations are generated, analysed and reported for the purpose of assessment, monitoring, evaluation of health, or preventive aspects ;

(*n*) "nursing home" means an establishment having any premises used or intended to be used for the reception of persons suffering from any sickness, injury or infirmity and for providing them with treatment and nursing care which may be residential in nature ;

Explanation.—For the purpose of this Act, where a nursing home is owned or controlled or is independently run under a franchise agreement or otherwise, each such facility, unit or branch by whatever name called shall be considered as a separate nursing home under this Act ;

(*o*) "out-patient" means a patient to whom care is provided without admission or hospitalization as in-patient;

(*p*) "patient" means a person of any age, who reports himself or is brought to any clinical establishment for treatment or consultation or seeking any other services rendered by such clinical establishment;

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

(*r*)"radio-diagnostic centre" means an establishment which provides diagnostic imaging services including X-Ray, Ultrasonography, CT scan, MRI, PET scan, Mammography, Echo 2D, DEXA scan and other imaging modalities etc.;

(*s*) "recognised system of medicine" means Allopathy, Ayurveda, Homoeopathy, Siddha and Unani System of medicines or any other system of medicine as may be recognised by the State Government or the Central Government;

(*t*) "register" means the register maintained by the authority and the Council under sections 36 and 37, respectively, containing the number of clinical establishments registered;

(*u*) "registration" means to register under section 9 and the expression registration or registered shall be construed accordingly;

(*v*) "rules" means rules made under this Act;

(*w*) "sanatorium" means an establishment or medical facility designed for the treatment of long-term or chronic illnesses, particularly tuberculosis and other respiratory diseases, providing specialized care through a structured regimen of rest, fresh air, adequate nutrition, isolation where required, and continuous medical supervision, and having facilities for in-patient admission and convalescence;

(*x*) "standards" means the specifications or parameters prescribed by the Government under section 10, for registration of the clinical establishments under this Acts;

(*y*) "to stabilise (with its grammatical variations and cognate expressions)" means, with respect to an emergency medical condition specified in clause (*h*), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a clinical establishment.

CHAPTER II

COUNCIL AND CLINICAL ESTABLISHMENTS REGISTERING AUTHORITY

Maharashtra State Council for Clinical Establishments.

3. (*1*) The Government shall, by notification published in the *Official Gazette*, constitute the Maharashtra State Council for Clinical Establishments.

(*2*) The Council shall consist of the following members, namely: -

(*a*) Minister of Public Health and Family Welfare - *ex-officio*, who shall be the Chairperson;

(*b*) Secretary, Public Health - *ex-officio* member;

(*c*) Commissioner, Health Services- *ex-officio* member;

(*d*) Director, Medical Education and Research- *ex-officio* member;

(*e*) Director, AYUSH (Ayurveda) - *ex-officio* member;

(*f*) Director, Health Services - *ex-officio* member-secretary;

(*g*) three representatives to be nominated by the State Government from amongst ,-

(*i*) the Maharashtra Medical Council;

(*ii*) the Maharashtra State Dental Council;

(*iii*) the Maharashtra Nursing Council;

(*iv*) the Maharashtra State Pharmacy Council;

(*v*) the Maharashtra State Allied Healthcare Council;

(*vi*) the Maharashtra Council of Indian Medicine representing the Ayurveda, Siddha or Unani system of medicine.

(*3*) The nominated member of the Council shall hold office for a term of three years, but shall be eligible for re-nomination for maximum of one more consecutive term of three years:

Provided that, the nominated persons shall hold office for such period as he holds the appointment of the office by virtue of which he was nominated or elected to the Council.

(*4*) The members of the Council shall be entitled for such allowances as may be prescribed.

(*5*) The Council may, subject to the prior approval of the Government, make bye-laws fixing a quorum and regulating its own procedure and the conduct of all business to be transacted by it.

(*6*) The Council shall meet at least once in three months.

(*7*) The Council may constitute sub-committees and may appoint to such sub-committee, as it deems fit, persons, who are not members of the Council, for such period, not exceeding two years, for the consideration of particular matters.

(*8*) The functions of the Council may be exercised notwithstanding any vacancy therein.

(*9*) The Government shall appoint such person to be the Secretary of the Council as the Government may prescribe and may provide the Council with such secretarial and other staff as the Government considers necessary.

Disqualifications for appointment as member.

4. A person shall be disqualified for being appointed as a member of the Council if, such person,-

(*a*) is convicted for an offence which in the opinion of the State Government involves moral turpitude; or

(*b*) is an undischarged insolvent; or

(*c*) is of unsound mind and stands so declared by a competent court; or

(*d*) has been removed or dismissed from the service of the Government or a Corporation owned or controlled by the Government; or

(*e*) has, in the opinion of the Government, such financial or other interest in the Council as is likely to affect prejudicially the discharge by him of his functions as a member.

Functions of Council.

5. The Council shall perform the following functions, namely: -

(*a*) to determine minimum standards of clinical establishments and to specify the services provided by them to the patients;

(*b*) to take necessary steps for proper and effective implementation of the provisions of this Act;

(*c*) compiling and updating the State Registers of clinical establishments;

(*d*) publication on annual basis, a report on the implementation of standards within the State; and

(*e*) perform any other functions as may be determined by the Government, from time to time.

Power to seek advice or assistance.

6. The Council may associate with itself any person or body whose assistance or advice it may desire in carrying out any of the provisions of this Act.

Council shall follow a consultative process.

7. The Council shall follow a consultative process for determining the standards and for classification of clinical establishments in accordance with such procedure, as may be prescribed.

Authority for registration of clinical establishments.

8. (*1*) The Government shall, by notification published in the *Official Gazette*, constitute an authority to be called the Clinical Establishment Registering Authority for registration of the clinical establishments, for the area to be specified in the notification:

Provided that different authorities may be constituted for different areas.

(*2*) The authority shall consist of the Chairperson, Member-Secretary and such other members, as may be prescribed.

(*3*) Notwithstanding anything contained in sub-section (*1*), for the purposes of provisional registration of clinical establishments under section 14, the Member- Secretary of the authority shall exercise the powers of the authority, as per procedure that may be prescribed.

(*4*) The authority shall exercise the following powers, namely :—

(*a*) register, renew, suspend and cancel registration of clinical establishments within its jurisdiction;

(*b*) levy fees for registration and renewal of registration, as may be prescribed;

(*c*) impose fine and monetary penalties as provided under this Act; and

(*d*) perform such other functions as may be prescribed.

CHAPTER III

REGISTRATION AND STANDARDS FOR CLINICAL ESTABLISHMENTS

Registration for clinical establishments.

9. No person shall run a clinical establishment unless it has been duly registered in accordance with the provisions of this Act.

Conditions for registration.

10. (*1*) For registration and continuation, every clinical establishment shall fulfil the following conditions, namely:-

(*i*) the standards of facilities and services, as may be prescribed;

(*ii*) the requirement of personnel for the clinical establishment, as may be prescribed;

(*iii*) provisions for maintenance of record and reporting, as may be prescribed;

(*iv*) such other conditions, as may be prescribed.

(*2*) The clinical establishment shall undertake to provide within the staff and facilities available, such medical examination and treatment, as may be required to stabilise the emergency medical condition of any individual who comes or is brought to such clinical establishment.

(*3*) Every clinical establishment shall attend emergency patients on priority and provide them basic life support as per available facility and expertise without considering the financial capability of the patient and thereafter may refer such patient to suitable nearest referral hospital with medical referral note about the ailments as early as possible. Necessary Golden Hour Treatment protocols shall be followed.

Display of rates and necessary information.

11. (*1*) Every clinical establishment shall display, at a conspicuous place in the premises,—

(*i*) the certificate of its registration, provisional or permanent, as the case may be;

(*ii*) a list of the rates and charges ordinarily levied by it for each of the principal services, facilities, procedures and investigations provided by it, in such form as may be prescribed in Marathi, Hindi and English languages and shall also publish the same on their website;

(*2*) Every clinical establishment shall charge for the services rendered by it, the rates not exceeding the rates so displayed, and shall issue to every patient an itemized bill in such form as may be prescribed, and shall, on demand, furnish a detailed break-up of the charges levied.

Classification of clinical establishments.

12. (*1*) The clinical establishment of different systems shall be classified into such categories, as may be prescribed by the Government, from time to time.

(*2*) The Government, having regard to the local conditions, may prescribe different standards for classification of different categories referred to in sub-section (*1*).

Charter of patients' rights.

13. (*1*) Every clinical establishment shall observe and give effect to rights of the patients. Every patient shall have the right to,-

(*a*) information regarding the nature of the illness, its diagnosis, the proposed plan of investigation and treatment and the estimated cost thereof;

(*b*) access to his medical records and case papers and to obtain copies thereof;

(*c*) give or refuse informed consent prior to any investigation or procedure;

(*d*) seek a second opinion of an expert Medical Practitioner;

(*e*) privacy, confidentiality and human dignity in the course of his treatment;

(*f*) equality of treatment *i.e.* non-discrimination on the ground of religion, race, caste, sex, place of birth, language or disability; and

(*g*) be informed of the rates as per section 11 and to receive an itemized bill.

(*2*) The manner of display and enforcement of the rights specified in sub-section (1) shall be such, as may be prescribed.

(*3*) Every clinical establishment shall display, at a conspicuous place in its premises, the rights specified in sub-section (*1*) in Marathi, Hindi and English languages.

CHAPTER IV

PROCEDURE FOR REGISTRATION

Application for provisional certificate of registration.

14. (*1*) For the purposes of registration of the clinical establishment under section 9, an application in the prescribed *proforma* along with the prescribed fee shall be made to the authority.

(*2*) The application shall be made in such form and in such manner, shall be accompanied by such details, as may be prescribed under this Act or rules made thereunder.

(*3*) The clinical establishment existed at the time of the commencement of this Act, shall make an application to the authority for its provisional registration, within a period of six months from the date of commencement of this Act or six months prior to expiration of their existing period of registration whichever is earlier.

Provisional registration certificate.

15. The authority shall, within a period of ten days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed.

16. (*1*) The authority shall not conduct any inquiry prior to the grant of provisional registration. No inquiry prior to provisional registration.

(*2*) Notwithstanding the grant of the provisional certificate of registration, the authority shall, within a period of forty-five days from the grant of provisional registration, cause to be published in such manner, as may be prescribed, all particulars of the clinical establishment so registered provisionally.

17. Subject to the provisions of section 22, every provisional registration shall be valid to the last day of the sixth month from the date of issue of the certificate of registration and such registration shall be renewable. Validity of provisional registration.

18. In case the certificate is lost, destroyed, mutilated or damaged, the authority shall issue a duplicate certificate on the request of the clinical establishment, and on the payment of such fees, as may be prescribed. Duplicate certificate.

19. (*1*) The certificate of registration shall be non-transferable. Certificate to be non-transferable.

(*2*) The change in ownership or name or management of the clinical establishment, shall be informed to the authority in such manner, as may be prescribed.

(*3*) In the event of change of category, location or on ceasing to function as a clinical establishment, the certificate of registration in respect of such clinical establishment shall be surrendered to the authority and the clinical establishment shall apply afresh for grant of certificate of registration.

20. The authority shall cause to be published within such time and in such manner, as may be prescribed, the names of clinical establishments whose registration has expired. Publication of expiry of registration.

21. The application for renewal of registration shall be made thirty days before the expiry of the validity of the certificate of provisional registration and, in case the application for renewal is made after the expiry of the provisional registration, the authority shall allow renewal of registration on payment of such enhanced fees, as may be prescribed. Renewal of registration.

22. Where the clinical establishment in respect of which standards have been notified by the Government, provisional registration shall not be granted or renewed beyond, - Time limit for provisional registration.

(*i*) the period of two years from the date of notification of the standards in case of clinical establishments which came into existence before the commencement of this Act;

(*ii*) the period of two years from the date of notification of the standards for clinical establishments which come into existence after the commencement of this Act but before the notification of the standards; and

(*iii*) the period of six months from the date of notification of standards for clinical establishments which come into existence after standards have been notified.

23. (*1*) The clinical establishment which has obtained the provisional registration, shall apply for its permanent registration prior to sixty days of expiration of the provisional registration. Application for permanent registration.

(2) The application for permanent registration shall be made to the authority in such form and accompanied by such fees, as may be prescribed.

Verification of application.

24. The clinical establishment shall submit evidence of having complied with the prescribed minimum standards in such manner, as may be prescribed.

Display of information for filing objections.

25. As soon as the clinical establishment submits the required evidence of having complied with the prescribed minimum standards, the authority shall cause to be displayed for information of the public at large and for filing objections, if any, in such manner, as may be prescribed, all evidence submitted by the clinical establishment of having complied with the prescribed minimum standards for a period of thirty days before processing for grant of permanent registration.

Communication of objections.

26. If objections are received within the period referred to in the preceding section, such objections shall be communicated by the authority to the clinical establishment for response within a period of forty-five days.

Standards for permanent registration.

27. The permanent registration shall be granted only when a clinical establishment fulfils the prescribed standards for registration by the Government.

Allowing or disallowing of registration.

28. The authority shall pass an order immediately after the expiry of the prescribed period and within the next thirty days thereafter either,-

(*a*) allowing the application for permanent registration; or

(*b*) disallowing the application:

Provided that, the authority shall record its reasons in writing, if it disallows an application, for permanent registration.

Certificate of permanent registration.

29. (*1*) The authority shall, if it, allows an application of the clinical establishment, issue a certificate of permanent registration in such form and containing such particulars, as may be prescribed.

(*2*) The certificate shall be valid for a period of five years from the date of issue.

(*3*) For the purposes of sub-section (*1*), the provisions of sections 11, 19, 20 and 21 shall also apply.

(*4*) The applications for renewal of permanent registration shall be made within six months before the expiry of the validity of the certificate of permanent registration and, in case the application of renewal is not submitted within the stipulated period, the authority may allow renewal of registration on payment of such enhanced fees and penalties as may be prescribed.

Fresh application for permanent registration.

30. The disallowing of an application for permanent registration shall not debar a clinical establishment from applying afresh for permanent registration under section 23 and after providing such evidence, as may be required, of having rectified the deficiencies on which grounds the earlier application was disallowed.

Cancellation of registration.

31. (*1*) If, at any time after any clinical establishment has been registered, the authority is satisfied that,-

(*a*) the conditions of the registration are not being complied with; or

(*b*) the person entrusted with the management of the clinical establishment has been convicted of an offence punishable under this Act,

it may issue a notice to the clinical establishment to show cause within three months' time as to why its registration under this Act shall not be cancelled for the reasons to be mentioned in the notice.

(*2*) If after giving a reasonable opportunity to the clinical establishment, the authority is satisfied that there has been a breach of any of the provisions of this Act or the rules made thereunder, it may, by an order, without prejudice to any other action that it may take against such clinical establishment, cancel its registration.

(*3*) Every order made under sub-section (*2*) shall take effect,-

(*a*) where no appeal has been preferred against such order immediately on the expiry of the period prescribed for such appeal; and

(*b*) where such appeal has been preferred and it has been dismissed from the date of the order of such dismissal:

Provided that the authority, after cancellation of registration for reasons to be recorded in writing, may restrain immediately the clinical establishment from carrying on if there is imminent danger to the health and safety of patients.

Inspection of registered clinical establishments.

32. (*1*) The authority or an officer authorised by it or by the Council or by the Government, shall have the right to cause an inspection of, or inquiry in respect of any registered clinical establishment, its building, laboratories and equipment and also of the work conducted or done by the clinical establishment, to be made by such multi-member inspection team as it may direct and to cause an inquiry to be made in respect of any other matter connected with the clinical establishment and that establishment shall be entitled to be represented thereat.

(*2*) The authority shall communicate to the clinical establishment the views of that authority with reference to the results of such inspection or inquiry and may, after ascertaining the opinion of the clinical establishment thereon, advise that establishment upon the action to be taken.

(*3*) The clinical establishment shall report to the authority, the action, if any, which is proposed to be taken or has been taken upon the results of such inspection or inquiry and such report shall be furnished within such time, as the authority may direct.

(*4*) Where the clinical establishment does not, within a reasonable time, take action to the satisfaction of the authority, it may, after considering any explanation furnished or representation made by the clinical establishment, issue such directions within such time as indicated in the direction, as that authority deems fit, and the clinical establishment shall comply with such directions.

Power to enter.

33. The authority or an officer authorised by it may, if there is any reason to suspect that anyone is carrying on a clinical establishment without registration, enter and search in the manner prescribed, at any reasonable time and the clinical establishment, shall offer reasonable facilities for inspection or inquiry and be entitled to be represented thereat.

Levy of fees.

34. The Government may charge fees for different categories of clinical establishments, as may be prescribed.

Appeal.

35. (*1*) Any person, aggrieved by an order of the registering authority refusing to grant or renew a certificate of registration or revoking a certificate of registration may prefer an appeal, in such manner and within such period as may be prescribed, to the Commissioner, Health Services, who shall be notified by the Government.

(*2*) Any person, aggrieved by an order of the Appellate Authority may prefer an appeal, in such manner and within such period as may be prescribed, to the Government:

Provided that, the Appellate Authority or the Government may entertain an appeal preferred after the expiry of the prescribed period if it is satisfied that the appellant was prevented by sufficient cause from preferring the appeal in time.

(*3*) Every appeal under sub-sections (*1*) and (*2*) shall be made in such form and be accompanied by such fees as may be prescribed.

CHAPTER V

REGISTER OF CLINICAL ESTABLISHMENTS

Maintenance of Register of clinical establishments by the authority.

36. (*1*) The authority shall within a period of two years from its establishment, compile, publish and maintain in digital format a Register of clinical establishments, registered by it and it shall enter the particulars of the certificate so issued in a Register to be maintained in such form and manner, as may be prescribed.

(*2*) Each authority, including any other authority set-up for the registration of clinical establishments under any other law for the time being in force, shall supply in digital format to the Council a copy of every entry made in the Register of clinical establishments in such manner, as may be prescribed to ensure that the State Register is constantly up-to-date with the Registers maintained by the registering authority in the State.

Maintenance of Register of clinical establishments by the Council.

37. The Council shall maintain in digital and in such form and containing such particulars, as may be prescribed by the Government, a Register to be known as the Register of clinical establishments in respect of clinical establishments.

CHAPTER VI

OFFENCES

Offences.

38. Whoever contravenes any of the provisions of this Act shall, if no penalty is provided elsewhere, be punishable for the first offence with fine which may extend to fifty thousand rupees, for second offence with fine which may extend to one lakh rupees and for any subsequent offence with fine which may extend to five lakh rupees.

39. (*1*) Whoever carries on a clinical establishment without registration shall, on first contravention, be liable to pay penalty up to one lakh rupees, for second contravention with a penalty which may extend to three lakh rupees and for any subsequent contravention with a penalty which may extend to five lakh rupees. Penalty for non-registration.

(*2*) Whoever knowingly serves in a clinical establishment which is not duly registered under this Act, shall be liable to pay penalty which may extend to one lakh rupees.

(*3*) For the purpose of adjudging under sub-sections (*1*) and (*2*), the authority shall hold an inquiry in the prescribed manner after giving any person concerned a reasonable opportunity of being heard for the purpose of imposing penalty.

(*4*) While holding an inquiry the authority shall have power to summon and enforce the attendance of any person acquainted with the facts and circumstances of the case to give evidence or to produce any document which in the opinion of the authority, may be useful for or relevant to the subject matter of the inquiry and if, on such inquiry, it is satisfied that the person has failed to comply with the provisions specified in sub-sections (*1*) and (*2*), it may by order impose the penalty specified in those sub-sections to be deposited within thirty days of the order.

(*5*) While determining the quantum of penalty, the authority shall consider the category, size and type of the clinical establishment and local conditions of the area in which the establishment is situated.

(*6*) Any person aggrieved by the decision of the authority may prefer an appeal to the Appellate Authority within a period of three months from the date of the said decision.

(*7*) The manner of filing the appeal referred to in sub-section (*6*) shall be such, as may be prescribed.

40. (*1*) Whoever wilfully disobeys any direction lawfully given by any person or authority empowered under this Act to give such direction or obstructs any person or authority in the discharge of any functions which such person or authority is required or empowered under this Act to discharge, shall be liable to pay penalty which may extend to five lakh rupees. Disobedience of direction, obstruction and refusal of information.

(*2*) Whoever being required by or under this Act to supply any information, wilfully withholds such information or gives information which he knows to be false or which he does not believe to be true, shall be liable to penalty which may extend to five lakh rupees.

(*3*) For the purpose of adjudging under sub-sections (*1*) and (*2*), the authority shall hold an inquiry in the prescribed manner after giving any person concerned a reasonable opportunity of being heard for the purpose of imposing penalty.

(*4*) While holding an inquiry the authority shall have power to summon and enforce the attendance of any person acquainted with the facts and circumstances of the case to give evidence or to produce any document which in the opinion of the authority, may be useful for or relevant to the subject matter of the inquiry and if, on such inquiry, it is satisfied that the person has failed to comply with the provisions specified in sub-sections (*1*) and (*2*), it may by order impose the penalty specified in those sub-sections to be deposited within thirty days of the order.

(*5*) While determining the quantum of penalty, the authority shall consider the category, size and type of the clinical establishment and local conditions of the area in which the establishment is situated.

(*6*) Any person aggrieved by the decision of the authority may prefer an appeal to the Appellate Authority within a period of three months from the date of the said decision.

(*7*) The manner of filing the appeal referred to in sub-section (*6*) shall be such as may be prescribed.

Penalty for minor deficiencies.

41. Whoever contravenes any provision of this Act or any rule made thereunder resulting in deficiencies that do not pose any imminent danger to the health and safety of any patient and can be rectified within a reasonable time, shall be punishable with penalty which may extend to fifty thousand rupees.

Contravention by companies.

42. (*1*) Where a person committing contravention of any of the provisions of this Act or of any rule made thereunder is a company, every person who, at the time the contravention was committed, was in charge of, and was responsible to the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to penalty:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment if he proves that the contravention was committed without his knowledge or that he had exercised all due diligence to prevent the commission of such contravention.

(*2*) Notwithstanding anything contained in sub-section (*1*), where a contravention of any of the provisions of this Act or of any rule made thereunder has been committed by a company and it is proved that the contravention has taken place with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that contravention and shall be liable to penalty.

Explanation.- For the purpose of this section,-

(*a*) "company" means a body corporate and includes a firm or other association of individuals; and

(*b*) "director", in relation to a firm, means a partner in the firm.

Recovery of penalty.

43. Whoever fails to pay the penalty, the Council may prepare a certificate signed by an officer authorised by it specifying the penalty due from such person and send it to the Collector of the District in which such person owns any property or resides or carries on his business and the said Collector, on receipt of such certificate, shall proceed to recover from such person the amount specified thereunder, as if it were an arrear of land revenue.

CHAPTER VII

FUND OF COUNCIL

Fund of Council.

44. (*1*) The Council shall establish a Fund to be called the Maharashtra State Clinical Establishment Council Fund.

(*2*) The Fund shall consist of,—

(*a*) all fees received by the authority under this Act;

(*b*) grants and loans, if any, made by the State Government or the Central Government;

(*c*) income from investments made from the Fund; and

(*d*) any other money received by the Council or the authority from any source as may be approved by the State Government.

Objects to which Fund of Council shall be applied.

45. The Council Fund shall be applied to the following objects, namely:—

(*a*) meeting the administrative and operational expenses of the Council and the authority;

(*b*) undertaking inspection, monitoring, and audit of clinical establishments;

(*c*) training and capacity building of officers and staff engaged in implementation of the Act;

(*d*) development and maintenance of the digital registration portal if any ; and

(*e*) such other purposes connected with the objects of this Act as the State Government may, by general or special order, direct.

Accounts and audit.

46. (*1*) The accounts of the Council shall be maintained in such form and in such manner and audited before such date and at such intervals, as may be prescribed.

(*2*) The accounts of the Council shall be audited by such authority as may be prescribed.

(*3*) The audited accounts together with the audit report shall be laid before each House of the State Legislature.

CHAPTER VIII

MISCELLANEOUS

Protection of action taken in good faith.

47. (*1*) No suit, prosecution or other legal proceedings shall lie against any authority or any member of the Council or the Appellate Authority or any officer authorised in this behalf in respect of anything, which is in good faith done or intended to be done in pursuance of the provisions of this Act or any rule made thereunder.

(*2*) No suit or other legal proceedings shall lie against the Government in respect of any loss or damage caused or likely to be caused by anything which is in good faith done or intended to be done in pursuance of the provisions of this Act or any rule made thereunder.

Furnishing of returns, etc.

48. Every clinical establishment shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the Council such returns or the statistics and other information in such manner, as may be prescribed by the Government, from time to time.

Power to give directions.

49. (*1*) Without prejudice to the foregoing provisions of this Act, the Government, the Council and the authority shall have the power to issue such directions, including furnishing returns, statistics and other information for the proper functioning of clinical establishments and such directions shall be binding.

(2) Notwithstanding anything contained in this Act, where the Government is of the opinion that it is necessary or expedient in the public interest so to do, it may, by order in writing and for reasons to be recorded therein, direct the authority or the Council to take such action or refrain from taking such action as may be specified in the order, and the authority or the Council, as the case may be, shall comply with such direction.

(*3*) The Government may, from time to time, issue policy directions to the authority and the Council on matters relating to,—

(*a*) public health priorities and programs;

(*b*) quality improvement initiatives in clinical establishments;

(*c*) patient safety standards;

(*d*) healthcare accessibility and affordability;

(*e*) integration with other health programs and schemes;

(*f*) disaster preparedness and emergency response;

(*g*) health information systems and data management; and

(*h*) any other matter of public health importance.

(*4*) The authority and the Council shall ensure compliance with the policy directions.

Employees of authority, etc., to be public servants.

50. Every employee of the authority and the Council shall be deemed to, when acting or purporting to act in pursuance of any of the provisions of this Act, be public servants within the meaning of sub-section (*2*) of section 28 of the Bharatiya Nyay Sanhita, 2023. 46 of 2023.

Disclosures and reporting.

51. (*1*) Every registered clinical establishment shall report the diseases or health events under surveillance to the authority or the Council or the Government, as the case may be, in such manner as may be prescribed, from time to time.

(*2*) A list of diseases or health event which need to be reported in the rules framed under this Act shall be as prescribed or notified by the Government or the Central Government from time to time.

Power to make rules.

52. (*1*) The Government may, by notification in the *Official Gazette,* make rules for carrying out all or any of the provisions of this Act.

(*2*) In particular and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the matters which are required to be, or may be, prescribed under this Act.

(*3*) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature, 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.

Power to remove difficulties.

53. (*1*) If any difficulty arises in giving effect to the provisions of this Act, the Government may, by order published in the *Official Gazette*, make such provisions not inconsistent with the provisions of this Act as may appear to it to be necessary or expedient for removal of the difficulty:

Provided that no such order shall be made after the expiry of a period of two years from the date of commencement of this Act.

(*2*) Every order made under this section shall, as soon as may be after it is made, be laid before both Houses of the State Legislature.

Repeal and Savings.

XV of 1949.

54. (*1*) On and from the commencement of this Act, the Maharashtra Nursing Homes Registration Act, shall stand repealed.

(*2*) Notwithstanding such repeal,-

(*a*) all the clinical establishments registered under said repealed Act or any other law for the time being in force requiring registration of clinical establishments, shall remain valid until the expiry of their existing term for which registration was granted under such prior law or until such registration is renewed or cancelled under this Act or such establishment obtains provisional registration under this Act, whichever is earlier.

(*b*) anything done or any action taken under the repealed Act shall be deemed to have been done or taken under the corresponding provisions of this Act;

(*c*) any proceeding or remedy in respect of any right, privilege, obligation, or liability acquired, accrued or incurred under the repealed Act may be instituted, continued or enforced as if this Act had not been passed;

(*d*) any fee, fine, or penalty payable under the repealed Act may be recovered under this Act.

STATEMENT OF OBJECTS AND REASONS

The healthcare sector in the State of Maharashtra comprises of a large number of clinical establishments providing diagnostic and treatment services such as hospitals, nursing homes, maternity homes, clinics, diagnostic centers, medical laboratories, etc., operated by individuals, private bodies, trusts, local authorities or Government institutions in different recognised systems of medicine.

2. The Maharashtra Nursing Homes Registration Act (XV of 1949) provides for the registration and inspection of nursing homes and maternity homes in the State and for certain purposes connected therewith. With the passage of time,various types of clinical establishments viz., laboratories, day care centres, clinics, diagnostics, etc., have evolved in the State. However, the ambit of the said Nursing Homes Act is limited to nursing homes and maternity homes only. There is no legislation in the State to regulate the health care services provided by all types of clinical establishments except the nursing homes and maternity homes. The Parliament has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010) for certain States on their request to govern all clinical establishments in such States.

In order to ensure transparency, accountability and adherence to minimum standards in the functioning of, and to regulate the services which may be provided by, all types of clinical establishments of all recognised systems of medicine, the Government considers it expedient to enact a law, similar to the said Central Act, by repealing the said Nursing Homes Act.

3. The salient features of the proposed law are as follows, namely :—

(*i*) To constitute the Maharashtra State Council for Clinical Establishments consisting of representatives of various Councils of different recognised systems of medicine for determining minimum standards of clinical establishments and for specifying services provided by them ;

(*ii*) To constitute the Clinical Establishments Registering Authority for different areas in the State ; registration of clinical establishments with the provisions of certificate of provisional as well as permanent registration, which is non-transferable and renewal and cancellations of registration ;

(*iii*) To provide for mandatory display of rates and charges for the services provided by the clinical establishments, at a conspicuous place in its premises including its certificate of registration;

(*iv*) To provide for Charter of Patient's Rights including right to have information regarding nature of illness, its diagnosis, plan of treatment and estimated cost thereof ;

(*v*) To provide for inspection of registered clinical establishments ;

(*vi*) To provide for maintaining and updation of Register of clinical establishments ;

(*vii*) To provide for offences and punishment for contravention of provisions of the Act;

(*viii*) To provide for Fund of the Maharashtra State Council for Clinical Establishment and accounts and audit thereof ;

(*ix*) To provide for power to give directions by the State Government for effective implementation of the Act ;

(*x*) Other miscellaneous provisions incidental thereto.

5. The Bill seeks to achieve the above objectives.

Mumbai,
Dated the 2nd July, 2026.

PRAKASH ABITKAR,
Minister for Public Health.

MEMORANDUM REGARDING DELEGATED LEGISLATION

The Bill involves the following proposals for delegation of legislative powers, namely:-

Clause 1 (*2*). Under this clause, power is taken to the State Government to bring the Act into force on such date as the State Government may, by notification in the *Official Gazette*, appoint.

Clause 3. Under this clause, power is taken to the State Government,-

(*i*) in sub-clause (*1*) to constitute, by notification in the *Official Gazette*, a body to be known as the a Maharashtra State Council for Clinical Establishments to exercise the powers conferred on and to perform the functions assigned to it under the Act;

(*ii*) in sub-clause (*4*) to prescribe the salaries and allowances payable to the officers and other employees of the Council and terms and conditions of their services;

(*iii*) in sub-clause (*9*) to appoint such person to be the Secretary of the Council and other secretarial staff.

Clause 7. Under this clause power is taken to the State Government to prescribe the procedure for determining the standards for classification of the clinical establishments under this Act.

Clause 8. Under this clause, power is taken to the State Government,-

(*i*) in sub-clause (*1*) to constitute, by notification in the *Official Gazette*, an authority to be called the Clinical Establishment Registering Authority for registration of the clinical establishments;

(*ii*) in sub-clause (*2*) to prescribe the number of members of the Clinical Establishment Registering Authority;

(*iii*) in sub-clause (*3*) to prescribe the powers and procedure of the said Authority;

(*iv*) in sub-clause (*4*) to prescribe fees for registration and renewal of registration and other functions of the authority.

Clause 10 (1).– Under this clause, power is taken to the State Government to prescribe the conditions for registration and continuation of clinical establishment.

Clause 11.– Under this clause, power is taken to the State Government to prescribe the manner and conditions for display of rates and services in the clinical establishment.

Clause 12.- Under this clause, power is taken to the State Government to prescribe categories, and different standards for classifications for clinical establishments of different recognized systems of medicines.

Clause 13 (2).– Under this clause, power is taken to the State Government to prescribe the manner for display and enforcement of the rights of the patient in the clinical establishment.

Clause 14.– Under this clause, power is taken to the State Government to prescribe the form, manner and fees for registration of a clinical establishment.

Clause 15.– Under this clause, power is taken to the State Government to prescribe the form and particulars of provisional registration certificate of a clinical establishment.

Clause 16(2).– Under this clause, power is taken to the State Government to prescribe the manner for publication of the provisional certificate of the clinical establishment.

Clause 18.– Under this clause, power is taken to the State Government to prescribe the fees for issuance of duplicate certificate to the clinical establishment.

Clause 19(2).– Under this clause, power is taken to the State Government to prescribe manner to inform about change in ownership or management of the clinical establishment to the authority.

Clause 20.– Under this clause, power is taken to the State Government to prescribe manner to publish within such time and in such manner, the names of clinical establishments whose registration has expired.

Clause 21.– Under this clause, power is taken to the State Government to prescribe the late fees for renewal of provisional registration.

Clause 23 (2).– Under this clause, power is taken to the State Government to prescribe the fees for permanent registration.

Clause 24.– Under this clause, power is taken to the State Government to prescribe the manner for submission of evidence of having complied with the prescribed minimum standards by the clinical establishment.

Clause 25.– Under this clause, power is taken to the State Government to prescribe the manner of filing of objections for information of public at large.

Clause 29.– Under this clause, power is taken to the State Government,-

(*i*) in sub-clause (*1*) to prescribe the form and particulars of certificate of permanent registration;

(*ii*) in sub-clause (*4*) to prescribe the enhanced fees for renewal of permanent registration and penalties.

Clause 33.– Under this clause, power is taken to the State Government to prescribe the manner to enter and search for inspection of clinical establishment

Clause 34.– Under this clause, power is taken to the State Government to prescribe fees for different categories of clinical establishment.

Clause 35.– Under this clause, power is taken to the State Government to prescribe the form and manner for filing of appeal against the order of an Authority.

Clause 36.– Under this clause, power is taken to the State Government to prescribe the form and manner for maintaining a register of clinical establishments.

Clause 37.– Under this clause, power is taken to the State Government to prescribe the form and particulars for maintain a digital register of clinical establishments.

Clause 39 (7).– Under this clause, power is taken to the State Government to prescribe the manner for filing of appeal.

Clause 40 (7).– Under this clause, power is taken to the State Government to prescribe the manner for filing of appeal.

Clause 46.– Under this clause, power is taken to the State Government to prescribe the manner and form for maintaining the accounts and audit of the Council.

Clause 47.– Under this clause, power is taken to the State Government to prescribe the manner for furnishing of returns to the State Council.

Clause 51.– Under this clause, power is taken to the State Government to prescribe the manner for reporting the diseases or health events under surveillance to the authority or the State Council.

Clause 52 (1).– This clause empowers the State Government to make rules, by notification in the *Official Gazette*, for carrying out the purposes of the Act.

Clause 53 (1).– This clause empowers the State Government to make by order published in the *Official Gazette*, to make provisions, not inconsistent with the provisions of the Act, to remove any difficulty arising in giving effect to the provisions of the Act, within a period of two years from the date of commencement of the Act.

2. The above mentioned proposals for delegation of legislative powers are of a normal character.

FINANCIAL MEMORANDUM

Clause 3(*1*) of the Bill provides for the Constitution of the Maharashtra State Clinical Establishments Council in the State. The said Council shall consist of a Chairperson and Members and shall also be provided with such officers and employees as may be necessary for the functioning of the Council. The honorarium and allowances payable to the Chairperson and Members and the salaries and allowances, etc., payable to the employees and other administrative expenditure, will be paid from the grants given to the Council by the Government by appropriation duly made in that behalf. It would involve current estimated non-recurring expenditure of rupees five crores from the consolidated fund of the State and recurring expenditure is not estimated.

GOVERNOR'S RECOMMENDATION UNDER ARTICLE 207 OF THE CONSTITUTION OF INDIA

(Copy of Government of Maharashtra Order, Law and Judiciary Department)

In exercise of the power conferred upon him by clause (*1*) of Article 207 of the Constitution of India, the Governor of Maharashtra is pleased to recommend to both Houses of the State Legislature, the Consideration of the Maharashtra Clinical Establishments (Registration and Regulation) Bill, 2026.

MAHARASHTRA LEGISLATURE SECRETARIAT

[L. A. BILL No. LI OF 2026.]

[A Bill to provide for registration, regulation and inspection of clinical establishments in the State of Maharashtra, to prescribe minimum standards of facilities and services which may be provided by such establishments; and for matters connected therewith or incidental thereto.]

[Shri Prakash Abitkar,

Minister for Public Health.]

JITENDRA BHOLE,

Secretary-1,

Maharashtra Legislative Assembly.

Government Central Press, Mumbai.