

Moot Court Proposition¹

In Re, Citizens Equitable Access to Advanced Healthcare Technologies Case

The Union of Indoria is the sovereign entity representing the Republic of Indoria, encompassing its central government and constitutional framework. It derives authority from the Constitution of Indoria, which establishes Indoria as a Union of States with a strong Centre, ensuring unity while accommodating diversity. The Union is vested with powers relating to national defense, foreign affairs, finance, and matters of overarching importance, while also sharing responsibilities with the states in areas of concurrent jurisdiction. The Union of Indoria, represented by the central government, is the guardian of constitutional rights, the protector of public interest and the regulator of national policies. The Union of Indoria has the responsibility to balance individual rights with collective welfare.

The Indorian Constitution, through its expansive interpretation of Article 21, guarantees the Right to Life and Personal Liberty, which has been judicially recognized to include the Right to Health. Over the years, the Supreme Court of Indoria has emphasized that the State has a duty to ensure access to healthcare facilities, medicines, and essential services for all citizens, irrespective of their socio-economic status. However, the rapid advancement of medical technology has created new challenges in ensuring equitable access to life-saving treatments.

One such advancement is the preservation of umbilical cord blood stem cells. These stem cells, collected at the time of birth, have the potential to treat a wide range of life-threatening diseases such as leukemia, thalassemia, sickle cell anemia, and certain genetic disorders. In Indoria, public as well as several private companies offer cord blood banking services, allowing families to store stem cells for future medical use. The cost of these services in private companies,

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however, is exorbitantly high, ranging from ₹ 5,00,000 to ₹ 10,00,000 for initial collection and storage, with annual maintenance fees of ₹ 1,00,000 thereafter. Further, additional charges for transport of cord blood from hospital to bank, testing for infectious diseases and HLA typing and optional insurance or retrieval fees if the unit is ever used are also levied on the parents. On the other hand, in public cord bank, cord blood is donated voluntarily and stored for use by any matching patient. Cost of storage and maintenance often supported by government, NGOs, or research institutions. However, as parents do not pay for maintenance charges, they also cannot reserve the unit exclusively for their child.

For wealthy families, this expense is manageable, and they can secure advanced medical protection for their children. For poor families, however, the cost is insurmountable. Even if it's cost free in public banks, there is no assurance of finding the stem cell for the treatment of their loved ones. As a result, a stark divide has emerged, the rich can preserve umbilical cord blood cell and potentially save their children from fatal diseases, while the poor are denied this opportunity, effectively being deprived of a life-saving medical resource.

Over the years, wealth has played a decisive role in shaping health outcomes. Cord blood cell treatment methods have contributed greatly in improving health conditions among the upper and upper middle classes. Diabetes control has improved from around 35–40% in 2000 to nearly 95–100% by 2025, reflecting a 60% drop in uncontrolled cases due to improved diabetes care by repairing damaged pancreatic cells and restoring insulin production. Similarly, affluent communities have cut heart diseases nearly in half through cord cell treatment by regenerating damaged heart tissue and restoring cardiac function. Technology has boosted cancer survival rates from 60% to 90% an alternative to bone marrow transplants for blood cancers like leukemia and lymphoma. Stem cells from cord blood can rebuild the immune system after chemotherapy or radiation, helping patients recover faster. These cases highlight how financial resources

have enabled the wealthy to transform chronic illness into manageable conditions.

The life expectancy of people in Indoria has rose from 60 years to 78 years. The credit was given to sanitation, civilization, immunisation and access to health care. But in-depth study of this result revealed that economic status has also played a crucial role. The upper class and upper middle class life expectancy has increased to 85 years and lower middle class and poor class life expectancy remained at 72 years. This 13-year gap reflects how wealth enables better healthcare, preventive treatments, and healthier living conditions, whereas limited resources restrict poorer communities from accessing the same life-saving innovations.

Further, the Union of Indoria in achieving the mandate of Indorian Constitution to ensure sustainable development and equitable distribution of resources has introduced social policy in 2000 aimed at population control, whereby families with more than two children are deprived of specific welfare benefits and subsidies.

Anupam Dheer and Kiran Deer, after several years of longing for a child, were blessed with a son in 2005. The couple saved the umbilical cord of their child with a private stem cell bank named Sanjeevani Cord Bank at Gurudaspur, Punjab, by paying ₹ 7,50,000/-. For first 5 years they managed to pay the annual maintenance charge of ₹ 1,00,000/- but subsequently, they failed to pay the maintenance.

In 2010, the family was blessed with a baby girl. This time they saved the umbilical cord of the girl with the only available hybrid cord bank in Indoria named StemCell Indoria Cord Bank as they could not afford to pay heavy expenses of storage and maintenance of the cord at the private cord Bank. In the year 2013, the couple was blessed with another girl. Again, the couple approached the StemCell Indoria for storage of the umbilical cord, but the bank refused to store it. As the services provided under this free health care scheme

of the Government of Indoria were available only to the families with two children. Therefore, Anupam and Kiran could not avail the facility of storage of cord for their third child.

In 2022, Anupam was diagnosed with leukemia and his family decided to use the stem cell of their son to save Anupam's life. When they approached Sanjeevani Cord bank, the stem cells were refused as they had failed to pay the annual maintenance charges. The bank asked Anupam to clear the arrears of 12 years with interest which amounted to ₹ 2,00,00,000/- and only then the stem cell would be provided. However, due to financial hardship caused by unstable income and unexpected expenses he could not pay this amount. Now the family had only one hope that was to use their daughter's stem cell which was deposited in StemCell Indoria Cord Bank. The family approached the bank for the stem cell, but the bank had already used it for the treatment of another patient and no other matching stem cell was available with the bank to save the life of Anupam. Anupam died in 2023 bringing the family's sustenance at stake.

Asha Devi, a social activist who came across this tragedy faced by Anupam and his family informed this incident to 'Wake up Indoria', a widely circulated newspaper. The newspaper through its article titled "State obligation towards citizens to ensure equitable access to advanced medical technologies" created a huge uproar in the society particularly from the economically weaker section of the society who claimed that absence of such access amounts to a denial of the Right to Life and Dignity.

The Supreme Court based on this article *Suo moto* took cognizance over the matter. The Court requested the Senior Advocate of Supreme Court to act as *Amicus curiae* by representing the petitioner. The petitioner contended that Indoria has made constitutional commitments to social justice and equality. The petitioner pointed to precedents where the Supreme Court has held that the Right to Health is integral part of Right to Life, and that the State cannot shirk its responsibility by claiming financial constraints. They argued that just as the

State provides free immunization, maternal care, and essential medicines, it must also establish a public umbilical cord blood banking system accessible to all citizens.

The petitioner further argued that the Right to Life under Article 21 includes the Right to Health, and by failing to establish a public umbilical cord blood banking system, the State is denying poor citizens equal access to life-saving medical technology. They claimed this amounts to discrimination under Article 14, as only the rich can afford such services.

The Government, represented by the Ministry of Health and Family Welfare, in its defense, argued that cord blood banking is not an essential public health service but an optional, luxury medical choice. It maintained that public health resources must be prioritized for basic needs such as maternal care, sanitation, immunization, and primary healthcare. The Government further contended that judicial intervention in resource allocation would violate the principle of separation of functions, as decisions about healthcare funding and priorities fall within the domain of the legislature and executive.

The Hon'ble Supreme Court has framed the following points for determination in the case:

- 1.** Whether stem cell storage and treatment, including umbilical cord blood banking, fall within the ambit of “essential public health care” under the constitutional guarantee of the Right to Health.
- 2.** Whether Article 21 of the Constitution, guaranteeing the Right to Life and Personal Liberty, can be invoked to claim access to stem cell therapy even if such treatment is not classified as essential public health care.
- 3.** Whether the imposition of a “two-child norm” by the State, restricting eligibility for certain rights or benefits, violates the fundamental right to life and reproductive autonomy under Article 21 of the Constitution.

4. Whether judicial intervention is warranted to enforce socio-economic rights when administrative or legislative measures fall short of securing the Right to Life and Dignity for marginalized communities.

Note: 1. Petitioner- Senior Advocate acting as Amicus Curiae on behalf of Supreme Court.

Respondent- Union of Indoria represented by Attorney General for Indoria.

2. The jurisdiction of the Supreme Court need not be raised by the teams.

3. Teams are permitted to raise additional issues.

Disclaimer: *This moot problem is a purely hypothetical, prepared for academic and training purposes. It has been drafted solely for the purpose of stimulating discussion, research, and argumentation in a simulated setting. It bears no relation to, nor is it intended to depict, any actual events, persons, or circumstances in India. Any resemblance to real incidents is entirely coincidental and unintended.*