

Healthcare Industry pushes for smarter pricing rules following Maharashtra FDA survey

On 17th September 2026, Healthcare industry bodies responded extensively following the Maharashtra Food and Drug Administration's (FDA) review of medical device and consumable pricing. The review highlighted massive price markups, with certain hospital consumables and devices marked up by over 2,800 percent compared to their original procurement costs. This revelation triggered significant debate among medical experts, hospital associations, and policymakers regarding appropriate trade margins and billing transparency.

While patient advocacy groups and several industry associations supported tighter regulatory scrutiny and price monitoring, hospital representatives defended their operational pricing structures. Industry stakeholders argued that procurement costs did not fully reflect the comprehensive expenses associated with clinical evaluation, inventory management, sterile-chain maintenance, and specialized personnel.

Furthermore, discussions centered on whether regulatory bodies like the National Pharmaceutical Pricing Authority (NPPA) should impose strict trade margin caps or structured monitoring frameworks on non-scheduled medical devices. The ongoing discourse underscored the complex challenge of balancing hospital operational viability with accessible, transparent healthcare costs for patients across the country.





Photo credit : IIT Delhi hosts 2nd CSR Conclave (Photo/IIT)

IIT Delhi's CSR Conclave highlights MedTech innovations and new Arunachal partnership

On 21st September 2026, the Indian Institute of Technology (IIT) Delhi recently hosted its 2nd CSR Conclave on "Emerging Healthcare Technologies & PSU Summit," bringing together over 150 leaders from industry, PSUs, CSR foundations, government bodies, and academia to champion indigenous healthcare innovations. Hosted by the institute's Corporate Relations Office, the event showcased breakthrough research aimed at scalable and affordable healthcare solutions.

During the conclave, faculty members presented various innovations, including Raman spectroscopy for cancer detection, a miniaturized colposcope, AI diagnostics platforms, and wearable robotic exoskeletons. A high-level panel discussion explored translating lab research to market, regulatory pathways, and the crucial role of CSR funding in early-stage MedTech.

The second half featured a PSU Summit with Arunachal Pradesh MLA Toko Tatung as the Chief Guest, who delivered the keynote address and launched the institute's 'Partnership Booklet' and 'Infrastructure Compendium'. Additionally, strategic collaborations were forged, including a Letter of Intent between IIT Delhi and the Government of Arunachal Pradesh (Keyi Panyor Mission Plan 2040), an Lol with the HS Foundation, and an MoU with Vionix Biosciences to accelerate real-world healthcare solutions.



Medical parliamentarians and healthcare leaders converge for National Summit on MedTech accessibility

On 22nd September 2026, the Indian Medical Parliamentarians' Forum (IMPF) organised a National Policy Summit on MedTech Access at Meril Academy in Vapi, themed "Swasth Bharat Se Saksham Bharat | Reimagining MedTech Access in India." Chaired by Rajya Sabha MP Dr. Anil Sukhdeorao Bonde, the event brought together policymakers, government officials, clinical experts, and industry leaders to discuss strengthening India's medical technology ecosystem and expanding affordable healthcare access.

The summit featured two major panel discussions. The first session examined building a sustainable, globally competitive MedTech ecosystem through indigenous research, regulatory frameworks, supply-chain resilience, and industry-academia collaborations. The second session focused on translating innovation into patient access by evaluating clinical evidence, health technology assessments, financing, reimbursement pathways, and workforce training.

Key dignitaries, including Department of Pharmaceuticals Secretary Manoj Kumar Joshi and National Health Authority Joint Director Dr. Shailesh Kumar Yadav, emphasized the necessity of quality standards, evidence-based reimbursement, and total-care cost evaluations. Speakers also highlighted the importance of interdisciplinary cooperation between medical and engineering institutions to bridge grassroots healthcare delivery gaps and ensure equitable, affordable advanced care for every patient.



Ayushman Bharat has transformed Indian healthcare and saved families from financial ruin, says Shri J P Nadda

On 25th September 2026, Union Health Minister J P Nadda addressed Aarogya Manthan 2026 at Vigyan Bhawan in Delhi, celebrating eight years of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and five years of the Ayushman Bharat Digital Mission (ABDM). Mr. Nadda noted that the scheme has covered over 60 crore beneficiaries, facilitated more than 13 crore hospital admissions, and provided treatments worth over Rs 2 lakh crore, helping rescue families from financial ruin. He also highlighted the recent expansion of PM-JAY to cover all senior citizens aged 70 and above, regardless of their socioeconomic background.

The event marked major milestones in digital health infrastructure, including the creation of over 97.8 crore Ayushman Bharat Health Accounts (ABHAs) and the linking of over 121 crore health records. Key figures like NITI Aayog Health Member Dr. M Srinivas, ICMR Director General Dr. Rajiv Bahl, and NHA CEO Sunil Kumar Barnwal emphasized the future focus on continuity of care, standardized treatment workflows, and health technology assessments. Additionally, several new digital initiatives were launched, such as the National Healthcare Providers Registry mobile app and a Secure Data Environment (SDE), to boost health research, outcome analysis, and responsible AI innovation while safeguarding user data privacy.

Low-dose CT screening cuts lung cancer mortality by 16% and lowers advanced disease risk, IARC study finds

On 28th September 2026, a recent International Agency for Research on Cancer (IARC) working group published an assessment in The New England Journal of Medicine revealing that low-dose computed tomography (CT) screening can cut lung cancer mortality by 16% in high-risk individuals while reducing advanced stage III or IV disease incidence. The review evaluated global findings, including data from the US National Lung Screening Trial and the European NELSON trial, classifying low-dose CT as Group A for established mortality reduction, whereas chest X-rays were placed in Group C due to unproven efficacy.

The assessment emphasized that screening targets individuals aged 50 to 80 with significant smoking histories, typically at least 20 to 30 pack-years. In India, eligible participants were invited to connect with the Indian Lung Screening Trial led by Dr. Abhishek Shankar at AIIMS, New Delhi. However, the working group cautioned about potential harms, noting risks like false-positive results, invasive follow-up procedures, and overdiagnosis. Consequently, experts stressed that effective implementation requires organized programs with structured risk assessment, smoking-cessation support, quality assurance, and trained healthcare infrastructure.





Supreme court questions centre on high medicine markups and proposes 16% cap above retailer prices

On 29th September 2026, the Supreme Court questioned the Centre regarding exorbitant markups on life-saving drugs and cancer medications, asking why a uniform rule cannot be implemented to cap the Maximum Retail Price (MRP) at no more than 16% above the price to the retailer (PTR). A bench comprising Justice Vikram Nath and Justice Sandeep Mehta raised the query while hearing petitions concerning medicine price regulation, generic prescriptions, and medical device controls under the Drugs (Prices Control) Order (DPCO), 2013.

During the hearing, petitioners pointed out that a significant majority of medicines, roughly 82% to 83%, fall outside the scheduled category of the DPCO, leaving manufacturers free from upfront price controls and resulting in heavy financial burdens on patients. The bench also scrutinized practices where patients are compelled to purchase high-priced medicines directly from in-house hospital pharmacies. The court deferred the matter for further hearing, prompting the central government to examine the wider implications of establishing a uniform margin cap across the pharmaceutical sector.

New loop health workforce index reveals high rates of blood sugar dysfunction among urban Indians, impacting over one-third of professionals

On 30th September 2026, the Workforce Health Index (WHI) 2026 by Loop Health revealed that nearly 38.7% of employees and dependents in urban India exhibited signs of blood sugar dysfunction, based on an analysis of over 816,000 lab values and thousands of health reports and survey responses. Among employees alone, 31.3% showed blood sugar dysfunction on HbA1c testing.

The report highlighted that dysfunction rates sharply increased with age, escalating from 16.7% among individuals in their 20s to 33% in their 30s, and reaching 52.9% among those in their 40s. Within the 30s age group, 10.3% of men and 4.3% of women fell into the diabetic-range category. Across five major metro cities, Mumbai recorded the highest blood sugar dysfunction at 46.8%, while Bengaluru recorded the lowest at 30.7%.

Additionally, micronutrient deficiencies emerged as a major concern, with 81.4% of Vitamin D reports showing insufficient levels (including 60.1% deficient or severely deficient) and 73.9% recording low Vitamin B12 levels. Supplementation for Vitamin D also dropped to 20.4% in 2026 compared to 26.2% the previous year.



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