Repeal ! **Renegotiate !**

IMA opposes the Clinical Establishments (Registration and Regulation)Act 2010

1. IMA supports registration and regulation of clinical establishments by an autonomous Hospital Authority of India which has democratic and representative character.
2. Government licensing out healthcare institutions will lead onto harassment, corruption and nepotism.
3. Government imposing uniform treatment protocol is unacceptable .This endangers patient safety.
4. Government fixing rates is unrealistic. Government should first define parameters to measure skill and proficiency of doctors.
5. Government have taken a layman's approach to the subject as evidenced by the 'stabilization clause'. First aid is the right of the patient and duty of the medical profession. Stabilisation is unachievable.
6. Single doctor establishments should be exempted from the act.
7. The proposed autonomous Hospitals Authority of India should provide single window clearance for all legislations regarding clinical establishments.
8. The clinical establishments act should include provisions for promotion of healthcare institutions. It should be The clinical establishments (Registration and Regulation and Promotion)Act 2010.
9. The licensing character of regulation should be replaced by a more friendly procedure.
10. Complaints cells are incompatible with administration and delivery of health care services. Alternative forums already exist.

The clinical establishment (Registration and Regulation) Act 2010 has become a fait accompli. Nevertheless the law in its present format is unacceptable to the medical profession of the country. It is admitted that registration of the clinical establishments is

necessary for various reasons. However the regulation aspect of it has serious flaws. License raj imposed on healthcare institutions will lead onto disappearance of single doctor practitioners, corporatization of health care and promote corruption and nepotism.IMA is apprehensive of large scale harassment of private sector.

(A) General Objections:-

1. Who is affected:

The private sector consists mainly of single practitioners or small nursing homes having 1-20 beds. 90% of the facilities are manned by single practitioners. According to the survey in 2001-02 there were approximately 13 lakh enterprises providing health care services in the country. The majority of these enterprises are own account enterprises (OAEs), which accounted for over 80% of the total health facilities in the country. OAEs are typically run by an individual or are a house hold business providing health services without hiring a worker on a fairly regular basis. The number of health establishments in the country was roughly around 2.3 lakhs. Establishments are those that hire at least one worker on a regular basis. OAEs are dominant in rural areas. There are 92% OAEs and around 7% of establishments in rural areas . In the urban areas, establishments accounted for roughly 38% and the remaining 62% facilities were OAEs. If we consider all the 13 lakh private health providers, a little over half of them are modern medicine practising physicians and specialists. So it is clear against whom the Government is moving. If 90% of the healthcare institutions in this country are manned by single practitioners, it does not take much to understand that the target of these regulations are these single practitioners. By imposing standards unachievable by them these regulations are going to lead to closure of majority of these small institutions. India is well served by its army of family physicians and small hospitals. They provide low cost service at the doorsteps of the commonman 24x7.Any law resulting in diminution of the role of single practitioners will seriously hamper the accessibility and affordability of healthcare. Government will do well to recognise that these family doctor single person institutions are holding the lifeline of Indian masses. Every year 3.3% of India's population is pushed below poverty line due to unaffordable

healthcare cost. Any decline in the share of family doctors in the health care delivery of the nation is bound to adversely impact this percentage of impoverishment.

2. **Who is benefitted:**

There is an increasing trend towards corporatization of healthcare supported by private healthcare insurance. This apes the American model of healthcare which is expensive but not necessarily the best or inclusive. Moreover young medical graduates shun family practice and prefer to be employed in large hospitals. License raj and its regulations will demotive them further from entering into family practice. Enactment of this law raises serious doubts regarding the intentions of the Government. Is the Government playing for the corporate hospitals and the private medical insurance which are the only entities to be benefitted from this law ? IMA has no hesitation in condemning this law as anti people and antipoor. The Hon Union Minister for Health stated in Rajya Sabha:-

"Shri Avtar Singh Karimpuri, Shri K.K. Mohanty and Shri Mysura Reddy had expressed concerns about single doctor establishments being brought under the purview of this law. Even if it is one doctor establishment, you just don't know what he is giving; from where he is operating; what he is upto; what equipment he is treating, etc. It is all the more important for one doctor establishment to register and he has to comply with it . He should have some minimum standard. It is all the more important for one doctor establishment because you don't have any other facility. He is a doctor for heart diseases; he is a doctor for cancer; he is a doctor for diabetic patients; he is everything. So I think we need to have some minimum standards for him. If we let him off then he is at the mercy of god. As my friend said, somebody was using knife or chaku or chura for operation, so he will also be using chaku or chura. I think it is all the more important that one-man doctor should be included in this. By keeping these doctors out of the purview of this law, we would be excluding a major category of health- care providers".

So the agenda seems to be elimination of single doctor clinics to the advantage of big players.

3. **Attack on the federal structure of the country :**

Legislation in respect of "Public health and sanitation, hospitals and dispensaries" are relatable to Entry 6 of List II — State List in the Seventh Schedule to the Constitution and Parliament has no power to make a law in the State list. Under article 252 of the

Constitution where the Legislatures of two or more States pass resolutions empowering Parliament to pass the necessary legislation on the subject, a bill may be introduced in Parliament. The Legislatures of the States of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim have passed such resolutions in this case.By enacting this law the Indian Parliament has transgressed the federal spirit of our constitution. It has actually encroached on the rights of the states. It may actually take away whatever the states have done.Various states have also enacted their own legislations for regulating clinical establishments.

a) Bombay Nursing Homes Registration Act, 1949
b) The AP Private Medical Care Establishments Act, 2002
c) Delhi Nursing Homes Registration Act, 1953
d) Orissa Clinical Establishment (Control and Regulation) Act, 1991
e) Punjab State Nursing Home Registration Act, 1991
f) Manipur Nursing Home and Clinics Registration Act, 1992
g) Sikkim Clinical Establishments, Act 1995
h) Nagaland Health Care Establishments Act, 1997
i) MP Clinical Establishments Regulation Act.
j) Tamilnadu private clinical establishment Act 1997
k) The West Bengal Clinical establishment Act 1950

It is also gathered that some more states such as Rajasthan, Karnataka Kerala and Haryana have drafted the regulatory legislations but have not been able to get them tabled and considered by their respective legislative assemblies.

4. Over regulation:

Private healthcare is a sector which is already governed by multiple legislations. Inspite of all these hindrances private health care institutions have grown because they meet the expectations of the people. The Honorable union minister for Health is on record saying that the private sector is helping the healthcare system and that lot of capacity building has happened. He himself has admitted that bringing in a very hard legislation will be a great

deterrent for the private hospitals to come up. According to him the Government will be creating new problems.

The following enactments regulate various activities of healthcare institutions : However the list is not exhaustive because different states have different combination.

a) Laws regarding service delivery:-

1. The Drugs and Cosmetics Act,1940(Central Act of 23 of 1940) and Rules 1945 including blood bank rules.
2. Intoxicating Drugs(Control)Rules,1983
3. The Drugs (Prices Control)Order ,1995
4. Narcotic Drugs and Psychotropic Substances Rules,1985
5. The Mental Health Act,1987 and The Central Mental Health Authority Rules,1990
6. The Pre-Conception and pre-Natal Diagnostic Techniques(Prohibition of sex selection)Act 1994 and The Pre-Conception and pre-Natal Diagnostic Techniques(Prohibition of sex selection)Rules ,1996
7. The Drugs and Magic Remedies (Objectionable Advertisements)Act 1954 and The Drugs and Magic Remedies (Objectionable Advertisements)Rules,1955
8. Corneal Grafting Act ,1963 and Corneal Grafting Rules,1963
9. The Creation of Eye –Bank Rules ,1970
10. The Medical Termination of Pregnancy Act,1971 and The Medical Termination of Pregnancy Rules ,2003
11. The Transplantation of Human Organs Act,1994 and The Transplantation of Human Organ Rules,1995
12. The Bio –Medical Waste (Management and Handling)rules,1998
13. The Clinical Thermometers(Quality Control)Order,2001
14. The Poison Act,1919(central Act XII of 1919)
15. The Standards of Weights &Measures Act,1976(Central Act 60 of 1976)& The Standards of Weights& Measures(Enforcement)Act,1985(Central Act 54 of 1985)
16. Atomic Energy Act 1962
17. The Epidemic Disease Act of 1897

b) Laws regarding the professionals :-

18. The Indian Medical Council Act ,1956
19. The Medical Council of India Regulations,2000
20. The Indian Medical Degrees Act,1916
21. The Indian Medical Council(Professional Conduct ,Etiquette and Ethics)Regulations 2002
22. The Indian Nursing Council Act,1947
23. The Nurses and Midwives Act,1953
24. The Pharmacy Act,1948 and The Pharmacy Council of India Regulations,1952
25. State enactments regarding state Medical Councils (Medical Practitioners' Acts)

c) Laws regarding human resources

26. The Minimum Wages Act,1948(Central Act 11 of 1940)& Rules,1950
27. Payment of Wages Act 1936
28. The Maternity Benefit Act ,1961
29. The National and Festival Holidays Act
30. The Gratuity Act 1972
31. Weekly Holidays Act ,1942(Central Act 18 of 1942)
32. The Employees Provident Fund and Miscellaneous Provisions Act ,1952 (Central Act 19 of 1952)
33. The Employees State Insurance Act
34. The Payment of Bonus Act,1965 (Central Act 21 of 1965)&Rules,1975
35. The Welfare Fund Act
36. The Industrial Employment (Standing Orders)Act 1946
37. The Industrial Disputes Act 1947
38. Payment of subsistence Act ,1972(Act 27 of 1973)

d) Laws regarding the Institutions:-

39. The Building Tax Act 1975
40. Dangerous trades &Offensive practices Act

41. The Shops& Commercial Establishments Act
42. The General Sales Tax Act,1963/VAT
43. The Municipality (Registration of Private Hospitals and Private Paramedical Institutions)Rules and The Panchayat Raj (Registration of private Hospitals and Private paramedical institutions) Rules
44. Service tax (certain instances)
45. Luxury Tax

If all the above legislations which are already in force have failed to bring the desired outcome it shows the process of legislations in poor light.

5. **The Lok Sabha has passed the bill to regulate the healthcare institutions without any discussion**. Whether a bill passed and adopted without any mind application has the legal and moral sanction to govern us is an important question to be answered. IMA also would have expected the discussions in Rajyasabha to have been unbiased and of a quality befitting the stature of elders.

6. **Infringement on fundamental rights of doctors:**

a) Under article 19(g) all citizens have a fundamental right to practice any profession or to carry on any occupation trade or business. Article 21 specifically states that no person shall be deprived of his life or personal liberty.The Hon.Supreme court has held in various judgments that right to life includes right to earn a living.This act restricts the right to practice the profession freely in order to earn the wherewithal.

b) The citizens have a fundamental right to health as held by the supreme court in its interpretation of the right to life under article 21.This right to health is against the Government.It is the duly of the Government to ensure the protection of health of the citizens.This duty cannot be passed onto citizens/doctors by colorable exercise of power.

(B) Specific Objections to the clauses of clinical establishments (Registration and Regulation)Act

1. **Preamble :** The preamble of the act has invoked the mandate of article 47 of the constitution for improvement in public health. The entire act does not include a single

public health initiative. The conflict of interest could not be more glaring since the prime purpose of the act is to regulate curative services.

2. **Type of Regulation :**One of the concerns raised by Hon.members of the Rajya Sabha is that this act will result in inspector raj and corruption. The Hon Minister himself has admitted in the floor of the house that the intention of this legislation is not to impose upon the health sector any structure of licence raj. The Government have very carefully avoided the word license. However the mandatory nature of registration with severe penalty clauses with powers for cancellation cannot hide the licensure nature of the regulation.

   The Planning Commission of India in its report of the working group on clinical establishments professional services regulation and accreditation of Health care infrastructure for the 11th five year plan has given the following definitions.

   Licensure :- a government administered mandatory process that requires healthcare institutions to meet established minimum standards in order to operate.

   Certification :- a voluntary governmental or non-governmental process that grants recognition to healthcare institutions that meet certain standards and qualifies them to advertise services or to receive payment or funding for services provided.

   Accreditation:- a process by which a government or non-government agency grants recognition to healthcare institutions that meet certain standards that require continuous improvement in structures, procedures or outcomes. It is usually voluntary, time-limited and based on periodic assessments by the accrediting body, and may, like certification, be used to achieve other desirable ends such as payment or funding".

   IMA demands to know from the Government the form of regulation it has chosen. Is this a license or not? If the Government have chosen licensing let the Government admit the fact. It is clear from the definition of the planning commission that the procedure that has been adopted is licensing. On the other hand the Government have used the term certificate. Certification is a voluntary process.

   The post independence period before liberalization of early nineties stand evidence to the negative impact that licensing can create to the growth and the amount of corruption it can

breed. What has the health sector done to deserve a license raj where as every other sector has come under the process of liberalization and growth?

3. **IMA disapproves of the constitution of National and State councils**.

The government have opted for total control of the private healthcare institutions by the central and state governments.The National Council is chaired by the DGHS and the central Government appoints an officer of the rank of joint secretary in MOH as the secretary. The state council is chaired by the secretary health and DHS is the member secretary. The district registering authority is chaired by the district collector and the district health officer (DMOH) is the convenor. The powers of the district registering authority is vested in DMOH. In effect the Government is taking the private sector entirely into its ambit. This is just one step short of nationalization of healthcare services. Nothing has happened in the healthcare delivery system of the country to effect such a total takeover of the reins of the private sector . Placing a serving Government officer at the head of the DRA effectively brings the private sector entirely under the Government control. Private sector cannot function as an extension of a Government department. DMO(H), Superindent of Police and the NGO have conflict of interest with the healthcare institutions.IMA feels that they are unsuitable for the job.They cannot function in a fair and unbiased manner. The structure of the act in the present format is unacceptable to the medical profession of the country and IMA will resist this black law lock stock and barrel.This tantamounts to martial law being proclaimed in health sector. There is very little doubt this misadventure will destroy the vibrant private sector in healthcare and the scars will be visible for generations to come. If this is the proclaimed policy of this Government, IMA feels that the Government should revalidate its mandate from people. Government are imposing a law on the people which can seriously impact the health of a nation.

IMA brings to the attention of the people what the planning commission had suggested:

- **As far as possible, registration should be done on the basis of documents certified by licensed professionals such as Chartered Accountants, approved valuators, assessors etc. The setting up of administrative paraphernalia for inspection is to be discouraged.**

- **To the maximum extent possible, the responsibility of actual registration should be entrusted to Panchayati Raj Institutions (PRIs). There is already a multiplicity of licensing/inspector authorities under various health related legislations. These are, therefore, required to be consolidated.**

- **Due care would have to be taken to avoid over emphasis on standards for infrastructure. Otherwise investments required to comply with standards might have a spiraling effect on service costs in the health sector. Greater focus would, therefore, be required on standards for service delivery.**

In terms of implementation, two aspects are of prime importance – firstly there is a need to empower Panchayti Raj Institutions to undertake registration and monitor the minimum standards for clinical establishments. This is already mandated by the 73rd and 74th amendments to the Constitution of India. Secondly there exists a need for provision of resources and developing capacities to undertake the task of implementing standards that may get to be prescribed. To create an autonomous institution with representative democratic character under the central and state governments like the MCI and state medical councils will be a more acceptable option.

4. Representation for modern medicine

Objection: 90 percent of the private healthcare delivery system consists of single practitioners. Roughly 50 percent of them are modern medicine doctors. Almost 90percent of the hospitals also offer only modern medicine services. IMA demands proportionate representation in these bodies for modern medicine doctors on democratic

basis.IMA also objects to the representation provided for sections who do not represent healthcare institutions. We demand that representatives of healthcare institutions run these councils with representations for central and state Governments respectively in the national and state councils. Modern medicine cannot be grouped with other systems of medicine in the proposed councils.Each system has a separate identity and character which has to be protected. It would be better to have separate autonomous institutions for all recognized systems. Systems of medicines with a regulatory council alone should be considered as recognized systems.

5. 'Stabilisation' Clause with layman's perspective

- *"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".*
- *"emergency medical condition" means a medical condition manifesting itself by acute symptoms 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 women,the health of the woman or her unborn child, in serious jeopardy; or

(ii) serious impairtment to bodily functions; or

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

- *"to stabilise (with its grammatical variations and cognate expressions)" means, with respect to an emergency medical condition specified in clause (d), 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".*

Objection: These clauses are open invitation for litigation against the healthcare institutions. Doctors and the institutions who are already suffering the ill effects of CPA are placed under further harassment. All the words in the above clauses can be interpreted and misinterpreted to suit one's temperament. Such a cart blanche against doctors and

institutions cannot be accepted.IMA will resist this clause with all its strength from patient's point of view it would be better if the law entailed him to life saving first aid rather than 'stabilization' which is an arachic term. For eg a case of ectopic pregnancy without pulse or BP would survive if referred to a higher institution rather than being subjected to stabilization in a primary care set up.

More over there are *Supreme Court judgments protecting the rights of* citizens in this regard. All health care institutions in this country are duty bound by law to provide emergency care and no one could be refused such a care even now. In countries like US such a care is paid for by the state.

The Government is bound to answer the following questions:

1. Who will pay for the treatment?
2. Where will the patient be transferred?
3. Who will pay for the transfer?

The basic legal principle is that there cannot be a duty without a corresponding right. The act imposes a duty to provide expensive treatment without any provision for paying the cost.

6. **Section 49 under chapter VII states,**

"Without prejudice to the foregoing provisions of this Act, 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".

Objection: In a democratic country like ours the Government cannot empower itself so as to run the private healthcare institutions according to their whims and pleasures. This clause is ultravires of the freedom enshrined in the constitution of India.IMA demands that this clause be repealed.

(C) Specific objections in draft rules

Page no :7

- *"Each category of clinical establishments shall comply with the Standard Treatment Guidelines and maintain electronic medical records of every patient as may be notified by the Central Government from time to time"*

Objection: Government have no right to prescribe standard treatment guidelines and require the clinical establishments to comply. It is emphasized that various treatment protocols approved by the medical profession alone will be abided with. Each medical condition is an abstract situation requiring multiple approaches and the plurality of the opinions inside the medical profession have to be respected. Practice of medicine is an ocean.There are multiple modalities of treatment for any one given condition. It is the right of a doctor to choose a particular modality as per his judgments. Any mandatory rule to comply with the treatment guidelines of the Government are not only unacceptable but betrays lack of sensitivity on the part of the Government in understanding what they are regulating. This clause infringes on professional independence and seriously impacts patient safety. While keeping medical recording electronic form might be ideal whether the idea is realistic in Indian conditions has to be re examined.

- *"Each category of clinical establishments shall charge the rates for each type of procedure and service within the range of rates to be notified by the central government from time to time, for such procedures and services".*

Objection*:* Government fixing rates for various procedures is unacceptable .This hits at the root of fundamental right to practice the profession. What parameters the Government would use to measure the competency and skill of different doctors though they all might have similar qualifications?. Moreover the cost of a procedure will vary from patient to patient depending on multiple variables; And how will treatment of complications be compensated ? Government will be well advised to withdraw this clause. In case Government wishes to still persist with the same IMA demands that the Government engage the Institute of cost and accountants of India to estimate the costs and devise viable rates for each state separately with due consideration of status of (ABCD) urban centers and rural areas.

- *Every Clinical Establishment shall display the rates charged for each type of service provided and facilities available, for the benefit of the patients at a prominent place in the local dialect and as well as in English language. The minimum list of services for which rates are to be displayed are given in CG 4 Annexe.*

  Objection : The services cannot be structured into a fixed rate pattern; Neither it is aesthetic to display the same as in a ration shop, It is however possible that the process be made transparent through preadmission counselling.

- *Each category of clinical establishments, as may be notified by the Central Government shall carry out every prescription audits every 3 months.*

  Objection: Audit of every prescription is not realistic. It is suggested random prescription audit is feasible and acceptable.

- ***Penalties***

  In keeping with the provisions of Section 41 (1) (2) (3) and Section 42 (1) (2) (3) the Act whoever carries on a clinical establishment without registration or whoever willfully disobeys any direction, or obstructs any person or authority or withholds any such information or provides false information shall be liable for a monetary penalty.Whoever carried on a clinical establishment without registration, shall, on first contravention be liable to a monetary penalty upto fifty thousand rupees, for second contribution to a monetary penalty which may extend to two lakh rupees and for any subsequent contravention to penalty which may extend to five lakh rupees.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 punishable with monetary penalty which may extend to five lakh rupees.

  Objection: The penalties are harsh and excessive.The law should be gentle on law abiding citizens like doctors.

The Government should also promote healthcare institutions:

The law should also include promotion in addition to registration and regulation.

a) A national corpus fund should be created from the funds of the Central Government to facilitate establishment, maintenance and upgrading of clinical establishments. This should have state outlets. Grants and subsidized loans should be available for above purposes and for raising the standards of service.

b) Every effort should be made for encouraging young medical graduates to take up family practice .Subsidy and retainership could be tools to reach out to the young doctors.

c) Special consideration and incentives should be provided for doctors setting up practice in rural areas.

d) Protocols for establishing three tier referral system across the sectors should be created.

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Annexure

Number of enterprises in the unorganized health services by States 2001-02

State	Rural			Urban			Aggregate		
	OAE	Establishments	Total	OAE	Establishments	Total	OAE	Establishments	Total
Andhra Pradesh	48306	2865	51171	17951	8705	26656	66257	11570	77827
Assam	38802	2239	41041	4431	1071	5502	43233	3310	46543
Bihar	105563	13850	119413	14504	6281	20785	120067	20131	140198
Chhattisgarh	7222	724	7946	1475	3766	5241	8697	4490	13187
Delhi	170	419	589	7226	8256	15482	7396	8675	16071
Goa	246	16	262	125	465	590	371	481	852
Gujarat	14235	957	15192	6680	12687	19367	20915	13644	34559
Himachal Pradesh	4449	228	4677	509	344	853	4958	572	5530
Haryana	10591	2354	12945	6791	5305	12096	17382	7659	25041
Jammu and Kashmir	7876	340	8216	1492	741	2233	9368	1081	10449
Jharkhand	56702	1055	57757	6553	1566	8119	63255	2621	65876
Karnataka	12181	2717	14898	10126	14037	24163	22307	16754	39061
Kerala	15132	5940	21072	6359	3541	9900	21491	9481	30972
Madhya Pradesh	26547	644	27191	15749	7687	23436	42296	8331	50627
Maharashtra	23409	3389	26798	32664	34064	66728	56073	37453	93526
Orissa	46064	884	46948	3197	1489	4686	49261	2373	51634
Punjab	20298	2794	23092	10349	6370	16719	30647	9164	39811
Rajasthan	16935	1035	17970	13041	4208	17249	29976	5243	35219
Tamilnadu	11350	3508	14858	9380	10566	19946	20730	14074	34804
Uttar Pradesh	253989	13565	267554	49678	21618	71296	303667	35183	338850
Uttaranchal	5404	1570	6974	1845	1137	2982	7249	2707	9956
West Bengal	78519	3781	82300	42332	9966	52298	120851	13747	134598

Others	**8699**	**174**	**8873**	**2201**	**1386**	**3587**	**10900**	**1560**	**12460**
Total	**812689**	**65048**	**877737**	**264658**	**165256**	**429914**	**1077347**	**230304**	**1307651**

"Source: Extracted from the unit-level record data of the 57th Round, Survey of Unorganised Services, NSSO

Note: (i) OAEs indicate own-account enterprises wherein an undertaking is run by a household, usually without any hired labour working on a fairly regular basis. ii) Establishments are the ones that employ atleast one hired worker on a fairly regular basis.iii) Others include all minor States and Union Territories"

Percentage distribution of enterprises in the unorganized health services by states 2001-02

State	Rural		Urban		Aggregate	
	OEA	Establishments	OAE	Establishments	OAE	Establishments
Andhra Pradesh	94.40	5.60	67.34	32.66	85.13	14.87
Assam	94.54	5.46	80.53	19.47	92.89	7.11
Bihar	88.40	11.60	69.78	30.22	85.64	14.36
Chhattisgarh	90.89	9.11	28.14	71.86	65.95	34.05
Delhi	28.86	71.14	46.67	53.33	46.02	53.98
Goa	93.89	6.11	21.19	78.81	43.54	56.46
Gujarat	93.70	6.30	34.49	65.51	60.52	39.48
Himachal Pradesh	95.13	4.87	59.67	40.33	89.66	10.34
Haryana	81.82	18.18	56.14	43.86	69.41	30.59
Jammu and Kashmir	95.86	4.14	66.82	33.18	89.65	10.35
Jharkhand	98.17	1.83	80.71	19.29	96.02	3.98
Karnataka	81.76	18.24	41.91	58.09	57.11	42.89
Kerala	71.81	28.19	64.23	35.77	69.39	30.61
Madhya Pradesh	97.63	2.37	67.20	32.80	83.54	16.46
Maharashtra	87.35	12.65	48.95	51.05	59.95	40.05
Orissa	98.12	1.88	68.22	31.78	95.40	4.60

Punjab	**87.90**	**12.10**	**61.90**	**38.10**	**76.98**	**23.02**
Rajasthan	**94.24**	**5.76**	**75.60**	**24.40**	**85.11**	**14.89**
Tamilnadu	**76.39**	**23.61**	**47.03**	**52.97**	**59.56**	**40.44**
Uttar Pradesh	**94.93**	**5.07**	**69.68**	**30.32**	**89.62**	**10.38**
Uttaranchal	**77.49**	**22.51**	**61.87**	**38.13**	**72.81**	**27.19**
West Bengal	**95.41**	**4.59**	**80.94**	**19.06**	**89.79**	**10.21**
Others	**98.04**	**1.96**	**61.36**	**38.64**	**87.48**	**12.52**
Total	**92.59**	**7.41**	**61.56**	**38.44**	**82.39**	**17.61**

"Source: Extracted from the unit-level record data of the 57th Round, Survey of Unorganised Services, NSSO

Note: (i) OAEs indicate own-account enterprises wherein an undertaking is run by a household, usually without any hired labour working on a fairly regular basis. ii) Establishments are the ones that employ atleast one hired worker on a fairly regular basis.iii) Others include all minor States and Union Territories"