



Comments on 'Consultation Paper on Unified Health Interface'

Part A - Privacy of Users

Issue 1: Privacy Policy and Access to Health Services

At the time of availing services through any website, users have to accept the terms and conditions, which includes the privacy policy of the concerned website. In certain websites, it can be observed that a failure to accept the terms and conditions and privacy policy in toto can lead to the user being denied access to the website or to a particular feature within such a website. Under such circumstances, the user is compelled to either accept the privacy policy or stop using the website. This becomes more pertinent when the services being availed pertain to publicly provided health services.

Further, as per the Proposed Digital Information Security in Healthcare Act (Proposed DISHA) released by the Ministry of Health and Family Welfare in 2017, the owner of the digital health data has the right not to be refused health service, if they refuse to consent to generation, collection, storage, transmission and disclosure of their health data.¹ The functioning of the UHI relies heavily on the storage, transmission, and exchange of data between entities. At this stage, the questions which requires critical deliberation are:

- Will the user/owner of digital health data have the option to deny the transmission or disclosure of data to other entities?
- Taking into consideration the proposed DISHA, can end users be denied health services if they refuse to accept certain parts of the privacy policy?

Issue 2: Mandate of Health ID

Whether the user needs to mandatorily hold the Health ID for availing health services through Unified Health Interface (UHI)? In other words, can a user access services on the UHI platform without having registered and attained the Health ID. If it is mandatory, does registration of Health ID with an establishment automatically lead to disclosure of health data to the establishment.

Policy Recommendation

¹ Section 29(1)(f), Proposed Digital Information Security in Healthcare Act, Accessed at: https://www.nhp.gov.in/NHPfiles/R_4179_1521627488625_0.pdf.



The objective of the UHI is to provide easier access to healthcare services. With the use of Health ID, several privacy concerns may crop up and a user may not want to share the health records whilst also desiring access to facilities and services of a Health Service Provider (HSP). The policies need to be mindful of the right of the data subject over his/her/their health data. The user shall have the option to refuse disclosure or transmission of a particular data set with one or a few entities with whom data will be shared without the fear of losing the access to health services.

At the same time, Health ID shall not be made mandatory for availing health services through UHI. A number of people may have concerns regarding privacy infringement and, thus, may not wish to create a Health ID. For such individuals, Health ID must not be made mandatory both in law and in practice.

Part B - Accessibility

Issue 1: Disability-friendly by Design

The Convention on Rights of Persons with Disability and the Right to Persons with Disability Act, 2016 mandates inclusion of Persons with Disabilities in all spheres of life. This includes accessibility to facilities and services provided by the government. Healthcare services is one such aspect where inclusion must be ensured. As a result, the UHI must be designed to ensure accessibility to persons with different capabilities by setting standards for applications which will run on the platform.

The UHI must form and mandate following of accessibility standards for service providers. Such standards must be developed by keeping in mind those who access the platform through screen readers or require sign language support, audible captions, magnification or color and contrast adjustments to comfortably operate applications hosted on the platform.² For Persons with mental, intellectual or neurological disabilities, ensuring accessibility may require unique solutions - such as supplanting pictorial cues with written material to explain the function of such options. The platform must be developed by keeping different abilities in mind at each stage of the development process as well as in the standards for service provision. A careful planning in this regard can safeguard against exclusion of persons with disability from an essential public service.

Issue 2: Discovery of Ambulances

² Annaswamy, TM et al. "Telemedicine barriers and challenges for persons with disabilities: Covid-19 and beyond". Disability and Health Journal, October 2020, vol. 13, no. 4. <https://doi.org/10.1016/j.dhjo.2020.100973>



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Ambulances are an essential part of emergency healthcare services. The ambulance services are effective only when such services are accessible quickly and with least procedural requirements. The UHI aims to connect users with HSPs and provide ambulances that are closest to the user. An important element of ensuring the fulfilment of such an objective is the ability of the user to track the ambulance. Currently, a number of ambulance services do not have tracking facilities available. For instance, at present the emergency ambulance helpline '108' running in states such as Uttarakhand, Uttar Pradesh, Karnataka, Kerala etc. do not have the facility to track the ambulance in real time. This can be highly stressful for individuals relying on service. Further, in the absence of such tracking facilities, the HSPs might misrepresent the location of the ambulance to garner undue advantage over other HSPs, thus, proving prejudicial to the interests of the users.

Policy Recommendation

It is desirable that the NDHM, while onboarding the ambulance service providers, mandate the tracking facility to be available in the ambulances so that the user has the real-time location of the ambulance and misrepresentation can be avoided.

Part C - Telemedicine Guidelines

Issue 1: Conflicting provisions

As per the telemedicine guidelines, the technology platforms based on Artificial Intelligence/Machine Learning are not allowed to counsel the patients or prescribe any medicines to a patient.³ However, the consultation paper on the UHI states that, under the new ecosystem, patients can sign up with health bots that will look at their medical history, send reminders, provide advice based on their trends and support doctors in managing chronic care. The functioning of the UHI seems to be in conflict with the telemedicine guidelines on the role of Artificial Intelligence. The role that the Artificial Intelligence/Machine Learning shall play in counseling patients must be investigated and clarified.

Part D - Foreign Access

The UHI framework reflects an understanding that the user will be able to avail health services anywhere in the country. At the same time, the Telemedicine Guidelines defines the Registered Medical Practitioner to be a person enrolled in the State Medical Register or the

³ Clause 5.4, Telemedicine Practice Guidelines, 2020, <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>.



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Indian Medical Register.⁴ This information suggests the intention of the guidelines to extend tele-consultation only in India. At this stage the questions which must be posed are:

- Whether the UHI shall be accessible only to Indian citizens?
- Whether the UHI framework will allow access to the user in the following situations:

Scenario 1: If the user is a foreign citizen who is visiting India, can he/she/they use the EUA to explore HSPs and avail health services?

Scenario 2: If the user is an Indian citizen who is visiting a foreign country, can the user use the EUA to opt for tele-consultation?

Scenario 3: If the user is availing regular consultations from a doctor in India through UHI and the doctor moves to a foreign country, can the user still avail the facility of tele-consultation through UHI?

Policy Recommendation

NDHM needs to provide clarity on accessibility of UHI to a user of a foreign country or Indian users in a foreign country. At the same time, if the UHI is allowed to be accessed in the scenarios mentioned above, compliance with applicable privacy laws of the user's resident country becomes pertinent. For example, if the user is a citizen of any country in the European Union, compliance with General Data Protection Regulation becomes mandatory.

⁴ Clause 1.1.3, Telemedicine Practice Guidelines, 2020, <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>.



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