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COMMITTEE ON GOVERNMENT ASSURANCES (2022-2023)

(SEVENTEENTH LOK SABHA)

EIGHTY-THIRD REPORT

REVIEW OF PENDING ASSURANCES PERTAINING TO THE MINISTRY OF HEALTH AND FAMILY WELFARE (DEPARTMENT OF HEALTH AND FAMILY WELFARE)

Presented to Lok Sabha on 27/07/, 2023

LOK SABHA SECRETARIAT
NEW DELHI

July, 2023/ Sravana 1945 (Saka)

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COMPOSITION OF THE COMMITTEE

ON GOVERNMENT ASSURANCES*
(2022 - 2023)

SHRI RAJENDRA AGRAWAL - Chairperson

MEMBERS

2. Shri Nihal Chand Chauhan
3. Shri Gaurav Gogoi
4. Shri Ramesh Chander Kaushik
5. Shri Kaushlendra Kumar
6. Shri Khagen Murmu
7. Shri Ashok Mahadeorao Nete
8. Shri Santosh Pandey
9. Shri M.K. Raghavan
10. Prof. Sougata Ray
11. Shri Chandra Sekhar Sahu
12. Shri Indra Hang Subba
13. Smt. Supriya Sadanand Sule
14. Vacant
15. Vacant

SECRETARIAT

1. Shri J.M. Baisakh - Joint Secretary
2. Dr. Sagarika Dash - Director
3. Shri M.C. Gupta - Deputy Secretary
4. Smt. Vineeta Sachdeva - Under Secretary

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* The Committee has been constituted w.e.f. 09 October, 2022 *vide* Para No. 5363 of Lok Sabha Bulletin Part-II dated 09 November, 2022

INTRODUCTION

I, the Chairperson of the Committee on Government Assurances (2021-2022), having been authorized by the Committee to submit the Report on their behalf, present this Eighty-Third Report (17th Lok Sabha) of the Committee on Government Assurances.

2. The Committee on Government Assurances (2021-2022) at their sitting held on 07th October, 2022 took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) regarding pending Assurances.

3. At their sitting held on 25th July, 2023, the Committee on Government Assurances (2022-2023) considered and adopted this Report.

4. The Minutes of the aforesaid sittings of the Committee form part of the Report.

5. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in bold letters in the Report.

NEW DELHI;
25 July, 2023
03 Sravana, 1945 (Saka)

RAJENDRA AGRAWAL,
CHAIRPERSON,
COMMITTEE ON GOVERNMENT ASSURANCES

REPORT

I. Introductory

The Committee on Government Assurances scrutinize the Assurances, promises, undertakings, etc., given by the Ministers from time to time on the floor of the House and report the extent to which such Assurances, promises and undertakings have been implemented. Once an Assurance has been given on the floor of the House, the same is required to be implemented within a period of three months. The Ministries/Departments of the Government of India are under obligation to seek extension of time required beyond the prescribed period for fulfilment of the Assurance. Where a Ministry/Department is unable to implement an Assurance, that Ministry/Department is bound to request the Committee for dropping it. The Committee consider such requests and approve dropping, in case, they are convinced that grounds cited are justified. The Committee also examine whether the implementation of Assurances has taken place within the minimum time necessary for the purpose and the extent to which the Assurances have been implemented.

2. The Extracts from the Manual of Parliamentary Procedures in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an Assurance, the time limit for its fulfilment, dropping/deletion and extension, the procedure for fulfilment, etc., besides maintenance of Register of Assurances and periodical reviews to minimize delays in implementation of the Assurances are reproduced at Appendix-I.

3. The Committee on Government Assurances (2009-2010) took a policy decision to call the representatives of various Ministries/Departments of the Government of India, in a phased manner, to review the pending Assurances, examine the reasons for pendency and analyze operation of the system prescribed in the Ministries/Departments for dealing with Assurances. The Committee also decided to consider the quality of Assurances implemented by the Government.

4. The Committee on Government Assurances (2014-2015) decided to follow the well established and time tested procedure of calling the representatives of the Ministries/Departments of the Government of India, in a phased manner and review the pending Assurances. The Committee took a step further and decided to call the representatives of the Ministry of Parliamentary Affairs also as all the Assurances are implemented through it.

5. In pursuance of the *ibid* decision, the Committee on Government Assurances (2022-2023) called the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and the Ministry of Parliamentary Affairs to render clarifications with regard to delay in implementation of the pending Assurances pertaining to the Department of Health and Family Welfare at their sitting held on 7th October, 2022. The Committee examined in detail the following 20 Assurances (Appendices – II to XXI):

Table 1

Sl.No.	SQ/USQ No. and date	Subject
1.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme (Appendix-II)
2.	Calling Attention dated 15.12.2014	Situation Arising out of Food Adulteration in the Country (Appendix-III)
3.	USQ No. 6134 dated 30.04.2015	Law for Persons affected by Leprosy (Appendix-IV)
4.	USQ No. 972 dated 29.04.2016	Health Insurance for CGHS Pensioners (Appendix-V)
5.	SQ No. 571 dated 06.04.2018	Passive Euthanasia (Appendix-VI)
6.	USQ No. 1755 dated 27.07.2018	Euthanasia (Appendix-VII)
7.	USQ No. 3205 dated 12.07.2019	Health Insurance Scheme for CGHS Beneficiaries (Appendix-VIII)
8.	USQ No. 3297 dated 12.07.2019	Vacancy of Physiotherapists in CGHS (Appendix-IX)
9.	USQ No. 3401 dated 12.07.2019	Cadre Restructuring of Physiotherapists (Appendix-X)
10.	USQ No. 5540 dated 26.07.2019	Removal of Uterus (Appendix-XI)
11.	USQ No. 3012 dated 06.12.2019	Export of Food Items Under Food Regulator (Appendix-XII)
12.	USQ No. 1506 dated 11.02.2020	e-Pharmacy (Appendix-XIII)
13.	USQ No. 3313 dated 13.03.2020	AYUSH Medicinal Facilities (Appendix-XIV)
14.	USQ No. 2901 dated 12.03.2021	Food Adulteration Cases (Appendix-XV)
15.	USQ No. 2925 dated 12.03.2021	Regulations on e-Pharmacies in India (Appendix-XVI)
16.	USQ No. 2954 dated 12.03.2021	Vacant Post in Central Health Institutes (Appendix-XVII)
17.	SQ No. 345 dated 19.03.2021 (Supplementary by Smt. Maneka Gandhi, M.P.)	Scheme for Thalassemia Patients (Appendix-XVIII)
18.	SQ No. 345 dated 19.03.2021	Scheme for Thalassemia Patients (Appendix-XIX)

	(Supplementary by Shri Shyam Yadav Singh, M.P.)	
19.	USQ No. 4098 dated 19.03.2021	Passive Euthanasia (Appendix-XX)
20.	USQ No. 4105 dated 19.03.2021	Maternal Mortality Rate (Appendix-XXI)

6. During oral evidence, the Committee invited the attention of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) to the long pending list of 30 Assurances in their Ministry. Giving an update, the Secretary, Department of Health and Family Welfare in his deposition before the Committee stated during evidence as under:—

> *"There were 20 pending Assurances with respect to the Ministry which are being taken up for discussion today. Out of these 20 Assurances, in respect of 3 Assurances we have submitted Implementation Reports, which will be laid and then would come to the kind perusal of the hon'ble Committee. In addition, apart from the information that we have submitted earlier with respect to 3 Assurances, we have submitted our Implementation Reports in respect of 3 more Assurances. We have submitted our Implementation Reports on 6 subjects out of 20."*

7. The Committee then enquired about the system of implementing/reviewing Assurances being followed in the Ministry to minimize delay in their implementation. In reply, the Secretary, Department of Health and Family Welfare briefed the Committee as under:

> *"These are kept for review in a weekly meeting in our Ministry. This meeting starts every Monday at 9:30 am or 10:00 am. In this meeting, apart from the Assurances, we review the cases of Rule 377 and such cases which are pending with us to be raised during Zero Hour. In addition to this, the Joint Secretary of the Ministry's Program Division has been made the nodal officer for settlement of these Assurances. This is the system. The advisors of the Parliament Section of the Ministry keep a presentation in the weekly meeting, in which it is informed as to which Assurance pertains to which session, for how long it is pending and what is its status at present."*

8. When the Committee specifically desired to know as to whether the Department holds any dedicated meetings exclusively for Assurances, the Secretary, Department of Health and Family Welfare stated as under:—

> *"Yes Sir. We can even share the minutes of the meetings with you. With your permission, I would like to resubmit that when we review these other matters in totality there are only five to six matters that get reviewed in a meeting that spans almost an hour and a half. So we end up giving due attention to all those five or 6 matters, whether it is Assurance or calling attention or zero hour or matters under rule 377. However, we also have this dedicated meeting for Assurances. but that is not on a fixed date. It happens when we find that the*

number of Assurances has gone too far and the concerned Departments within the Ministry are not able to settle them in time."

9. Subsequently, Ministry of Parliamentary Affairs laid Implementation Reports in respect of 08 Assurances mentioned at Sl.Nos. 2, 11, 12, 14, 15, 17, 18 and 20 on 14.12.2022 and 3 Assurances mentioned at Sl. Nos. 1, 4 and 7 on 08.02.2023 on the floor of the House.

Observations/Recommendations

10. The Committee note that as many as 30 Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) concerning various important matters remained pending for a long time. The Committee took up 20 Assurances for examination during the oral evidence held on 07th October, 2022. Out of these 20 Assurances 8 Assurances mentioned at Sl. Nos. 2, 11, 12, 14, 15, 17, 18 and 20 were implemented on 14.12.2022 after delays ranging from more than one year in respect of some Assurances to more than 08 years in respect of others while 3 Assurances mentioned at Sl. Nos. 1, 4 and 7 were implemented on 08.02.2023 after delays ranging from more than 3 years to 12 years. Further, 9 Assurances mentioned at Sl. Nos. 3, 5, 6, 8, 9, 10, 13, 16 and 19 could still not be fulfilled after delays ranging from more than one year to 7 years. Although the Ministry maintained that they have been conducting weekly meetings of senior officers to review all Parliamentary matters including Assurances, the inordinate delay in fulfillment of such a large number of Assurances reveal shortcomings on the part of Ministry in their system of review and monitoring of pending Assurances. In the considered view of the Committee, until and unless positive results are forthcoming from the review meetings, the purpose would not be served and the Assurances would continue to remain unfulfilled. Hence, there is a need for putting in place a mechanism for continuous monitoring of the Assurances and inform the Committee about the agenda and activities of such meetings so as to ensure that the Assurances are taken up with due seriousness. Needless to mention that the existing mechanism put in place by the Ministry for fulfilling the Assurances especially those involving other Ministries/Departments including the Ministry of Parliamentary Affairs, which is the nodal Ministry for Parliamentary Assurances, is far from effective and needs to be overhauled. The issues relating to Health and Family Welfare are some of the most important issues being faced in the country and more concerted efforts are required to implement the Assurances relating to this sector. The Committee understand that implementation of some of the Assurances especially those pertaining to policy matters and matters which require co-ordination with other Ministries /Departments concerned may require time and may be difficult to be executed within the prescribed time limit. However, the same cannot be left unimplemented indefinitely and the Department of Health and Family Welfare need to make earnest and sustained efforts to implement

Assurances within a specific time frame as these are solemn Parliamentary obligations. The Committee, therefore, desire that in addition to strengthening the present arrangement of review mechanism instituted by the Ministry, the Assurances need to be reviewed from time to time, progress monitored and sustained efforts need to be made to implement the Assurances. The Committee desire that the Ministry will make concerted efforts in this direction and scale up their co-ordination with all concerned for expeditious implementation of the pending Assurances. The Committee further desire that the Minutes of the review meetings held in the Ministry for review and monitoring of pending Assurances be invariably furnished to them as this will help the Committee in understanding the issues in right perspective and assessing the progress of implementation of the Assurances. The Committee recommend the Department of Health and Family Welfare to follow the instructions contained in the Manual on Practice and Procedure issued by the Ministry of Parliamentary Affairs in letter and spirit for expeditious implementation of pending Assurances.

II. Review of Pending Assurances of the Ministry of Health and Family Welfare (Department of Health and Family Welfare)

11. In the succeeding paragraphs, the Committee deal with some of the important pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) which have been critically examined / reviewed by them at their sitting held on 07.10.2022.

A. Euthanasia

(i) SQ No. 571 dated 06.04.2018 regarding 'Passive Euthanasia' (Sl. No. 05)
(ii) USQ No. 1755 dated 27.07.2018 regarding 'Euthanasia' (Sl. No. 06).
(iii) USQ No. 4098 dated 19.03.2021 regarding 'Passive Euthanasia' (Sl. No. 19).

12. In reply to SQ No. 571 dated 06.04.2018 and USQ No. 1755 dated 27.07.2018 (Appendix-VI & VII), it was stated that the matter regarding formulation of legislation on Passive Euthanasia is under consideration in the Ministry. Further, In reply to USQ No. 4098 dated 19.03.2021 (Appendix-XX), it was stated that the Expert Committee constituted under Ministry of Health and Family Welfare to discuss the issue of enabling legislation to regulate Euthanasia in the country has not yet submitted its recommendation to the Government. Further, action depends on the recommendations of the Committee.

13. Giving an update on the efforts made by them to implement the Assurances, the Ministry stated in their Status Note in October, 2022 that the Expert Committee constituted under Dte.GHS on 19.11.2020 to discuss the issue of enabling legislation to

regulate in the country is still examining various aspects of the matters. The recommendations of the Expert Committee are still awaited.

14. During oral evidence, the Secretary, Ministry of Health and Family Welfare (Department of Health and Family Welfare) explained the reasons for the delay in implementing the Assurance as under:-

> *"Sir Assurance Nos. 5, 6 and 19 are related to Euthanasia and Passive Euthanasia. In this the issue was as to whether we will create any legislative framework for patients, who have a certain type of medical condition, to allow them to end their life or not. For this, an expert committee was formed under the chairmanship of Director General of Health Services. It has done some deliberations. But the opinion about this within the country is divided. We will take some more time and submit the Implementation Report to you. With your permission, I would like to tell that the deliberations have taken place so far."*

15. When the Committee acknowledged that the issue is a little tricky one and it can be misused later on, the representatives of the Ministry replied during evidence as under:-

> *"Sir, this issue is not little tricky but it is quite a tricky one because even the medical people are not unanimous on this issue as to whether passive euthanasia should be allowed or not. And nowadays, when it comes to organ transplantation, there are more possibilities of its misuse. One Question is on Active Euthanasia but the answer to this question does not arise because we cannot go to Active Euthanasia until there is a decision on Passive Euthanasia. We also had a meeting about this yesterday"*

16. When the Committee observed that the Ministry have denied permission for Active Euthanasia and specifically desired to know about their opinion on Passive Euthanasia, the representative of the Department of Health and Family Welfare submitted as under:

> *"A judgment of the Supreme Court has also come in this matter. Until a law is made, the same judgment is applied on case to case basis. If there is a patient in any hospital, then if there is a demand for passive euthanasia from his side, if he is fully conscious or from his relative, as happened in the case of Aruna Shaunbaug, whose demand came from the hospital. For that, there is a committee of the hospital consisting of 3 members. They take decision on that. Apart from that, there is an external committee which has no connection with the hospital. It has Medical experts. They take a decision on that. After that it goes to the Magistrate. They come and see the patient and decide whether it is possible or not. After that the whole responsibility is on the Law. Our technical committee also had the same opinion that we can only talk about technical aspects on this issue whether it is a possibility or not. But keeping in view the entire social circumstances and the law, we will have to decide whether Euthanasia is possible in this or not. There will be further discussion on this issue. So far, we will not be able to answer so comfortably that it is possible to become a law."*

Observations/Recommendations

17. The Committee note that three Assurances relating to formulation of legislation on Passive Euthanasia, two relating to the year 2018 and one Assurance given in 2021, are yet to be fulfilled by the Ministry. The Committee find that a Constitutional bench of the Supreme Court in its judgment on 9th March, 2018 had laid down the principles relating to the procedure for execution of Advance Directive and provided guidelines to give effect to Passive Euthanasia. The Hon'ble Supreme Court had further directed that the guidelines and directives shall remain in force till the Parliament brings legislation in the field. The Committee note that the issue is delicate and emotional which cuts across complex and dynamic aspects of the civilized society such as legal, ethical, human rights, health, religious, economic, spiritual, social and cultural and hence, more discussions with the stakeholders and legal opinion need to be taken on the subject. The Committee fully agree that in order to preserve harmony in the society, decisions on delicate and soft issues such as Passive Euthanasia need to be taken with much caution. Keeping in sight the volatility of the subject matter, the Committee in their 37th Report (17th Lok Sabha) had urged the Ministry to deliberate on the issue with all stakeholders so that an informed and well considered decision is taken at right time and there is no inordinate delay in fulfillment of the Assurances. The Ministry has informed during evidence that a judgment of Supreme Court has come in this matter, and until a law is made the same judgment is applied on case to case basis keeping in view the social circumstances and law, it has to be decided whether Euthanasia is possible or not and there needs to be further discussed on the issue. Keeping in view the sensitivity involved, the Committee recommends the Ministry to see the feasibility of fulfilment of the Assurances relating to the subject and inform the Committee of the challenges being faced in fulfillment of the Assurances on a sensitive issue such as Euthanasia.

B. Cadre Restructuring of Physiotherapists

USQ No. 3401 dated 12.07.2019 regarding 'Cadre Restructuring of Physiotherapists' (Sl. No.9).

18. In response to USQ No. 3401 dated 12.07.2019 regarding 'Cadre Restructuring of Physiotherapists' (Appendix - X), an Assurance was given that a Committee has been constituted under the Chairmanship of Dr. B.D. Athani, Principal Consultant, Directorate General of Health Services, Ministry of Health and Family Welfare on Cadre Restructuring of Physiotherapists of four Central Government Hospitals of Delhi i.e. Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, Smt. Sucheta Kriplani Hospital and Kalawati Saran Children Hospital. The Committee has not given any recommendations so far.

19. The Ministry of Health and Family Welfare (Department of Health and Family Welfare) in their Status Note furnished in October, 2022, apprised the position regarding implementation of the Assurance as under:-

> *"A Committee was constituted under the Chairmanship of Dr. B.D. Athani, Principal Consultant, Dte. GHS for the purpose. The Committee has already submitted its report, which is under examination in Dte. GHS/Ministry. After approval to the recommendation of the Committee, the same will be taken up with DoE, if there is financial implication, if any."*

20. Giving an update on the implementation of the Assurance during oral evidence, the Secretary, Department of Health and Family Welfare submitted as under:-

> *"This Assurance relates to hospitals of Government of India such as Safdarjung Hospital, R.M.L Hospital, LHMC and Kalawati Saran Children Hospital. There was a demand for cadre restructuring in these. For that we had formed an internal committee in our Department under the Chairmanship of Mr. B. D Athani. At that time he had retired from the post of DGHS. He was retained as Principal Consultant in the Ministry itself. That committee was formed under his Chairmanship. The recommendations given by him are being considered."*

21. When the Committee desired to know the exact date when the B.D. Athani Committee gave their recommendations, the Secretary, Department of Health and Family Welfare responded as under:

> *"I don't have this date yet, but he gave it at least two and a half years back. I will tell you further what we have not reported. The Association of physiotherapists had some concerns on the recommendations given by B. D. Athani Commitee. By that time I had come to this Ministry. We listened to those people and after that the Directorate which is currently headed by DGHS was asked to reconsider it. It was reconsidered in the Directorate and then a proposal for a revised cadre restructuring was made. Now we have sent it to the Finance Ministry and they have asked the same question as to how much will be the outgo in this. We are in a position to give its Implementation Report."*

Observations/Recommendations

22. The Committee note that the Ministry had given an Assurance in reply to USQ No. 3401 dated 12.07.2019 regarding 'Cadre Restructuring of Physiotherapists' which is pending for more than three years. The Committee are given to understand that a Committee had been constituted under the Chairmanship of Dr. B.D. Athani, Principal Consultant, Directorate General of Health Services, Ministry of Health and Family Welfare on cadre restructuring of Physiotherapists of four Central Government Hospitals of Delhi i.e. Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, Smt. Sucheta Kriplani Hospital and Kalawati Saran Children Hospital to give recommendations on cadre Restructuring of Physiotherapists. The recommendation of the said

Committee was also considered in the mean time. The Association of Physiotherapists had raised certain concerns on those recommendations, which were reconsidered by the Directorate headed by DGHS. Subsequently, a proposal for a revised cadre restructuring was made and sent to the Ministry of Finance which has further desired to know about the expenditure likely to be incurred thereon. The Department during evidence submitted that they are in a position to give an Implementation Report on the Assurance. The Committee understand that the issue concerns Physiotherapists and taking into account addressing the concerns of aggrieved physiotherapists is necessary while carrying out any kind of cadre restructuring. Taking note of inordinate delay in fulfillment of the said Assurance, the Committee are of the view that cadre restructuring is crucial for enhancing the effectiveness of service and capacity building of physiotherapists. The Committee hope that the Ministry would take up the matter with DoE for resolution of issue relating to budget and the matter of cadre restricting of Physiotherapists. Now the Ministry have stated that they are in a position to submit an Implementation Report. The Committee recommend the Ministry to earnestly pursue the matter with all the stakeholders concerned, chalk out an action plan to finalize the requisite cadre restructuring of physiotherapist at the earliest and lay the Implementation Report of the Assurance on the Table of the House.

C. Vacant Posts in Central Health Institutes

USQ No.2954 dated 12.03.2021 regarding ` Vacant Post in Central Health Institutes' (Sl. No.16)

23. In response to USQ No. 2954 dated 12.03.2021 regarding Vacant Post in Central Health Institutes, an Assurance was given that the details of sanctioned posts , filled up posts, shortfall and backlog vacancies category-wise in various hospitals and central health institutes is being collected. Also, an Assurance was given that the details of the number of students category-wise given admission in various courses in hospitals and central health institutes is being collected.

24. In its Status Note furnished in October, 2022, the Ministry of Health and Family Welfare (Department of Health and Family Welfare) apprised the position regarding implementation of the Assurance as under:-

> *"The Assurance is pending as the information is being collected in uniform manner from various Central Health Institutes located all over India."*

25. Giving an update on the implementation of the Assurance during oral evidence, the Secretary, Department of Health and Family Welfare submitted that:-

> *"We will do it soon. It was a very factual Question. Different data came at different times in which there was discrepancy. We are removing those discrepancies. Here, we have to give the data of reserved, unreserved and other backward classed of Safdarjung Hospital and the rest of the Central Government hospitals. We will give that."*

Observations/Recommendations

26. The Committee note that in reply to USQ No.2954 dated 12.03.2021 regarding `Vacant Post in Central Health Institutes', the Ministry had assured that the details of sanctioned posts, filled up posts, shortfall and backlog vacancies category wise in various hospitals and central health institutes are being collected. The Ministry had also assured to give details of number of Students category-wise given admission in various courses in hospitals and central institutes. The Committee are concerned to note that even though two years have elapsed the information is yet to be compiled and the assurance is pending without any outcome. The Ministry have informed in their Status Note that the information is being collected in a uniform manner from various Central Health Institutes located all over the country. Subsequently during evidence they have informed that there has been a delay since there has been discrepancies in the data which came at different intervals of time. While expressing concern over inordinate delay in compilation of the information and making the same available as assured, the Committee recommend the Department to expedite the whole process and ensure expeditious implementation of the Assurance within a stipulated time period. The Committee further note that one of the reasons for delay in implementation of this Assurance is lack of coordination between linked offices of the Ministry in various States/UTs. The Committee expect the Ministry to strengthen their extant system/mechanism for fulfillment of Assurances so that appropriate and timely follow up action is duly taken in respect of all such Assurances.

III. Implementation Reports

27. As per the Statements of the Ministry of Parliamentary Affairs, Implementation Reports in respect of the following 11 Assurances have since been laid on the Table of the House on 14.12.2022 and 08.02.2023 respectively:

Table 2

Sl.No	Sl.No. in the Table 1 (Para No. 5)	SQ/USQ No. and date	Date of Implementation
1.	Sl.No.1	SQ No. 67 dated 12.11.2010 regarding 'Review of CGHS Schemes'	08.02.2023
2.	Sl. No. 2	Calling Attention dated 15.12.2014 regarding 'Situation Arising out of Food Adulteration in the Country'	14.12.2022
3.	Sl. No. 4	USQ No. 972 dated 29.04.2016 regarding 'Health Insurance of CGHS Pensioners'	08.02.2023

4.	Sl.No.7	USQ No. 3205 dated 12.07.2019 regarding 'Health Insurance Scheme for CGHS Beneficiaries'	08.02.2023
5.	Sl.No.11	USQ No. 3012 dated 06.12.2019 regarding 'Export of Food items Under Food Regulator'	14.12.2022
6.	Sl.No.12	USQ No. 1506 dated 11.02.2020 regarding 'e-Pharmacy'	14.12.2022
7.	Sl.No.14	USQ No. 2901 dated 12.03.2021 regarding 'Food Adulteration Cases'	14.12.2022
8.	Sl.No.15	USQ No. 2925 dated 12.03.2021 regarding 'Regulations on e-Pharmacies in India'	14.12.2022
9.	Sl.No.17	SQ No. 345 dated 19.03.2021 (Supplementary by Smt. Maneka Gandhi, M.P.)	14.12.2022
10.	Sl.No.18	SQ No. 345 dated 19.03.2021 (Supplementary by Shri Shyam Yadav Singh, M.P.)	14.12.2022
11.	Sl.No.20	USQ No. 4105 dated 19.03.2021 regarding 'Maternal Mortality Rate'	14.12.2022

NEW DELHI;
25 July, 2023
03 Sravana, 1945 (Saka)

RAJENDRA AGRAWAL,
CHAIRPERSON,
COMMITTEE ON GOVERNMENT ASSURANCES

Appendix - I

Extracts from the Manual of Parliamentary Procedures in the Government of India, Ministry of Parliamentary Affairs, New Delhi

Chapter 8

Assurances

Definition

8.1 During the course of reply given to a question or a discussion, if a Minister gives an undertaking which involves further action on the part of the Government in reporting back to the House, it is called an 'assurance'. Standard list of such expressions which normally constitute assurances as approved by the Committee on Government Assurances (CGA) of the respective House, is given at Annex-3. As assurances are required to be implemented within a specified time limit, care should be taken by all concerned while drafting replies to the questions to restrict the use of these expressions only to those occasions when it is clearly intended to give an assurance on the floor of the House.

Time limit for fulfilling an assurance

8.2 An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This limit has to be strictly followed.

Online Assurances Monitoring System (OAMS)

8.3 To ensure early fulfillment of assurances, entire process beginning from culling out of assurances from the proceedings of the House to the submission of Implementation Report including extension of time, dropping and transfer of assurances have been automated through a Software Application named "Online Assurances Monitoring System" (OAMS). Requests for extension of time, dropping or transfer of assurances and submission of Implementation Report through any other offline mode shall not be entertained under any circumstances.

Culling out of Assurances

8.4 When an assurance is given by a Minister or when the Presiding Officer, directs the Government to furnish information to the House, it is extracted by the Ministry of Parliamentary Affairs, from the relevant proceedings and communicated to the Department concerned online through 'OAMS' normally within 20 working days of the date on which it is given on the floor of the House.

Deletion from the list of assurances

8.5 If the administrative Ministry/Department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfill it, it may upload its request at 'OAMS' within a week of treating such statement as assurance for getting it deleted from the list of assurances. Such action will require prior approval of the Minister concerned and this fact should be clearly indicated in their communication containing the request. If such a request is made towards the end of stipulated period of three months, then it should invariably be accompanied with a request of extension of time. The department should continue to seek extension of time till the decision of the Committee on Government Assurances is conveyed through 'OAMS'. Requests received through offline mode shall not be entertained by either Rajya Sabha/Lok Sabha Secretariat or Ministry of Parliamentary Affairs.

Extension of time for fulfilling an assurance

8.6 If the Department finds that it is not possible to fulfill the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required alongwith details of action taken/progress made in the matter. All such request should be submitted at 'OAMS' for decision by CGA thereon with the approval of the concerned Minister.

Registers of Assurances

8.7.1 The particulars of every assurance will be entered by the Parliament Unit of the Ministry/Department concerned in a register as at Annex 4 after which the assurance will be passed on to the concerned section

8.7.2 Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs through 'OAMS' the section concerned should take prompt action to fulfill such assurances and keep a watch thereon in a register as at Annex 5.

8.7.3 The registers referred to in paras 8.7.1 and 8.7.2 will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session wise.

Role of Section Officer and Branch Officer

The Section Officer in charge of the concerned section will:

(a) scrutinize the registers once a week;

(b) ensure that necessary follow-up action is taken without any delay whatsoever;

(c) submit the registers to the branch officer every fortnight if the House concerned is in session and once a month otherwise, drawing his special attention to assurances which are not likely to be implemented within the period of three months; and

(d) review of pending assurances should be undertaken periodically at the highest level in order to minimize the delay in implementing the assurances.

8.8 The branch officer will likewise keep his higher officer and Minister informed of the progress made in the implementation of assurances, drawing their special attention to the causes of delay.

Procedure for fulfillment of an assurance

8.9.1 Every effort should be made to fulfill the assurance within the prescribed period. In case only part of the information is available and collection of the remaining information would involve considerable time, an Implementation Report(IR) containing the available information should be uploaded at 'OAMS' in part fulfillment of the assurance, within the prescribed time limit. However, efforts should continue to be made for expeditious collection of the remaining information for complete implementation of the assurance at the earliest.

8.9.2 Information to be furnished in partial or complete fulfillment of an assurance should be approved by the Minister concerned before it is uploaded at 'OAMS' in both English and Hindi versions in the prescribed pro forma as at Annex-6 , together with its enclosures. After online submission of the Report for fulfillment of the assurance partial or complete as the case may be, four hard copies each in Hindi and English version with one copy of each version duly authenticated by the officer concerned should be sent to the Ministry of Parliamentary Affairs for laying until e-laying is adopted by the concerned House.

8.9.3 The Implementation Report should be submitted at'OAMS' only. Implementation Report sent by any other mode or sent to Rajya Sabha/Lok Sabha Secretariat directly, will not be considered for laying.

Laying of the Implementation Report on the Table of the House

8.10 The Ministry of Parliamentary Affairs, after scrutiny of the Implementation Report, will arrange to lay it on the Table of the House concerned. A copy of the Implementation Report, as laid on the Table, will be forwarded by Ministry of Parliamentary Affairs to the member(s) concerned. Details of laying of Implementation Report submitted by the Ministry/Department concerned would be made available by the Ministry of Parliamentary Affairs at 'OAMS'. The Parliament Unit of the Ministry/Department concerned and the concerned section will, on the basis of information available at 'OAMS', update their records.

Obligation to lay a paper on the Table of the House vis-à-vis assurance on the same subject

8.11 Where there is an obligation to lay any paper (rule/ order/notification, etc.) on the Table of the House and for which an assurance has also been given, it will be laid on the Table, in the first instance, in fulfillment of the obligation, independent of the assurance given. After this, a formal report regarding implementation of the assurance indicating the date on which the paper was laid on the Table will be submitted at 'OAMS' in the prescribed pro forma (Annex-6) in the manner already described in para 8.9.2

8.12 Each House of Parliament has a Committee on Government Assurances nominated by the Chairman/ Speaker. It scrutinizes the Implementation Reports and the time taken in the fulfillment of Government Assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by Ministry of Parliamentary Affairs from time to time as available on 'OAMS' are to be followed strictly.

Committees on Government Assurances
RSR 211-A
LSR 323, 324

8.13 The Ministries/Departments will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two Committees for remedial action wherever called for.

Reports of the Committees on Government Assurances

8.14 On dissolution of the Lok Sabha, the pending assurances do not lapse. All assurances, promises or undertakings pending implementation are scrutinized by the new Committee on Government Assurances for selection of such of them as are of considerable public importance. The Committee then submits a report to the Lok Sabha with specific recommendations regarding the assurances to be dropped or retained for implementation by the Government.

Effect on assurances on dissolution of the Lok Sabha

Appendix-V

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
STARRED QUESTION NO. 67
TO BE ANSWERED ON 12TH NOVEMBER, 2010
REVIEW OF CGHS SCHEME

***67 SHRI C. RAJENDRAN:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Central Government Health Scheme (CGHS) has been reviewed;

(b) if so, the details thereof:

(c) whether the Government proposes to introduce a new Health Insurance Scheme for the beneficiaries of CGHS;

(d) if so, the details thereof;

(e) whether Government has invited proposals from the insurance companies in this regard;

(f) if so, the details thereof; and

(g) the time by which the new scheme if likely to be implemented by the Government?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI GHULAM NABI AZAD)

(a)to(g): A statement is laid on the Table of the House.

Statement referred to in reply to Lok Sabha Starred Question No. 67 regarding review of CGHS Scheme for 12th November, 2010

(a) & (b):

The performance of the CGHS is regularly reviewed by the Government. Some of the recent initiatives are listed below:

(1) Computerisation: To keep pace with the modern times, computerisation of CGHS has been completed in almost all dispensaries in collaboration with the National Informatics Centre. As a result of computerisation, benefits have started accruing in terms of lesser waiting period for beneficiaries at the dispensaries, on-line placement of indents on local chemists, availability of patient profiles, availability of medicines / drugs usage pattern, which will enable the CGHS to prepare a realistic list of formulary drugs, removal of jurisdictional restriction (as regards the dispensary) for the beneficiaries, etc.

(2) Introduction of Plastic Cards: As part of the computerisation process, it has been decided to issue plastic cards individually to each beneficiary of the CGHS.

This will enable beneficiaries to avail CGHS facility in any city after all dispensaries in various cities are networked.

(3) *Accreditation of hospitals and labs:* With a view to providing better quality treatment to CGHS beneficiaries, it has been decided that private hospitals, diagnostic centers and labs should have accreditation with Quality Council of India.

(4) *Holding of Claims Adalats:* In order to expedite processing and settlement of pending medical reimbursement claims, claims adalats are to be held in each Zonal office of CGHS, Delhi, under the chairmanship of Additional Directors of the respective zones.

(5) *Local Advisory Committees:* Local Advisory Committee meetings are held in each CGHS dispensary on second Saturday of the month, which is attended by the Area Welfare Officer appointed by the Department of Personnel & Training, representatives from the pensioners' association, local chemist to resolve problems at the dispensary level.

(6) *Decentralisation and delegation of powers:* Ministries / Departments have been delegated powers to handle all

cases of reimbursement claims if no relaxation of rules was involved. Earlier they had powers to handle requests upto Rupees two lakhs and beyond that amount, the cases were referred to CGHS, Ministry of Health & Family Welfare.

(7) __Insulin:__ Orders have been issued to permit issue of Analogue (Insulin Cartridges) to CGHS beneficiaries.

(8) __Outsourcing of cleaning process of dispensaries:__ As there was shortage of Class IV Staff in a large number of dispensaries in Delhi, it was decided to relocate Class IV staff from a few deficient dispensaries to other deficient dispensaries. To overcome the vacuum so created in some dispensaries, cleaning work has been outsourced to a private agency.

(9) __Rate contract for purchase of drugs:__ Dispensaries in Delhi have been permitted to place indents of commonly prescribed medicines directly on the manufacturers on rate contract basis. It is being extended in a phased manner to other cities. The benefit of this arrangement is that dispensaries / CGHS do not have to carry huge inventory of medicines and indents can be placed on a monthly basis depending on the need.

(10) UTI-TSL has been engaged as the Bill Clearing Agency in respect of hospital bills pertaining to treatment availed by pensioner CGHS beneficiaries. UTI - TSL is required to make payments to hospitals within ten days of physical receipt of bills from hospitals.

(11) CGHS, in collaboration with M/s Alliance Medicorp (India) Ltd has set up a stand-alone dialysis unit in CGHS dispensary in Sadiq Nagar, New Delhi. The unit will provide dialysis facility to 21 CGHS beneficiaries in a day / 6510 cases per annum.

(c) to (g): The Sixth Central Pay Commission recommended the introduction of health insurance scheme for Central Government employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on the voluntary basis, subject to their paying prescribed contribution. It also recommended that the health insurance scheme should be compulsory for new Government employees who would be joining service after the introduction of the scheme. Similarly, it had recommended that new retirees, after the

introduction of the insurance would be covered under the scheme.

The Central Government Employees and Pensioners Health Insurance Scheme (CGEPHIS) has not been introduced as yet. Government of India had floated an Expression of Interest for studying the feasibility of introducing a Health Insurance Scheme for Central Government Employees and Pensioners and their dependent family members all over India. On the basis of inputs from the Insurance companies and Inter-departmental consultation, a draft scheme was prepared and accordingly a Request For Proposal (RFP) was floated inviting insurance premium quotes from the Insurance companies. The rates have been received in response thereto. The Ministry has not yet taken a final decision in the matter.

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HON.SPEAKER: I will allow you to raise your matter during the 'Zero Hour'. Please take your seat.

12.11 hrs

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Situation arising out of food adulteration in the country and steps taken by the Government in this regard

SHRI P.V. MIDHUN REDDY (RÁJAMPET): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

> "The situation arising out of food adulteration in the country and steps taken by the Government in this regard."

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam Speaker, consumption of adulterated and spurious food items is a serious health hazard and the Government is fully conscious of its deleterious effect on the consumers. With the objective of consolidating the laws relating to food and for laying down science based standards for articles of food as also to regulate their manufacture, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto, the Food Safety and Standards Act was enacted in 2006. Subsequently, the Food Safety and Standards Authority of India (FSSAI) was established in 2008. The Food Safety and Standards Rules and six FSS Regulations, were also notified in 2011.

The Food Safety and Standards Act became operational with effect from 05.08.2011. The food regulatory framework has now moved from the one limited to prevention of food adulteration to safe and wholesome food regime. The responsibility for enforcement of the Food Safety and Standards Act and Rules and Regulations made thereunder primarily rests with States/UTs.

The Food Safety and Standards Act, 2006 provides for graded penalties for infringement of the provisions of the Act. Penalties/punishment for selling food not of the nature or substance or quality demanded; sub-standard food; misbranded food; misleading advertisement; food containing extraneous matter; unsafe food for possessing adulterants etc., have been specified in the Act.

To curb the menace of food adulteration, regular surveillance, monitoring and sampling of food products is undertaken by the State /UT Governments under the Food Safety and Standards Act, 2006, Rules and Regulations made thereunder. Instructions in this regard are issued by the Food Safety and Standards Authority of India (FSSAI) from time to time. Random Samples of food items are also drawn by the State Food Safety Officers and sent to the laboratories recognised by the FSSAI for analysis. In cases, where samples are found to be not conforming to the provisions of the Act and the Rules & Regulations made thereunder, penal action is initiated against the offenders. Based on information received from States/UTs, the details pertaining to last two years are as under:

Year	Samples analysed	Samples found adulterated	No. of cases launched (criminal/civil)
2012-13	69,949	11021	7179
2013-14	72,200	13,571	10235

The Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011, prescribe limits for pesticide residues, naturally occurring toxic substances and metal contaminants. A Scientific Panel on Pesticides and Antibiotic Residues has been constituted under the FSSAI and the Panel has been delegated the power to fix the maximum residues levels of pesticides and antibiotic Residues in food commodities. Further, the exercise for harmonization of the maximum residue limits for pesticide residues in food commodities with

codex standards is presently being undertaken by the FSSAI.

The Ministry also proposes to comprehensively review the Food Safety and Standards Act, Rules & Regulations made thereunder to address the concerns of the Courts including in matters relating to food adulteration and the numerous representations received from the Food Business Operators. It is also proposed to revisit the punishment stipulated for milk adulteration and make it more stringent.

SHRI P.V. MIDHUN REDDY : Thank you Madam for giving me this chance.

Madam, I would like to start with a quote of Swami Vivekananda. It says, "Brave, bold men and women, these are what we want. What we want is vigour in the blood, strength in the nerves, iron muscles and nerves of steel, not....... Avoid all these. Avoid all misery.".

Madam, I recall this quote of the great saint with reference to building a strong nation but these qualities envisaged by him will be a far fetched idea if we do not curb the menace of food adulteration. This is a greater threat than the border issues or the terrorist threat that our country is facing today. If we do not check food adulteration, we will lose more lives than in any war. It has got the potential of a weapon of mass destruction. Even basic things like water, milk and oil are in the long list of adulterated foods. No attention is paid.

If we take the case of water, we find a lot of water in the market branded as purified water. We know most of the water bottles in the market are spurious. We are a country where we have a slogan, 'Make in India'. We want other people from other countries to come to India and make their products. We are the same country which has sent Unmanned Mission to Mars and we launched satellites of other countries. But the irony is that we still find foreigners bringing their own water bottles to India when they come to India.

If we take the case of milk, earlier it was like adding water to milk was the common form of adulteration. But now it has reached hi-tech proportions with synthetic milk, which is made of caustic soda, soap, urea and oil. Synthetic milk causes cancer and is harmful to heart, liver and kidneys. It is highly dangerous for

pregnant women, babies and children. The problem is that once the milk is obtained from the milch cow, it has to be stored within 4-5 hours. The dairies do not check the milk properly and most of the dairies are unregulated. Except for a few major dairies, most of the dairies do not check the milk properly, and this synthetic milk is mixed with the normal milk and supplied to everybody, to each and every household.

The other danger is that now-a-days it is a big trend that they are injecting hormone injections like oxytocin to cows to increase their yield and get more milk. *The Nutrition Digest*, a publication of American Nutrition Association, says that milk from cows given hormone injections increased the risk of various cancers when consumed by humans. Still studies are being done on the effects of these hormone injections, specially, oxytocins which are freely being given to all the cattle in the country. It is a very dangerous development in our country. The effect of oxytocin is not only harmful for humans but it is really harmful for the cattle also because these oxytocin injections are administered daily to the cattle. I can say that this is a more heinous crime than cow slaughter because the cattle are in great pain. The cow slaughter law, which we have, will have no meaning if you do not control these Oxytocins in the country.

Another major threat the country is facing today is resistance to antibiotics. It is not only a threat in our country but throughout the world. A lot of countries are facing this problem. The presence of antibiotic residues in honey, meat, poultry and egg products consumed can produce resistance in bacterial population in the human body. These bacteria cause difficulties in treating human infections. This is largely due to unregulated use of antibiotics in animals. People use antibiotics in animals to prevent them from diseases and increase their breed in a very short period of time.

The World Health Organisation has identified antibiotic resistance as one of the three threats to the human population in the world. The US Centre for Disease Control and Prevention has described antibiotic resistance as one of the world's

most pressing problems as a number of bacteria resistant to antibiotics have increased in the last decade. If this trend continues, Madam, we will not have any frontline medicines, which will treat basic diseases like typhoid, malaria and even other common fevers. It will lead even to a bigger health disaster than the one which is posed by bird flu, swine flu and Ebola in our country. Studies show that prolonged use of antibiotics cause cancer, asthma and cardiac malfunctions in infants. The latest one reported in the country is the new disease called Inflammatory Bowel Syndrome (IBS). These antibiotics kill the useful bacteria in the stomach, which leads to ulcer. A lot of people are suffering from this IBS syndrome.

Madam, artificial ripening of fruits is also causing many problems in our country. The International Agency for Research on Cancer (IARC) has listed a number of chemicals and pesticides, which cause cancer. Calcium carbide and ethylene are among them. Calcium carbide is most commonly used in India. It is used in ripening of mangoes, bananas and even papayas and tomatoes. These fruits when consumed affect all the vital organs like liver, kidney, heart and stomach. It is very dangerous to the health. There is no regulation to prevent the calcium carbide, which is being used very commonly in the country.

Another problem which I would like to bring to the notice of the House and which is the most burning problem today in the country, is the unregulated use of pesticide. The studies show that pesticides can cause health hazards like birth defects, nerve damage and various cancers. The most affected are the rural folks, who are unaware of these dangers. A study conducted by researchers in Rajasthan University has shown that there are alarming levels of Organochlorine Pesticides in the blood and milk of lactating mothers. This is a very dangerous news because mother's milk is a gift to us from God. It is the purest of the pure things what God has given to us. It is really pathetic that we have contaminated even mother's milk. It is not only in Rajasthan but studies in various other parts of the country have shown similar results.

Madam, I would like to say that when you have laws to protect women and children from atrocities, there are more women and children being affected by food adulteration than the actual atrocities committed on them. I would like to cite an example of my native village from where I come. Twenty years ago there was just one cancer patient in the village. But now in a population of thousand people, 50 people are suffering from cancer. Most of them are unable to get proper treatment. It costs them lakhs and lakhs of rupees for them to get treated. This crisis is not only in my constituency but is a national crisis right now with the number of cancer patients increasing in the country.

Through yourself, Madam, I would request the Government to take up a health scheme like Arogya Shree which was started by our former Chief Minister the late Y. S. Rajasekhara Reddy *garu* in Andhra Pradesh, where any poor person can go to the hospital of his choice and get treatment for any ailment which he is suffering from. It will really help the people of the country if such a scheme is launched by the Government.

I am not exaggerating when I say that there is hardly any food that is left unadulterated. It has reached such proportions that strict laws need to be enacted to curb it. Statistics show that the current laws are inadequate and the culprits are going scot-free with meagre fines and small punishments. Adulteration is as good as poisoning the public and, therefore, strict laws should be there; punishments given should be as severe as in 'attempt to murder' cases and the adulterators have to be booked under such provisions. The Supreme Court has urged that anyone found involved in the illicit activity should be dealt with a firm hand. The Apex Court has stated that milk adulteration should attract 'life imprisonment', and asked the Government to take a serious view of this. The Apex Court has also slammed the current maximum punishment of six months as grossly inadequate.

Though much of the action lies in the hands of the State, I urge the Central Government to step in and play a proactive role as it is a national crisis right now. I urge the Government to form a high-powered committee as coordinated efforts

of the Ministries of Health, Food and Agriculture will deliver the desired results, what we require.

Every Indian, including all of us, is consuming what I call 'slow poison'. Knowingly or unknowingly, water, rice, wheat, vegetables, milk, meat, fruits or sweets, whatever we are taking, in other words, whatever we are eating is making our country a nation with the highest number of cancer patients, and people are suffering from the effects of food adulteration. Even every child in the womb is a victim of adulteration these days. I am afraid of this unseen enemy, which enters each household everyday.

Madam, as they say, "A stitch in time saves nine", if we put in strong rules and regulations, and enact strong laws, we can save crores of rupees for the country in terms of healthcare costs. These man-made problems should not be a deterrent in the development of the nation.

In the end, I would like to thank our hon. Prime Minister for bringing in Swachh Bharat for a 'Clean India'. Madam, through you, I would request the Government to bring a new initiative like "Shuddh Bharat" where we get clean water and clean food. I thank you, Madam, for giving me the chance to speak on this issue.

डॉ. सत्यपाल सिंह (बागपत) : माननीय अध्यक्ष महोदया, इस विषय पर बोलने का अवसर देने के लिए बहुत-बहुत आभारी हूं। आज का विषय जीवन और मृत्यु के प्रश्न का विषय है। यह सवा सौ करोड़ लोगों का प्रश्न नहीं, बल्कि आगे आने वाली पीढ़ियों का भी विषय है। यह केवल मनुष्यों से ही नहीं, बल्कि पशुओं और पक्षियों से भी संबंधित विषय है। इसलिए इस विषय पर बोलने के लिए मैं चाहता हूं कि आप थोड़ा समय दें।

सबसे पहले मैं आदरणीय मंत्री जी का बहुत-बहुत धन्यवाद करता हूं। उन्होंने समस्या की गंभीरता और इसकी व्याप्ति को मानकर एक कठोर कानून लाने की बात कही है। इसके साथ-साथ मैं इस बात के लिए भी उनका धन्यवाद करना चाहता हूं कि उन्होंने इस बात को उजागर किया और इस बात को माना है कि पिछली सरकार में फूड सेफ्टी एंड स्टैंडर्ड कानून बनाया गया, यह वर्ष 2006 में बना। दो वर्ष के बाद उसकी अथॉरिटी बनी, पाँच वर्ष के बाद उसके रूल्स और रेगुलेशंस बने। यह केस ऑफ पॉलिसी पैरालिसिस

का नहीं, बल्कि यह केस ऑफ कोमा है। ऐसा लगता है कि पिछली सरकार सार्वजनिक स्वास्थ्य के प्रति किस प्रकार से खिलवाड़ कर रही थी।

अध्यक्ष महोदया,

'एक दो ज़ख्म नहीं, सारा जिस्म है छलनी।
दर्द बेचारा परेशान है, कहाँ से उठूँ।'

माननीय अध्यक्ष : आप दो-तीन क्लियरिफिकेशन भले ही पूछें, पर बहुत लम्बा भाषण न दें।

डॉ. सत्यपाल सिंह : मैडम, चाहे दूध हो, चाय हो, फल हो या सब्जी हो, सॉफ्ट ड्रिंक हो या हार्ड ड्रिंक हो, घी हो या तेल हो, सब जगह मिलावट का बोलबाला है। पिछले हफ्ते ही इस सदन ने मानसिक रोगों के बारे में चर्चा की थी। मानसिक रोगों के लिए कितने हॉस्पिटल्स हैं, कितने डाक्टर्स हैं, कितने रोगी है? हम सिम्पोमैटिक ट्रीटमेंट की बात करते हैं, लेकिन जब तक हम उसके मूल में नहीं जाएंगे - प्रज्ञापराधो ही मूलं सर्वरोगानाम - उसके पीछे क्या है, उसे देखना होगा। इसीलिए हमारे पूर्वजों ने कहा था कि आहार शुद्धो ही सत्व शुद्धो, सत्व शुद्धो दुर्वास्मृति। अगर आहार शुद्ध है, भोजना शुद्ध है तो सब कुछ ठीक हो सकता है। आज इस देश में आहार ही इतना अशुद्ध हो गया है, इसलिए ये सारी प्राब्लम्स हो रही हैं। हम लोग कहते हैं - जैसा खाए अन्न, वैसा हो जाए मन।

मैं अपने कलीग रेड्डी जी को धन्यवाद देता हूं और उनकी बात को सप्लीमेंट करते हुए कहना चाहता हूं कि जब सवेरे कोई आदमी उठता है, चाहे पानी पिए, दूध पिए या चाय पिए, सब में मिलावट है। पानी में फ्लोराइड है, नाइट्राइट है, नाईट्रेट है, कोबाल्ट है, आर्सेनिक है, अलग-अलग चीजें मिली हुई हैं। चाय में पता नहीं क्या-क्या मिला रहे हैं और दूध की हालत इतनी खराब हो गयी है कि हमारी एजेंसीज कहती हैं कि मार्केट में जो दूध मिल रहा है, उसमें से 70 प्रतिशत दूध मिलावट वाला दूध है। उसमें कास्टिक सोडा, यूरिया, स्टॉर्च और व्हाइट पेंट मिलाया जा रहा है। उससे अलग-अलग तरह की बीमारियां हो रही हैं, किडनी की बीमारी हो रही है। दूध को कैसे लम्बे समय तक सुरक्षित रखा जा सकता है, उसके लिए कुछ डेयरियां हेयर ब्लीच कैमिकल्स मिला रही हैं। हाइड्रोजन पैराक्साइड और पोटेशियम हाइड्रोक्साइड जैसे केमिकल मिलाए जा रहे हैं जिनको डिटेक्ट करना मुश्किल है। इससे अलग-अलग तरह की बीमारियां पैदा हो रही हैं। पनीर और मावा में आज आर्जिमोन ऑयल मिलाया जा रहा है जिससे अलग-अलग बीमरियां पैदा हो रही हैं। दूध जल्दी से और ज्यादा मात्रा में हो, इसके लिए जानवरों को आक्सीटोसिन इंजेक्शन लगाया जाता है। लोग कहते हैं कि यह इंजेक्शन लेबर पेन के लिए गर्भवती महिलाओं को लगाया जाता है। Mother experiences labour pain once, लेकिन गाय-भैंस दिन में दो-दो बार उसको

महसूस करती हैं। एक तरफ हम कानून बनाते हैं कि जानवरों के प्रति कोई निर्दयता न दिखाए, लेकिन आज इस देश में जानवर इसे सहते हैं।...(व्यवधान)

माननीय अध्यक्ष : इसमें भाषण परमिटेड नहीं है। आप अपना क्लेरिफिकेशन पूछिए।

डॉ. सत्यपाल सिंह : घी में चर्बी मिलाई जा रही है। अगर आप एलाऊ करें, मैं माननीय मंत्री जी को दो-तीन सुझाव देना चाहता हूं। हमारे देश में बहुत ही टफ एंड स्ट्रिंजेंट लॉ बनाए जाएं, उसके लिए स्पेशल कोर्ट्स बनाए जाएं और हैवी पनिशमेंट उसमें दिए जाएं। आजकल जो प्रावधान है, पैसे का ज्यादा फाइन होता है, उसमें जेल बहुत कम है और एनफोर्समेंट लॉ ठीक नहीं है। म्युनिसिपल कारपोरेशन्स एवं म्युनिसिपल काउंसिल्स के officers are chronically corrupt. उसके लिए मेरा सुझाव है कि ऐसे मामलों में जो अधिकारी पकड़े जाएं, उनके लिए ज्यादा पनिशमेंट देने का प्रावधान कानून में होना चाहिए। फूड टेस्टिंग लेबारेट्रीज और फूड इंसपेक्टर्स की संख्या ज्यादा होनी चाहिए। इसके साथ ही, पब्लिक अवेयरनेस बढ़ाई जाए कि कैसे सिम्पल स्क्रीन टेस्ट से पब्लिक देख सके कि उसमें क्या मिलावट हो रही है।...(व्यवधान)

माननीय अध्यक्ष : आप क्लेरिफिकेशन्स पूछिए। सजेशन्स आप लिखकर भेज दीजिए। अगर मंत्री जी से आपको कुछ नहीं पूछना है तो हो गया। बैठिए।

माननीय मंत्री जी।

श्री जगत प्रकाश नड्डा: मैडम, स्पीकर, अभी कॉलिंग अटेंशन मोशन में माननीय सदस्य मिथुन रेड्डी जी एवं सत्यपाल सिंह जी ने जो चिन्ता जाहिर की है, वह सरकार के ध्यान में है। इस चिन्ता का सही रूप में निवारण किया जाए, उसके लिए सरकार प्रयासरत भी है और कार्यरत भी है।

सबसे पहली बात तो यह है कि माननीय सदस्य ने थ्रेट के रूप में कहा है। मैं इसे थ्रेट से ज्यादा एक चैलेंज के रूप में लेता हूं और मंत्रालय इसको ओवरकम करने के लिए भरसक प्रयास कर रहा है। एक बात हमें समझनी होगी कि जहां तक कन्टैमिनेशन का सवाल है या एडल्ट्रेशन का सवा है, इसके नये-नये तरीके और नये ढंग समाज में लोग उपयोग करते रहे हैं। At one particular time, we are going to get a result which is going to be absolutely free from adulteration इससे ज्यादा प्रैक्टिकल बात यह होगी कि It is a continuous process which we have to develop. A mechanism has to be developed which is continuous, which is regulatory, which monitors and which also finds ways and means to curb adulteration जो नये-नये तरीके से मार्किट में इम्पलीमेंट हो रहे हैं, उसके बारे में भी हमें ध्यान रखने की जरूरत है।

मैं दोनों माननीय सदस्यों की चिंता को अपने साथ समावेश करता हूं और आपके माध्यम से सदन को यह विश्वास दिलाना चाहता हूं कि सरकार इस मामले में पूरी तरह से प्रयासरत है, कार्यरत है और इस चैलेंज को हम सीरियसली मीटआउट करना चाहते हैं। वर्ष 2006 से पहले फूड एडल्ट्रेशन एक्ट से काम चल रहा था, लेकिन जैसे-जैसे एडल्ट्रेशन की मैथडोलॉजी बढ़ी, More stringent laws were needed. That is why, in 2006, we came with the Food Safety and Standards Act. उसके प्रोवीजन और रैगूलेशन्स बनने में कुछ विलम्ब अवश्य हुआ, लेकिन अब समय आ गया है कि इस सारे एक्ट को रिविज़िट करने की आवश्यकता है। रीविज़ट करने के लिए सरकार प्रतिबद्ध है। मैंने आज से दो दिन पहले ही एक टास्कफोर्स गठित किया है और उस टास्कफोर्स को within 45 days, they have to give their suggestions. उन सजैशन्स को हम पब्लिक डोमेन में भी डालेंगे ताकि हमें जनता का इनपुट भी इस बारे में प्राप्त हो सके। हम इसे और स्ट्रिन्जन्ट बनाना चाहेंगे। मिल्क के इश्यु पर सुप्रीम कोर्ट की डायरेक्शन आयी है। But milk is one segment जब हम रीविज़ट कर रहे हैं तो हमने यह कोशिश की है कि सारे एसपैक्ट्स को हम देखें और जितने भी फूड आइटम्स हैं और जो केवल ऑर्गेनाइज्ड और अन-ऑर्गेनाइज्ड सेक्टर में प्रोड्यूस हो रहे हैं वही नहीं, बल्कि जो इम्पोर्टिड फूड आइटम्स हैं, उनको भी रीविजट करने की जरूरत है और इस दृष्टि से हम प्रयासरत हैं।

जहां तक ऑक्सीटोसिन का सवाल है, मैंने पहले भी कहा कि इसका मिसयूज हो रहा है, लेकिन जो रूल्स और रैगूलेशन्स हैं, वे अपने आप में काफी स्ट्रिन्जेन्ट हैं। The issue is of implementation. The implementation part is with the States and the Union Territories. But I do not want to say that. It is a blame game कि मैं उन पर इस विषय को डाल दूं। रूल्स-रैगूलेशन्स बनाना हमारा काम है और हम बना रहे हैं। We are trying to be more stringent because यह मानवता से जुड़ा विषय है और इसमें कोई दो राय नहीं है कि पहले कम्यूनिकेबल डिसिसिज़ का बर्डन हमारे ऊपर था, लेकिन अब इक्वली नॉन-कम्यूनिकेबल डिसिसिज़ का बर्डन भी बढ़ गया है और ये नॉन-कम्यूनिकेबल में जो फूड आइटम्स हैं, इनका भी एक बहुत बड़ा रोल रहा है। We have to be very serious on this issue. इसलिए हम मैनपावर और इनफ्रास्ट्रक्चर पर विशेष रूप से ध्यान देने वाले हैं। क्योंकि आज एनालिसिस की देश में बहुत कमी है। लेबोरट्रीज़ हमारे पास हैं, लेकिन इनको और इक्यूप करने की जरूरत है। इनकी संख्या बढ़ाने की जरूरत है। पब्लिक प्राइवेट पार्टनरशिप में भी लेबोरट्रीज़ को आगे लाने की जरूरत है। कम समय में बड़े स्केल पर इसकी इम्पलीमेंटेशन को और कारगर करना पड़ेगा और इसके लिए मंत्रालय कटिबद्ध है। इस बात का मैं विश्वास दिलाना चाहता हूं।

बहुत से विषय सत्यपाल जी ने और रेड्डी जी ने रखे हैं। उन्होंने बीमारियों के बारे में बताया है कि किस तरह से बीमारियां बढ़ रही हैं। मैं सिर्फ इतना ही कहना चाहूंगा कि नॉन-कम्यूनिकेबल डिसिसिज़ का बर्डन बढ़ रहा है और इसलिए हमें इस बात के लिए प्रयासरत रहना होगा कि हम शुद्ध भोजन और शुद्ध फूड मैटिरियल्स उपलब्ध करवा सकें।

उनकी चिंता जायज है, मंत्रालय उसको गंभीरता से लेता है और बहुत जल्द हम इस एक्ट को रीविजिट करने वाले हैं। A task force has been formed. यह फोर्स 45 दिनों के अंदर अपनी रिपोर्ट देगी। पब्लिक डोमेन में हम इसको डालेंगे और जल्द से जल्द हम इसको मोस्ट स्ट्रिन्जेंट बनाएंगे। इस बात का मैं विश्वास दिलाना चाहता हूं। धन्यवाद।

[Placed in Library, See No. LT 1231/16/14]

Appendix- IV

GOVERNMENT OF INDIA
MINISTRY OF LAW & JUSTICE
DEPARTMENT OF LEGAL AFFAIRS
*****
LOK SABHA

UNSTARRED QUESTION NO. 6134
TO BE ANSWERED ON 30.04.2015

Law for Persons affected by Leprosy

6134. SHRI RAHUL SHEWALE:
SHRI NAGENDRA KUMAR PRADHAN:
DR. SHRIKANT EKNATH SHINDE:
SHRI VINAYAK BHAURAO RAUT:
SHRI RAJESH VERMA:

Will the Minister of LAW AND JUSTICE be pleased to state:

(a) whether certain laws of the land consider leprosy incurable;
(b) if so, the details thereof along with the reasons therefor;
(c) whether the Law Commission of India has submitted a report on "Eliminating Discrimination against Persons Affected by Leprosy";
(d) if so, the salient features of the recommendations along with the reaction of the Government thereto; and
(e) the time by which these recommendations are likely to be implemented?

ANSWER

MINISTER OF LAW AND JUSTICE
(SHRI D.V. SADANANDA GOWDA)

(a) and (b) : The Information is being collected and will be laid on the Table of the House.

(c) and (d) : Yes, Madam. The 20th Law Commission has submitted it Report No. 256 titled 'Eliminating Discrimination against Persons Affected by Leprosy' on 07.04.2015. The Law Commission of India in its said Report has recommended certain amendments in the Special Marriage Act, 1954; the Dissolution of Muslim Marriage Act, 1939; the Hindu Marriage Act, 1955; the Indian Divorce Act, 1869; the Hindu Adoption and Maintenance Act, 1956; the Legal Services Act, 1987; and the Motor Vehicles Act, 1988 and to repeal the Lepers Act, 1898 in its entirety.

(e) : The Information is being collected and will be laid on the Table of the House.

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GOVERNMENT OF INDIA
MINISTRY OF FINANCE
DEPARTMENT OF FINANCIAL SERVICES

LOK SABHA
UNSTARRED QUESTION NO. 972
TO BE ANSWERED ON 29th April, 2016/Vaisakha 9, 1938 (Saka)
Health Insurance for CGHS Pensioners

972. SHRI P.C. MOHAN:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has any proposal to launch a new scheme of health insurance to Central Government Employees and pensioners;

(b) if so, the details thereof and the benefits likely to be available to the pensioners; and

(c) the time by which the new scheme is likely to be launched in this regard?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE
(SHRI JAYANT SINHA)

(a) to (c): Ministry of Health and Family Welfare has informed that an insurance scheme for the Central Government Employees and Pensioners is under their consideration.

The salient features of Central Government Employees and Pensioners Health Insurance Scheme (CGEPHIS) and the main features proposed are as under:

i. Optional for serving and retired Central govt. Employees including future retirees.
ii. Compulsory for new recruits.
iii. Covers all the members of family as per CGHS norms.
iv. Sum Insured Rs. 5 lakh per year on a family floater basis.
v. All pre-existing diseases covered from the day one.
vi. Pre and post hospitalization benefits available.
vii. Maternity benefit upto two living children.
viii. Payment of fixed medical allowance (FMA) for meeting OPD needs.
ix. Cashless treatment facility.
x. Govt. to subsidize the payment of premium
xi. Scheme to be implemented on pan India basis.

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GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
STARRED QUESTION NO. 571
TO BE ANSWERED ON THE 6TH APRIL, 2018
PASSIVE EUTHANASIA

***571. SHRIMATI ANJU BALA:**

DR. C. GOPALAKRISHNAN:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Supreme Court has given legal sanction to passive euthanasia;

(b) if so, the details thereof along with the reaction of the Government thereto;

(c) whether the Government has finalised a legislation to permit passive euthanasia and if so, the details and the current status thereof;

(d) whether an Expert Committee constituted for examining euthanasia has given its report and if so, the major recommendations of the Committee; and

(e) the other steps being taken by the Government in this regard?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (e) : A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 571* FOR 6TH APRIL, 2018

(a) and (b) A five-judge Constitution bench of the Supreme Court, headed by Chief Justice of India Sh. Dipak Misra, in its final judgment on 9th March, 2018 in the matter of Common Cause Vs Union of India & Others, has *"laid down the principles relating to the procedure for execution of Advance Directive and provided the guidelines to give effect to passive euthanasia in both circumstances, namely, where there are advance directives and where there are none, in exercise of the power under Article 142 of the Constitution"*. The Hon'ble Supreme Court has further directed that *"the directive and guidelines shall remain in force till the Parliament brings a legislation in the field"*.

(c) No. The matter regarding formulation of legislation on Passive Euthanasia is under consideration in this Ministry.

(d) and (e) Law Commission, vide its 241st Report titled 'Passive Euthanasia-A Relook', proposed for making a legislation on 'Passive Euthanasia' and also prepared a draft Bill, *The medical treatment of terminally ill patients (protection of patients and medical practitioners) Bill'*. This bill has been examined by the Committee of Experts under the Directorate General of Health Services in this Ministry. Major recommendations of the Expert Committee are as below:

- It has proposed only **Passive Euthanasia**.
- No provision for **Active Euthanasia**.
- Provision for a written medical directive given by a competent person called as **Advance Medical Directive**.
- Applicable for patients with **terminal illness**, as defined in the Bill.
- Separate provisions for process of withholding of treatment for **competent** and **incompetent** terminally ill patients.

The matter regarding formulation of legislation on Passive Euthanasia is under consideration in this Ministry.

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Appendix -VII

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 1755
TO BE ANSWERED ON 27th JULY, 2018

EUTHANASIA

1755. SHRI SANJAY DHOTRE:
SHRI RAHUL SHEWALE:
SHRI BHARTRUHARI MAHTAB:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Expert Committee constituted to examine the issue of euthanasia has submitted its report;

(b) if so, the main recommendations of the Committee;

(c) whether the Government has accepted the recommendations of the Committee;

(d) if so, the details thereof along with the implementation status of such accepted recommendations and if not, the reasons therefor;

(e) the number of requests/ representations received by the Government for euthanasia across the country during each of the last three years and the current year along with the action taken/being taken thereon; and

(f) whether the Government proposes to enact a legislation to allow passive euthanasia in the country, if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a) & (b): Law Commission vide its 241st Report titled 'Passive Euthanasia- A Relook' proposed for making a legislation on 'Passive Euthanasia' and also prepared a draft Bill, *The medical treatment of terminally ill patients (protection of patients and medical practitioners) Bill'*. This bill has been examined by the Committee of Experts under the Directorate General of Health Services in this Ministry. Major recommendations of the Expert Committee are as below:

- It has proposed only **Passive Euthanasia**.
- No provision for **Active Euthanasia**.
- Provision for a written medical directive given by a competent person called as **Advance Medical Directive**.
- Applicable for patients with **terminal illness**, as defined in the Bill.
- Separate provisions for process of withholding of treatment for **competent** and **incompetent** terminally ill patients.

(c) & (d): The recommendations of the Committee are under consideration in this Ministry.

(e): The Ministry of Health and Family Welfare has, during last three years, received some requests/representations for permitting euthanasia. Whenever such requests/representations are received, applicants are informed/apprised about the guidelines regarding passive euthanasia as laid down by Hon'ble Supreme Court in its Judgement in respect of WP (Crl.) No(s). 115 of 2009- Aruna Ramchandra Shanbaug vs UoI and Others **and** principles laid down by the five-judge Constitution bench of the Supreme Court, headed by Chief Justice of India Sh. Dipak Misra in its final judgment on 9th March, 2018 in the matter of Common Cause Vs Union of India & Others.

(f): The matter regarding formulation of legislation on Passive Euthanasia is under consideration in this Ministry.

Appendix-VII4

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 3205
TO BE ANSWERED ON 12TH JULY, 2019

HEALTH INSURANCE SCHEME FOR CGHS BENEFICIARIES

3205. SHRI K. NAVASKANI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government proposes to introduce Health Insurance Scheme for Central Government Health Scheme (CGHS) beneficiaries including for OPD treatment facilities;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (c): The Sixth Central Pay Commission in its report had recommended the introduction of a Health Insurance Scheme for central government employees and pensioners and their dependent family members on pan India basis. Ministry of Health & Family Welfare has framed the draft health Insurance Scheme. OPD facilities are not covered under the proposed scheme. The draft scheme has been sent to the Department of Expenditure, Government of India, for appraisal and approval of the financial feasibility of the scheme.

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GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.3297
TO BE ANSWERED ON 12TH JULY, 2019

VACANCY OF PHYSIOTHERAPISTS IN CGHS

3297. SHRI T.R. BAALU:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether a number of posts of physiotherapists in Central Government Health Scheme (CGHS) are vacant, if so, the details thereof along with the number of physiotherapists posted in the CGHS;

(b) whether recruitment rules for physiotherapists were framed/amended recently in accordance with the guidelines of the Department of Personnel and Training;

(c) if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government proposes to appoint physiotherapists to the CGHS dispensaries keeping in view of rising demand for physiotherapy and if so, the details thereof and if not, the reasons therefor?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (c): No. At present, there are no vacant posts of Physiotherapist in CGHS. There is only one sanctioned post of Physiotherapist in CGHS, which is filled up. Recruitment rules for the same have not been framed/amended recently. As per recommendation of 7th Central Pay Commission, the posts of physiotherapists have been upgraded and the minimum qualification has also been raised from Diploma to Degree. Ministry of Health & Family Welfare is consulting Department of Personnel and Training to amend the recruitment rules accordingly.

(d) No such proposal is pending before the Government at present. CGHS Wellness Centres are meant for primary healthcare and are manned by General Duty Medical Officers. Physiotherapy being a rehabilitative treatment, requires specialized care, specific equipment etc., Physiotherapy as a modality of treatment is not available at CGHS Wellness Centres. In case of patients requiring physiotherapy, they can avail physiotherapy at the empanelled public/ private hospitals where it is available.

Appendix-X.

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.3401
TO BE ANSWERED ON 12TH JULY, 2019

CADRE RESTRUCTURING OF PHYSIOTHERAPISTS

3401. SHRI KANUMURU RAGHU RAMA KRISHANA RAJU:
SHRI T.R.BAALU:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to Question No. 63 on 14.12.2018 regarding Cadre Restructuring of Physiotherapists and to state:

(a) the details of the progress made in the matter;

(b) whether any Committee has been constituted in this regard and if so, the details of major recommendations of the Committee;

(c) whether any impedance has been observed in implementation of the cadre given at model curriculum for physiotherapists developed by the Committee set up by the Ministry; and

(d) if so, the details thereof and the steps taken by the Government for its timely implementation?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) and (b): A committee has been constituted under the Chairmanship of Dr. B. D. Athani, Principal Consultant, Directorate General of Health Services, Ministry of Health and Family welfare on cadre restructuring of Physiotherapists of four Central Government Hospitals of Delhi i.e. Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, Smt. Sucheta Kriplani Hospital and Kalawati Saran Children Hospital. The Terms of Reference (TOR) of the Committee are as under:

(i) To review the structure of Physiotherapy Cadre in Safdarjung Hospital, Dr, RML Hospital, Lady Hardinge Medical College and SSK and Kalawati Saran Children's Hospital along with the feeder cadre, so as to harmonise the functional need with the legitimate career expectations of its members.

(ii) To assess the magnitude of stagnation in various grade and suggest remedial measure, both short term and long term and to reduce promotional blocks and at the same time prevent gaps from building up.

(iii) To suggest measures to enhance the effectiveness of service and capacity building of the staff.

(iv) To take view and suggestion of the stakeholders i.e. participation Hospitals, its Union and Members of the service for cadre review.

(v) to Examine any issue as referred to it by the Hospitals.

(vi) to review the Physiotherapy Cadre in these Hospitals keeping in view of the increased work load.

The committee has not given any recommendations so far.

(c) and (d): No impedance has come to notice so far.

Appendix - XI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.5540
TO BE ANSWERED ON 26TH JULY, 2019

REMOVAL OF UTERUS

5540. SHRI DEEPAK BAIJ:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether his Ministry has any information regarding a large number of cases related to untimely removal of uterus of young women by private hospitals for their personal interests in different parts of the country;

(b) if so, the details thereof, State/ UT-wise;

(c) the steps taken by the Government to curb such incidents;

(d) whether the Government is conducting any study to ascertain the reasons for such actions; and

(e) if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) & (b): As per the NFHS-4 (National Family Health Survey 2015-16), 67.7% Hysterectomies are performed in private facilities out of total Hysterectomies. The disaggregated data on age of women who have undergone hysterectomies in private sector is not available. State wise details of hysterectomies performed in private hospitals as per NFHS 4 data is annexed at **annexure.**

(c): The Government has constituted an expert group committee to advise on measures for curbing unnecessary hysterectomies.

(d) & (e): No.

....

Annexure

State	Percentage of hysterectomies performed in Private health facilities out of the total hysterectomies performed
Andhra Pradesh	83.3
Arunachal Pradesh	29.6
Assam	34
Bihar	82.1
Chhattisgarh	65.1
Goa	55.7
Gujarat	69.4
Haryana	58.7
Himachal Pradesh	54
Jammu and Kashmir	37.5
Jharkhand	73
Karnataka	47.2
Kerala	58.4
Madhya Pradesh	55.7
Maharashtra	69.2
Manipur	47.8
Meghalaya	28.6
Mizoram	37.1
Nagaland	51
Delhi	64.2
Odisha	28.6
Punjab	64.8
Rajasthan	66.2
Sikkim	45
Tamil Nadu	47.4
Tripura	58.6
Uttar Pradesh	77
Uttarakhand	61.2
West Bengal	50.8
Telangana	81.2
India	67.7

Source –NFHS 4

Appendix - XI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.5540
TO BE ANSWERED ON 26TH JULY, 2019

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Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether his Ministry has any information regarding a large number of cases related to untimely removal of uterus of young women by private hospitals for their personal interests in different parts of the country;

(b) if so, the details thereof, State/ UT-wise;

(c) the steps taken by the Government to curb such incidents;

(d) whether the Government is conducting any study to ascertain the reasons for such actions; and

(e) if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) & (b): As per the NFHS-4 (National Family Health Survey 2015-16), 67.7% Hysterectomies are performed in private facilities out of total Hysterectomies. The disaggregated data on age of women who have undergone hysterectomies in private sector is not available. State wise details of hysterectomies performed in private hospitals as per NFHS 4 data is annexed at **annexure.**

(c): The Government has constituted an expert group committee to advise on measures for curbing unnecessary hysterectomies.

(d) & (e): No.

....

Annexure

State	Percentage of hysterectomies performed in Private health facilities out of the total hysterectomies performed
Andhra Pradesh	83.3
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Chhattisgarh	65.1
Goa	55.7
Gujarat	69.4
Haryana	58.7
Himachal Pradesh	54
Jammu and Kashmir	37.5
Jharkhand	73
Karnataka	47.2
Kerala	58.4
Madhya Pradesh	55.7
Maharashtra	69.2
Manipur	47.8
Meghalaya	28.6
Mizoram	37.1
Nagaland	51
Delhi	64.2
Odisha	28.6
Punjab	64.8
Rajasthan	66.2
Sikkim	45
Tamil Nadu	47.4
Tripura	58.6
Uttar Pradesh	77
Uttarakhand	61.2
West Bengal	50.8
Telangana	81.2
India	**67.7**

Source –NFHS 4

Appendix - XII

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 3012
TO BE ANSWERED ON 6TH DECEMBER, 2019

EXPORT OF FOOD ITEMS UNDER FOOD REGULATOR

3012. SHRI KANUMURU RAGHU RAMA KRISHANA RAJU:
SHRI Y.S. AVINASH REDDY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has received any proposal from the country's food regulator to bring export of food items under its purview;

(b) if so, the details thereof; and

(c) the response of the Government thereon?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (c): Yes. Export is not included in the ambit of Food Safety and Standards Act, 2006 explicitly to ensure safety of food. It has been proposed by Food Safety and Standards Authority of India (FSSAI) to bring the 'export' under FSS Act so that there is mandate to regulate the same. The proposal is under consideration.

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Appendix-XIII

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION No. 1506
TO BE ANSWERED ON THE 11th February, 2020

e-Pharmacy

1506. SHRI S. JAGATHRAKSHAKAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government has any proposal or taken any steps to prevent e-pharmacies from stocking life saving drugs;
(b) if so, the details thereof; and
(c) if not, the reasons therefor?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS & FERTILIZERS
(SHRI D. V. SADANANDA GOWDA)

(a) to (c): Ministry of Health & Family Welfare has published a draft gazette notification vide G.S.R. 817 (E) dated 28th Aug 2018 for amendment to the Drugs and Cosmetics Rules, 1945 to regulate the online sale of medicines through e-platform in the country.The draft rules published on 28.08.2018 contains provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, prohibition of sale of certain categories of drugs through e-pharmacy, monitoring of e-pharmacy, etc. After considering the comments received on the draft rules, a draft for the final notification has been forwarded for approval of Hon'ble Health and Family Welfare Minister before its eventual publication. The matter presently stands referred to the Group of Ministers.

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Appendix - XIV

GOVERNMENT OF INDIA
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY,
UNANI, SIDDHA AND HOMOEOPATHY
(AYUSH)

LOK SABHA
UNSTARRED QUESTION NO. 3313
TO BE ANSWERED ON 13TH MARCH, 2020

AYUSH MEDICINAL FACILITIES

3313. **SHRI VISHNU DAYAL RAM:**
DR. DHAL SINGH BISEN:
SHRI DIPSINH SHANKARSINH RATHOD:
SHRI B.B.PATIL:

Will the Minister of **AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)** be pleased to state:

(a) whether there has been an increasing trend in the number of people availing medicinal facilities under AYUSH;

(b) the details of the number of Ayurveda Colleges cum hospitals in the country, State/UT-wise, Streamwise, including Jharkhand;

(c) the steps being taken by the Government to create more awareness about the benefits of Ayurveda treatment;

(d) whether the Government has included AYUSH under Pradhan Mantri Jan Arogya Yojana and if so, the details thereof and if not, the reasons therefor;

(e) whether the Government has launched integrated course in view of fulfilling shortage of doctors in rural areas owing to this practice upto 1975; and

(f) if so, the details thereof and the steps taken by the Government in this regard?

ANSWER

THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY
(SHRI SHRIPAD YESSO NAIK)

(a): Yes, there has been an increasing trend in the number of people availing medicinal facilities under AYUSH for the last three years as per the table given below.

Contd.....

Number of Patients who visited Government Health Care Facilities under AYUSH during 2015-16, 2016-17 and 2017-18

Year	IPD	OPD
2015-16	1156695	159459379
2016-17	1685773	172700313
2017-18	1957921	177375226

Source: AYUSH In INDIA 2016, 2017 and 2018

(b): The details of the number of Ayurveda Colleges cum hospitals in the country, State/UT-wise, Stream-wise, including Jharkhand is annexed at Annexure.

(c): The following steps being taken by the Government to create more awareness about the benefits of Ayurveda treatment.

I. Ministry of AYUSH deputes AYUSH experts to foreign countries to participate in international meetings, conferences, training programmes, seminars and on special assignment of the Government of India for promotion and propagation of AYUSH Systems.

II. Financial assistance is also provided for presentation of AYUSH related scientific research papers in international conferences, workshops, seminar etc.

III. Incentives are provided to AYUSH drug manufacturers/ entrepreneurs/ AYUSH institutions, AYUSH drug and Hospitals etc.

IV. Ministry of AYUSH though Indian Council for Cultural Relations (ICCR) offers 104 scholarships every year to the eligible foreign nationals from 98 countries for pursuing undergraduate (UG), postgraduate (PG) and Ph. D courses in premier Institutes in India.

V. Ministry of AYUSH has signed 23 Country to Country Memorandum of Understanding (MoUs) for Cooperation in field of Traditional Medicine and Homoeopathy; 22 MoUs for undertaking collaborative research in AYUSH systems of medicine and 13 MoUs for setting up AYUSH Academic Chairs in foreign institutes. Ministry of AYUSH has set up 33 AYUSH Information Cell in 31 countries to disseminate authentic information about AYUSH systems of Medicine.

Contd........

VI. Ministry of AYUSH is implementing Centrally Sponsored Scheme of National AYUSH Mission (NAM) through States/UTs for the promotion of AYUSH in the Country including Ayurveda. The Mission envisages better access to AYUSH services, strengthening of AYUSH educational institutions, enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and promotion of medicinal plants for sustainable availability of raw-materials for ASU & H drugs in the States/UTs. The National AYUSH Mission (NAM) inter-alia makes provision for the following activities: -

(i) Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and Districts Hospitals (DHs).
(ii) Upgradation of exclusive State Government AYUSH Hospitals and Dispensaries.
(iii) Supply of essential drugs to AYUSH hospitals and dispensaries.
(iv) Setting up of upto 50 bedded integrated AYUSH Hospital.
(v) Upgradation of State Government Under-Graduate and Post-Graduate Educational Institutions.
(vi) Setting up of new AYUSH Educational Institutions in the States where it is not available in Government sector.
(vii) Strengthening of State Government/State Government Co-operatives/Public Sector Undertakings Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Pharmacies.
(viii) Strengthening of State Drug Testing Laboratories for ASU &H Drugs.
(ix) Support for cultivation of Medicinal Plants including processing and post-harvest management.

(d): A high level task force has been set up by National Health Authority to review the proposal from Ministry of AYUSH.

(e): No.

(f): Not applicable.

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Annexure

State-wise Number of Ayurveda Colleges/Institutes in India as on 1.4.2018

S. No.	States/ UTs	Ayurveda Under Graduate Colleges	Ayurveda Post Graduate Colleges	Ayurveda Exclusive Post Graduate Colleges
(1)	(2)	(3)	(4)	(5)
1	Andhra Pradesh	3	2	-
2	Assam	1	1	-
3	Bihar	8	3	-
4	Chhattisgarh	6	1	-
5	Delhi	2	2	1
6	Goa	1	-	-
7	Gujarat	29	5	1
8	Haryana	11	-	-
9	Himachal Pradesh	3	1	-
10	Jammu & Kashmir	2	1	-
11	Jharkhand	1	1	-
12	Karnataka	72	35	-
13	Kerala	18	11	-
14	Madhya Pradesh	24	7	-
15	Maharashtra	75	41	-
16	Meghalaya	1	-	-
17	Odisha	6	2	-
18	Punjab	17	3	-
19	Rajasthan	12	4	-
20	Tamil Nadu	6	1	-
21	Telangana	5	1	-
22	Uttar Pradesh	69	10	-
23	Uttarakhand	16	5	-
24	West Bengal	3	-	1
25	Chandigarh	1	-	-
26	Puducherry	1	-	-
ALL INDIA		**393**	**137**	**3**

Source : AYUSH In INDIA 2018
Note: UG colleges includes number of post graduate colleges/institutes.

Appendix - XV

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 2901
TO BE ANSWERED ON 12TH MARCH, 2021

FOOD ADULTERATION CASES

2901. SHRI HEMANT SRIRAM PATIL:
SHRI OMPRAKASH BHUPALSINH ALIAS
PAWAN RAJENIMBALKAR:
DR. ARVIND KUMAR SHARMA:
SHRI RAHUL RAMESH SHEWALE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the cases of food adulteration have increased across the country during each of the last three years and the current year;

(b) if so, the details thereof, State/UT-wise and the reasons therefor;

(c) whether the lax implementation of laws allows the adulteration business to turn it into a rewarding enterprise, if so, the details thereof;

(d) the steps taken by the Government to enforce stricter implementation of adulteration laws in the States/ UTs;

(e) whether the Food Safety and Standards Authority of India (FSSAI) has sent a proposal to the Government to amend the Food Safety and Standards Act, 2006 incorporating therein stringent punishment of fine and imprisonment up to life term for those involved in instances of food adulteration in the country; and

(f) if so, the details and the present status of such proposal along with other steps taken to address food adulteration?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (c): The implementation and enforcement of provisions under Food Safety and Standards (FSS) Act, 2006 and Rules and Regulations made there under primarily rests with the State/UT Governments. To ensure compliance with these provisions, State/UT Governments undertake regular surveillance, monitoring and inspection activities.

Samples of food items are drawn by State Food Safety Officers and sent to the laboratories recognised by Food Safety and Standards Authority of India (FSSAI) for analysis. In cases where samples are found to be non-conforming to the provisions of the Act and the Rules and Regulations made there under, recourse is taken to penal provisions under the FSS Act.

As per the information available from State/UT Governments, the details of samples analysed, found non-conforming (including adulteration) and action taken against the concerned Food Business Operators during the last three years are at Annexure I, II and III.

(d): FSSAI constantly monitors the enforcement of the Act with the State /UT food safety authorities during the periodic meetings of the Central Advisory Committee in which the Commissioners of Food Safety of all States/UTs are represented and also through video conferencing and interaction during visit of senior officials of FSSAI to States/UTs etc.

(e) & (f) At present, under Section 59 of the Food Safety and Standards Act, 2006 for manufacture, storage, sale, distribution or import of unsafe food for human consumption which results in death, a penalty of imprisonment for a term not less than seven years but which may be extended to imprisonment for life and also with fine of not less than ten lakh rupees is prescribed.

A proposal had been received from FSSAI to amend the Food Safety and Standards Act, 2006. The Ministry had invited public comments through a Public Notice on amendment proposal.

Annexure-I

State-wise details of Samples analysed, found non-conforming and penal action taken for the year 2017-18

Name of the State/U.T.	No. of Samples Analysed	No. of Samples found Non-Conforming	No. of Cases Launched		No. of Convictions / Penalties		
			Criminal	Civil	Convictions	No. of cases in which Penalties imposed	amount of penalty raised in Rupees
A & N Islands	234	49	Nil	285	Nil	285	36,91,500
AndhraPradesh	3881	765	147	282	75	121	49,11,500
Arunachal Pradesh	269	09	04	07	Nil	09	75,500
Assam	610	78	04	39	Nil	06	1,22,000
Bihar	2248	215	28	123	-	-	-
Chandigarh	376	25	-	21	-	04	2,25,000
Chhattisgarh	1564	188	15	81	13	30	1,71,004
Dadra & N.H	67	04	04		-	-	-
Daman & Diu	71	06	02		Nil	Nil	-
Delhi	1271	120	127	0	39	-	2,68,93,000
Goa	1268	82	08		07	-	7,05,000
Gujarat	9576	713	27	481	382	382	2,59,82,583
Haryana	2067	380	33	303	08	280	31,12,360
Himachal Pradesh	164	50	09	68	05	43	9,81,000
Jammu & Kashmir	3643	992	-	921	310	512	54,89,200
Jharkhand	580	219	-	-	-	-	-
Karnataka	2257	426	53	236	-	236	40,27,270
Kerala	3783	703	48	332	88	147	39,89,880
Lakshadweep	Nil	Nil	Nil				

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Madhya Pradesh	6270	904	27	547	10	507	2.39.42.000
Maharashtra	9022	1532	194	589	83	141	17,34,500
Manipur	830	295	09	19	00	04	2,60,000
Meghalaya	29	03	-	-	-	-	-
Mizoram	84	52	Nil	Nil	Nil	05	Nil
Nagaland	310	69	Nil	Nil	Nil	Nil	Nil
Odisha	229	54	13	77	Nil	Nil	Nil
Puducherry	3,156	-	-	-	-	-	-
Punjab	11057	3053	40	1022	22	568	46,23,650
Rajasthan	3549	1598	91	171	0	108	7,83,000
Sikkim	04	Nil	Nil	Nil	Nil	Nil	Nil
Tamil Nadu	7383	2461	496	825	896	-	2,24,66,700
Telangana	823	175	25	15	01	20	-
Tripura	268	18	-	-	-	-	-
Uttar Pradesh	19063	8375	102	7232	3237	4219	12,91,85,500
Uttarakhand	1119	120	-	-	-	-	-
West Bengal	1228	329	-	-	22	-	1,64,000
Total	99,353	24,262	1,506	13,615	5,198	7,627	26,35,41,067

Source: States/UTs, Note Many of the States/UTs have shared consolidated data and not shared the data/complete data in respect of particular food category like Milk, Oil, Packaged Drinking water, etc

Annexure-II

State-wise details of Samples analysed, found non-conforming and penal action taken for the year 2018-19

S. No.	Name of State/UT	No. of Samples Analysed	Total number . of Samples found non-conforming	No. of Cases Launched		No. of Convictions / Penalties		
				Criminal	Civil	Convictions	Number of cases in which penalties imposed	Amount of penalty raised in Rupees
1	Andaman & Nicobar Island	268	11	1	90	1	89	1274000
2	Andhra Pradesh	4715	692	104	456	29	344	10691300
3	Arunachal Pradesh	291	11	1	7	0	6	21000
4	Assam	515	111	7	14	0	5	77000
5	Bihar	4135	372	25	146	0	30	1065000
6	Chandigarh	315	30	37	21	30	15	335000
7	Chhattisgarh	988	208	23	27	17	8	995000
8	Dadara& Nagar Haveli	58	6	0	6	0	6	63000
9	Daman & Diu	145	4	0	4	0	0	0
10	Delhi	2461	485	29	110	38	31	4716001
11	Goa	1550	88	1	9	0	17	866000
12	Gujarat	9884	822	22	353	22	237	19589004
13	Haryana	2929	737	47	488	5	242	5116860
14	Himachal Pradesh	229	43	4	10	4	35	965500
15	Jammu & Kashmir	3600	1416	10	698	1	466	5718800
16	Jharkhand	499	208	10	71	0	22	485000

17	Karnataka	3945	456	79	549	0	146	950800
18	Kerala	4379	791	102	565	2	839	12117000
19	Lakshadweep	0	0	0	0	0	0	0
20	Madhya Pradesh	7063	1369	114	1095	8	557	1,82,28,200
21	Maharashtra	4742	1036	957	910	18	529	11996269
22	Manipur	388	56	0	16	0	12	689000
23	Meghalaya	81	3	1	0	0	3	193700
24	Mizoram	124	27	0	0	0	0	0
25	Nagaland	302	175	0	63	0	63	37500
26	Odisha	327	91	28	129	0	3	220000
27	Puducherry	2037	39	0	0	0	7	
28	Punjab	11920	3961	45	1840	3	1762	15703200
29	Rajasthan	5760	2147		657	141	686	2017000
30	Sikkim	182	17	0	0	0	0	0
31	Tamil Nadu	5730	2501	666	1718	305	1485	50111950
32	Telangana	1760	168	33	191	3	15	248000
33	Tripura	192	8	0	3	0	0	0
34	Uttar Pradesh	22583	11817	451	8524	73	5526	158981003
35	Uttarakhand	755	35	8	28	0	28	2853000
36	West Bengal	1,708	384	6	58	0	20	453000
Total		1,06,459	30415	2813	18550	701	12734	Rs.32,57,78,087

Source: States/UTs,

Annexure III

details of Samples analysed, found non-conforming and penal action taken for the year 2019-20

S. No.	Name of State/UT	No. of Samples Analysed (a)	No. of Samples found non-conforming (b)	Civil Cases (d)			Criminal Cases (e)		
				No. of Cases Launched (d.1)	No. of Cases decided (d.2)	Penalties Raised (Rs.) (d.3)	No. of Cases Launched (e.1)	No. of Cases decided (e.2)	Penalties Raised (Rs.) (e.3)
1	Andaman & Nicobar Island	613		10	8	571000	0	0	0
2	Andhra Pradesh	4044	458	442	118	10161000	2	10	60000
3	Arunachal Pradesh	346	10	4	5	25000	0	1	30000
4	Assam	459	129	53	11	1029000	14	5	80000
5	Bihar	5665	501	147	8	208000	53	0	0
6	Chandigarh	384	21	74	11	810000	20	1	0
7	Chhattisgarh	1550	305	205	190	5562500	56	0	0
8	Dadara & Nagar Haveli and Daman & Diu	232	9	15	6	96000	0	2	52000
9	Delhi	2114	374	341	46	2012000	59	60	3250000
10	Goa	147	6	6	4	210000	1	0	0
11	Gujarat	13160	984	579	368	28695500	16	27	966005
12	Haryana	1417	473	372	140	3567041	30	4	10500
13	Himachal Pradesh	675	129	20	104	2709000	6	1	2000

14	Jammu & Kashmir	5088	850	1090	817	6451700	25	0	23000
15	Jharkhand	1039	397	170	49	1180000	63	13	0
16	Karnataka	4551	465	351	211	2004500	80	12	226000
17	Kerala	5021	778	359	599	12572500	210	8	245000
18	Ladakh	6	0	9	9	101300	0	0	0
19	Lakshadweep	0	0	0	0	0	0	0	0
20	Madhya Pradesh	13717	2575	2083	1598	88163060	131	17	1134000
21	Maharashtra	5962	1030	1150	847	23950623	1045	135	122500
22	Manipur	92	73	17	18	195000		1	40000
23	Meghalaya	133	2	1	1	0	0	0	0
24	Mizoram	101	11	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0	0	0
26	Odisha	702	183	61	97	803600	11	0	0
27	Puducherry	5	5	22	20	142000	0	0	
28	Punjab	7083	1394	1939	893	26763330	106	35	354000
29	Rajasthan	6455	1834	903	174	3694320	73	0	0
30	Sikkim	16		0	0	0	0	0	0
31	Tamil Nadu	10528	3155	1779	1390	16712500	857	351	7377500
32	Telangana	1680	135	111	67	311000	14		
33	Tripura	33	8	0	0	0	0	0	0
34	Uttar Pradesh	21193	12568	14575	8881	335465100	1787	133	1877800
35	Uttarakhand	1211	267	142	111	1284000	0	0	0
36	West Bengal	1781	310	58	80	1543000	9	1	33000
	Total	118775	29192	27412	16881	577739054	4681	821	16107305

Appendix - XVI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 2925
TO BE ANSWERED ON 12TH MARCH, 2021

REGULATIONS ON E-PHARMACIES IN INDIA

2925. SHRI JAGDAMBIKA PAL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) Whether the Government proposes to regulate the e-pharmacies in India;

(b) if so, the details thereof and the steps taken by the Government in this regard;;

(b) Whether the Government has any timeline by which the rules for regulation of e-pharmacies would be notified, if so, the details thereof; and

(c) Whether there are any estimates on business / number and size of transactions on e-pharmacies in India and if so, the details thereof?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (c): In order to regulate the online sale of medicines comprehensively, the Government published draft rules vide G.S.R. 817 (E) dated 28th August 2018 for inviting comments from public/stakeholders for amendment to the Drugs and Cosmetics Rules, 1945 for incorporating provisions relating to regulation of sale and distribution of drugs through e-pharmacy.

The draft rules contain provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, procedure for distribution or sale of drugs through e-pharmacy, prohibition of advertisement of drugs through e-pharmacy, complaint redressal mechanism, monitoring of e-pharmacy, etc.

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 2954
TO BE ANSWERED ON 12TH MARCH, 2021

VACANT POST IN CENTRAL HEALTH INSTITUTES

2954. SHRI GANESH SINGH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the details of the sanctioned posts, filled up posts, shortfall and backlog vacancies w.e.f. 08.09.1993 to 15.02.2021 in various hospitals and central institutes of medicine under the Government, including AIIMS, category-wise including OBC;

(b) the number of students belonging to reserved and unreserved category, including OBC, given admission in various courses in central institutes of medicine, medical colleges and hospitals during the period mentioned above, category-wise, including OBC;

(c) whether the Government has conducted any review meeting at central level to look at the reasons of such shortfall and backlog vacancies of OBC and for filling the vacancies through a time-bound method of recruitment, if so, the details thereof;

(d) whether the Government has developed any monitoring mechanism to ensure the filling up of vacant posts and if so, the details thereof; and

(e) the time by when such backlog vacancies of reserved category are likely to be filled?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(a): The details of sanctioned posts, filled up posts, shortfall and backlog vacancies category-wise in various hospitals and central health institutes is being collected.

(b): The details of number of students category-wise given admission in various courses in hospitals and central health institutes is being collected.

(c) to (e): Every Institute under Government of India is required to designate an Officer at least of rank of Deputy Secretary, as Liaison Officer, to ensure due compliance of the orders and instructions pertaining to reservation admissible to SCs, STs and OBCs. Further, they are also required to set up a Cell under direct control of the Liaison Officer to assist her/him in discharge of duties. Accordingly, a Liaison Officer along with a Cell is functioning in this Ministry.

The filling up of vacancies along with backlog reserved vacancies is a continuous process depending on the vacancies arising in various cadres of Central Health Institutes and the response thereto. The vacant posts are filled after following all the relevant guidelines and instructions issued by Department of Personnel & Training from time to time.

Appendix - XVIII

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
STARRED QUESTION NO. 345
TO BE ANSWERED ON THE 19TH MARCH, 2021
SCHEME FOR THALASSEMIA PATIENTS

***345. SHRI KAUSHAL KISHORE:**
SHRIMATI MANEKA SANJAY GANDHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Thalassemia patients in the country and the number, out of them, being children under the age of 12, State/UT-wise and particularly in Udaipur district, Rajasthan;

(b) whether the Government has drafted any scheme for Thalassemia patients and if so, the details thereof;

(c) the measures being taken by the Government to assist low income Thalassemia patients who cannot afford the treatment;

(d) whether the Government proposes to regulate or reduce prices of expensive Thalassemia drugs or medicines; and

(e) if so, the details thereof?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR. HARSH VARDHAN)

(a) to (e) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.345* FOR 19TH MARCH, 2021

(a) Thalassemia is one of the inherited disorders of red blood cells. As per the information received from ICMR, Thalassemia is the commonest genetic disorder in India. The prevalence of β-Thalassemia carrier varies from 1 to 17% in different population groups with an overall prevalence of 3-4%. It is estimated that almost 8,000 to 10,000 children are born with Thalassemia every year[1]. Details of patients suffering from Thalassemia, State/UT wise are not maintained centrally. As per the Information received from state of Rajasthan, there are 296 registered patients of Thalassemia in Udaipur district and out of them, 256 are under the age of 12.

(b) & (c) Public Health and Hospitals being a state Subject,the primary responsibility of management of Thalassemia including initiation of schemes for thalassemia patients lies with the respective State Governments. However, under National Health Mission (NHM), support is being provided to States/UTs to strengthen their healthcare system including support for prevention and management of Thalassemia at public healthcare facilities, including for low income patients, based on the proposals submitted by the States/UTs in their Programme Implementation Plans.

Under NHM, *Comprehensive Guidelines on Prevention and Control of Hemoglobinopathies in India - Thalassemia & Sickle cell Disease and other variant Hemoglobins* (2016) had been shared with States/UTs to assist the States for management of Haemoglobinopathies including Thalassemia. This includes guidelines for prevention and management of Thalassemia affected children. Support is provided to States under NHM for blood transfusion therapy with packed red blood cells (pRBCs) and Iron chelation.

Under NHM, 1,074 blood banks and 1,699 blood storages have been made operational, which provide blood services including packed red blood cells, free of cost including for Thalassemic patients. Further, 171 Integrated centers for Hemoglobinopathies & Haemophilia (ICHH) Centres have been established in District Hospitals in high prevalence areas of the country to provide treatment.

(d) & (e) The National Pharmaceutical Pricing Authority (NPPA) has the mandate to fix the ceiling price of scheduled medicines specified in the first schedule of the Drugs (Prices Control) Order, 2013 (DPCO) in accordance with the provisions of the DPCO. All manufacturers of scheduled medicines (branded or generic) have to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by the NPPA. A manufacturer is at liberty to fix the maximum retail price of a non-scheduled formulation (branded or generic launched by it. However, as per the DPCO, NPPA

monitors that the manufacturers of non-scheduled formulations do not increase the maximum retail price of such formulations by more than 10% per annum.

As per the guidelines, the three drugs used for Iron Chelation towards management of Thalassemia are Desferrioxamine, Deferiprone and Deferasirox. The medicine - Desferrioxamine powder for injection 500 mg is a scheduled formulation under DPCO 2013 and its ceiling price has been fixed. The detail of price notification is available on the website of the NPPA i.e. www.nppaindia@nic.in

Further, under NHM, States/UTs are supported for provision of three Iron-chelation drugs viz Desferrioxamine, Deferiprone and Deferasirox at Public Health Facilities.

[1] *Reference: R. Colah, A.Gorakshakar, Anita Nadkarni, et al Regional heterogeneity of thalassaemia mutations in the multi ethnic India population. Blood, Cells and Molecular Disease (2009) 242(3):241*

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(Q.345)

SHRIMATI MANEKA SANJAY GANDHI: Under Vajpayee Ji's premiership, thalassemia was recognized by the Social Justice Ministry as a disability. When something is recognized as a disability, it carries its own compulsions. For instance, for physical disability you have ALIMCO providing free handicapped tools, legs, chairs, arms, for the teeth, for the ears, but for thalassemia, what has been done after it has been recognized as a disability? Have free blood banks been provided for *thalassemic* patients? Have there been camps in which *thalassemic* patients are registered? What exactly has been done to recognize and to fulfil the responsibilities that come under the word 'disability' for *thalassemic* patients?

डॉ. हर्ष वर्धन: माननीय सभापति महोदया, माननीय सदस्या के सवाल का जो उत्तर है, उसमें काफी विस्तार से उल्लेख किया गया है। थैलिसिमिक बच्चे सरकार की मोस्ट इम्पॉर्टेंट इश्युज में से एक हैं। पूरे देश में ब्लड बैंकिंग का नेटवर्क है, उसमें भी जो सारी चीजों को इंटिग्रेट किया गया है, उसके माध्यम से ऐसे बच्चों की मुख्य रूप से तीन तरह की जरूरतें होती हैं। एक तो प्रिवेंशन की दृष्टि से स्क्रीनिंग का इश्यु आता है, जिसके लिए कॉलेजेज में या दूसरे स्थानों पर कई कैम्प्स लगाकर स्क्रीनिंग की जाती है, लोगों को गाइडेंस दी जाती है। प्रिकंसेप्शन मैरिज में काउंसिलिंग्स आदि की जाती है, वह एक अलग अस्पेक्ट है। लेकिन जो बच्चे थैलिसिमिक हैं, कैरियर हैं या जिनमें पूरी तरह से थैलिसिमिया डेवलप हो गया है, उनके लिए ब्लड ट्रांसफ्यूज़न है या ड्रग्स हैं, जो आयरन किलेशन वगैरह के लिए इस्तेमाल होती है।

जो एक्सट्रीम केसेज होते हैं, उनमें बोनमैरो ट्रांसप्लांट वगैरह की जरूरत होती है। ये सारी चीजें हमारी सुविधाओं पर निर्भर हैं। पहली बात कि ये नि:शुल्क उपलब्ध होती हैं। चूंकि बोनमैरो ट्रांसप्लांट में ज्यादा पैसे खर्च होते हैं, तो इसके लिए राष्ट्रीय आरोग्य निधि के माध्यम से ऐसे

मरीजों की हेल्प की जा सकती है या हमने स्टेट्स को भी यह सुविधा दी है कि वे अपने-अपने स्टेट्स में स्टेट इल्नेस फण्ड क्रिएट करें, जिसमें यदि वे 50 प्रतिशत राशि लगाते हैं, तो शेष 50 प्रतिशत राशि भारत सरकार हेल्प करती है।

इसके साथ-साथ, कॉरपोरेट वर्ल्ड के साथ मिलकर भी, प्राइवेट अस्पतालों में भी, जहाँ बोनमैरो ट्रांसप्लांट्स होते हैं, वे लोग पूरी तरह से उनके खर्च को सपोर्ट करते हैं। इसमें कोल इंडिया जैसे पीएसयूज बहुत ही एग्रेसिवली काम कर रहे हैं।

इसलिए मल्टिपल लेवल पर थैलिसिमिक बच्चों के लिए प्रिवेंशन की दृष्टि से, ट्रीटमेंट की दृष्टि से हम लोग पूरे हृदय और आत्मा के साथ काम करते हैं। इसके लिए सरकार का पूरा कमिटमेंट है।

HON. CHAIRPERSON : Second supplementary question.

SHRIMATI MANEKA SANJAY GANDHI: The *thalassemic* patients require blood transplants every three weeks or even less. There is no provision at all for blood for poor people. The Prime Minister's Relief Fund which is given for medical emergencies and the Chief Minister's Relief Fund of all States does not cater to *thalassemics at all. It caters for one-time operation. A thalassemic person* needs money for whole blood transplant every few weeks and there is absolutely no money. Now, I would suggest that either we allow *every thalassemic patient to get the Ayushman Bharat Card, so that their blood transplants can come free within that stipulated sum of Rs. 5 lakh a year or you will have to a make a special provision that if a person has a Card saying that he is thalassemic, then he is given priority and given blood regularly. At the moment, it is all very well to have screening camps of whether they are thalassemic or they are carriers, but that does not solve the problem. That is*

only the beginning of the problem. For example, I am thalassemic and you diagnose me free, then what after that? Then my whole life you will have to look after me. So, what is being done? There is no point saying you are getting corporates to do it because corporates do not do anything with thalassemia. What is being done for the thalassemics that come to the hospital, for example Sultanpur district hospital, and do not find blood? During the COVID time, when people were not giving blood, there was a huge problem for people suffering from thalassemia.

डॉ. हर्ष वर्धन: मैं माननीय सदस्य को बताना चाहूंगा, she is a very learned Member of the House and a former Minister also. She had been a Minister in Atal ji's Government also. मैंने अपने आंसर में भी बताया है कि सबसे बेसिक चीज़ है कि उनको रेग्युलर ब्लड ट्रांसफ्यूज़न की जरूरत होती है। इन सब बच्चों को पूरे देश में, हमारे सभी सरकारी ब्लड बैंक्स में ब्लड फ्री-ऑफ-कॉस्ट मिलता है। इनको दवाइयां भी मिलती हैं। कोविड के टाइम में मैंने इसे पर्सनली मॉनिटर किया है, जब ब्लड की जनरली शॉर्टेज थी, we made specific arrangements to ensure that not a single thalassaemic patient is deprived of blood during the COVID-19 time. Even voluntary blood donation को भी स्ट्रेन्थेन करने के लिए इंडियन रेड क्रॉस सोसायटी या दूसरे सिस्टम्स के माध्यम से हमने वॉलेंट्री ब्लड डोनर्स के घर में पूरी व्यवस्था भेजकर वहां से भी ब्लड कलेक्ट किया है, ताकि एक भी बच्चा इलाज से रह न जाए। जहां तक कॉरपोरेट की बात है, that was the last thing that I said, जिनको मान लीजिए, when we are talking about thalassemia, I am talking in general about other blood disorders also where one may require a bone marrow transplant. इसमें पीएसयूज़, रैन – राष्ट्रीय आरोग्य निधि, स्टेट्स के इलनेस असिस्टेंस फंड्स हैं। अल्टीमेटली इन सारे तरीकों से जिनको बोन-मैरो ट्रांसप्लांट की जरूरत है,

लेकिन वह कॉस्टली है, उनको भी फाइनेंशियली सपोर्ट किया जा सकता है । अगर माननीय सदस्य की तरफ से स्पेसिफिक्स में कोई और सजेशन आता है, तो we are willing to take forward any good suggestion given by any Member in this House. ...(*Interruptions*) As regards your suggestion, we will look at it. I will pose that suggestion to the Governing Body of the ICMR and NHA.

श्री श्याम सिंह यादव: सभापति महोदया, आपका धन्यवाद।

मैं आपके माध्यम से माननीय मंत्री जी से पूछना चाहता हूं कि जो गरीब लोग हैं, जो बीमार हैं, उन्हें पीएम रिलीफ फंड से मदद दी जाती है, उसके लिए एक साल में **35** पेशेंट्स का कोटा फिक्स किया हुआ है । मैं जानना चाहूंगा कि क्या माननीय मंत्री जी इस **35** की संख्या को अनलिमिटेड करेंगे? ...(व्यवधान) क्या माननीय मंत्री जी इस 35 की संख्या को बढ़ाने के लिए कुछ सोचेंगे? ...(व्यवधान) हम लोग यह रोज महसूस करते हैं कि 35 पेशेंट्स की संख्या तो चार-छः महीने में पूरी हो जाती है, लेकिन जो अन्य बीमार लोग हमारे पास मदद के लिए आते हैं, जो दवा अफॉर्ड नहीं कर सकते हैं, हम उनके सामने बड़े असहज होते हैं, बहुत लाचार होते हैं । ...(व्यवधान) हम उनकी मदद नहीं कर पाते हैं । ...(व्यवधान) क्या माननीय मंत्री जी इस दिशा में विचार करेंगे कि 35 पेशेंट्स के इस कोटे को खत्म कर के जितने लोग हों, उन्हें हम मदद कर सकें? अगर आप सबके लिए फ्री नहीं कर सकते, तो कम से कम 35 की इस संख्या को 100 कर दीजिए। धन्यवाद।

DR. HARSH VARDHAN: We will certainly get your suggestion examined.

श्री मनोज कोटक: सभापति महोदया, धन्यवाद । आपने मुझे थैलीसीमिया के इस विषय पर सवाल पूछने का मौका दिया । इसमें ब्लड ट्रांसफ्यूज़न इन्वॉल्वड है । यह बड़े गंभीर तरीके से आर्थिक रूप से भी पेशेंट्स पर भार डालने वाला है । मैं सरकार का और माननीय प्रधान मंत्री जी का अभिनंदन करूंगा कि माननीय मंत्री जी ने अपने उत्तर में यह कहा कि 1,074 ब्लड बैंक्स और 1,699 रक्त भंडार का प्रावधान किया गया है।

मेरा प्रश्न है कि यह एक अनुवांषिक – हेरिडिट्री बीमारी है। Prevention is better than cure. अतः इसको प्रिवेंट करने के लिए सरकार ने क्या कदम उठाए हैं, माननीय मंत्री जी कृपया इसकी जानकारी दें।

डॉ. हर्ष वर्धन: अभी आपने जो प्रश्न किया, उसी में आपके अपने प्रश्न का उत्तर दिया है। आपने खुद ही बताया है कि कितने बड़े लेवल पर हम लोगों ने देश में ब्लड बैंक्स, इनका नेटवर्क और इनका इंट्रीग्रेशन इस्टैब्लिश किया।

जैसा कि मैंने बेसिकली अपने उत्तर में ही कहा कि एक तरफ प्रिवेंशन की दृष्टि से, हमें जो भी स्क्रीनिंग करनी है, एजुकेशन देनी है, जिस तरह जन्म कुंडली होती है, हम तो कहते हैं कि लोगों की रक्त कुंडली के विषय को भी आप सबके माध्यम से प्रचारित करना चाहिए। अगर हम इसे सोसायटल मूवमेंट बना दें और दो लोगों के बीच में विवाह होने से पहले अगर उनकी ठीक प्रकार से, इस दृष्टि से भी स्क्रीनिंग की जाए और उनको एडवाइस दी जाए, ताकि उनके बच्चे आने वाले समय में इसके कैरियर न हों या उनमें यह बीमारी न विकसित हो, यही हमारा बहुत बड़ा कॉन्ट्रिब्यूशन हो सकता है। जैसे-जैसे उनको जो-जो तकलीफ होती है, मैं आपको बताऊं कि मैंने शुरू में आपसे कहा कि नैशनल हैल्थ मिशन के माध्यम से सब प्रकार की, ये जितनी भी बीमारियां हैं, इनमें हम स्टेट गवर्नमेंट्स को आगे इंप्लिमेंट करने के लिए हैल्थ फैसिलिटीज़ के ऊपर ध्यान देते हैं।

महोदया, अभी हिमोग्लोबीनोपैथीस इन्क्लूडिंग थैलीसीमिया के लिए वर्ष 2018-19 में 11.54 करोड़ रुपया दिया गया और वर्ष 2019-20 में करीब 20.10 करोड़ रुपये और वर्ष 2020-21 में 15.15 करोड़ रुपये दिए गए। Specific to this, हर एक बीमारी के लिए सुविधा देने के लिए नेशनल मिशन द्वारा हम स्टेट गवर्नमेंट को उनके द्वारा बनाए गए प्लान के तहत सपोर्ट करते हैं। थैलीसीमिया, हिमोग्लोबीनोपैथीस उसका एक इम्पोर्टेंट कम्पोनेंट है।

HON. CHAIRPERSON : Q. No.346.

Shri Ravneet Singh.

Appendix - XIX

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
STARRED QUESTION NO. 345
TO BE ANSWERED ON THE 19TH MARCH, 2021
SCHEME FOR THALASSEMIA PATIENTS

***345. SHRI KAUSHAL KISHORE:**
SHRIMATI MANEKA SANJAY GANDHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Thalassemia patients in the country and the number, out of them, being children under the age of 12, State/UT-wise and particularly in Udaipur district, Rajasthan;

(b) whether the Government has drafted any scheme for Thalassemia patients and if so, the details thereof;

(c) the measures being taken by the Government to assist low income Thalassemia patients who cannot afford the treatment;

(d) whether the Government proposes to regulate or reduce prices of expensive Thalassemia drugs or medicines; and

(e) if so, the details thereof?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR. HARSH VARDHAN)

(a) to (e) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.345* FOR 19TH MARCH, 2021

(a) Thalassemia is one of the inherited disorders of red blood cells. As per the information received from ICMR, Thalassemia is the commonest genetic disorder in India. The prevalence of β-Thalassemia carrier varies from 1 to 17% in different population groups with an overall prevalence of 3-4%. It is estimated that almost 8,000 to 10,000 children are born with Thalassemia every year[1]. Details of patients suffering from Thalassemia, State/UT wise are not maintained centrally. As per the Information received from state of Rajasthan, there are 296 registered patients of Thalassemia in Udaipur district and out of them, 256 are under the age of 12.

(b) & (c) Public Health and Hospitals being a state Subject,the primary responsibility of management of Thalassemia including initiation of schemes for thalassemia patients lies with the respective State Governments. However, under National Health Mission (NHM), support is being provided to States/UTs to strengthen their healthcare system including support for prevention and management of Thalassemia at public healthcare facilities, including for low income patients, based on the proposals submitted by the States/UTs in their Programme Implementation Plans.

Under NHM, *Comprehensive Guidelines on Prevention and Control of Hemoglobinopathies in India - Thalassemia & Sickle cell Disease and other variant Hemoglobins* (2016) had been shared with States/UTs to assist the States for management of Haemoglobinopathies including Thalassemia. This includes guidelines for prevention and management of Thalassemia affected children. Support is provided to States under NHM for blood transfusion therapy with packed red blood cells (pRBCs) and Iron chelation.

Under NHM, 1,074 blood banks and 1,699 blood storages have been made operational, which provide blood services including packed red blood cells, free of cost including for Thalassemic patients. Further, 171 Integrated centers for Hemoglobinopathies & Haemophilia (ICHH) Centres have been established in District Hospitals in high prevalence areas of the country to provide treatment.

(d) & (e) The National Pharmaceutical Pricing Authority (NPPA) has the mandate to fix the ceiling price of scheduled medicines specified in the first schedule of the Drugs (Prices Control) Order, 2013 (DPCO) in accordance with the provisions of the DPCO. All manufacturers of scheduled medicines (branded or generic) have to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by the NPPA. A manufacturer is at liberty to fix the maximum retail price of a non-scheduled formulation (branded or generic launched by it. However, as per the DPCO, NPPA

monitors that the manufacturers of non-scheduled formulations do not increase the maximum retail price of such formulations by more than 10% per annum.

As per the guidelines, the three drugs used for Iron Chelation towards management of Thalassemia are Desferrioxamine, Deferiprone and Deferasirox. The medicine - Desferrioxamine powder for injection 500 mg is a scheduled formulation under DPCO 2013 and its ceiling price has been fixed. The detail of price notification is available on the website of the NPPA i.e. www.nppaindia@nic.in

Further, under NHM, States/UTs are supported for provision of three Iron-chelation drugs viz Desferrioxamine, Deferiprone and Deferasirox at Public Health Facilities.

[1] *Reference: R. Colah, A.Gorakshakar, Anita Nadkarni, et al Regional heterogeneity of thalassaemia mutations in the multi ethnic India population. Blood, Cells and Molecular Disease (2009) 242(3):241*

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(Q.345)

SHRIMATI MANEKA SANJAY GANDHI: Under Vajpayee Ji's premiership, thalassemia was recognized by the Social Justice Ministry as a disability. When something is recognized as a disability, it carries its own compulsions. For instance, for physical disability you have ALIMCO providing free handicapped tools, legs, chairs, arms, for the teeth, for the ears, but for thalassemia, what has been done after it has been recognized as a disability? Have free blood banks been provided for *thalassemic* patients? Have there been camps in which *thalassemic* patients are registered? What exactly has been done to recognize and to fulfil the responsibilities that come under the word 'disability' for *thalassemic* patients?

डॉ. हर्ष वर्धन: माननीय सभापति महोदया, माननीय सदस्या के सवाल का जो उत्तर है, उसमें काफी विस्तार से उल्लेख किया गया है। थैलिसिमिक बच्चे सरकार की मोस्ट इम्पॉर्टेंट इश्युज में से एक हैं। पूरे देश में ब्लड बैंकिंग का नेटवर्क है, उसमें भी जो सारी चीजों को इंटिग्रेट किया गया है, उसके माध्यम से ऐसे बच्चों की मुख्य रूप से तीन तरह की जरूरतें होती हैं। एक तो प्रिवेंशन की दृष्टि से स्क्रीनिंग का इश्यु आता है, जिसके लिए कॉलेजेज में या दूसरे स्थानों पर कई कैम्प्स लगाकर स्क्रीनिंग की जाती है, लोगों को गाइडेंस दी जाती है। प्रिकंसेप्शन मैरिज में काउंसिलिंग्स आदि की जाती है, वह एक अलग अस्पेक्ट है। लेकिन जो बच्चे थैलिसिमिक हैं, कैरियर हैं या जिनमें पूरी तरह से थैलिसिमिया डेवलप हो गया है, उनके लिए ब्लड ट्रांसफ्यूज़न है या ड्रग्स हैं, जो आयरन किलेशन वगैरह के लिए इस्तेमाल होती हैं।

जो एक्सट्रीम केसेज होते हैं, उनमें बोनमैरो ट्रांसप्लांट वगैरह की जरूरत होती है। ये सारी चीजें हमारी सुविधाओं पर निर्भर हैं। पहली बात कि ये नि:शुल्क उपलब्ध होती हैं। चूंकि बोनमैरो ट्रांसप्लांट में ज्यादा पैसे खर्च होते हैं, तो इसके लिए राष्ट्रीय आरोग्य निधि के माध्यम से ऐसे

मरीजों की हेल्प की जा सकती है या हमने स्टेट्स को भी यह सुविधा दी है कि वे अपने-अपने स्टेट्स में स्टेट इल्नेस फण्ड क्रिएट करें, जिसमें यदि वे 50 प्रतिशत राशि लगाते हैं, तो शेष 50 प्रतिशत राशि भारत सरकार हेल्प करती है।

इसके साथ-साथ, कॉरपोरेट वर्ल्ड के साथ मिलकर भी, प्राइवेट अस्पतालों में भी, जहाँ बोनमैरो ट्रांसप्लांट्स होते हैं, वे लोग पूरी तरह से उनके खर्चे को सपोर्ट करते हैं। इसमें कोल इंडिया जैसे पीएसयूज बहुत ही एग्रेसिवली काम कर रहे हैं।

इसलिए मल्टिपल लेवल पर थैलिसिमिक बच्चों के लिए प्रिवेंशन की दृष्टि से, ट्रीटमेंट की दृष्टि से हम लोग पूरे हृदय और आत्मा के साथ काम करते हैं। इसके लिए सरकार का पूरा कमिटमेंट है।

HON. CHAIRPERSON : Second supplementary question.

SHRIMATI MANEKA SANJAY GANDHI: The *thalassemic* patients require blood transplants every three weeks or even less. There is no provision at all for blood for poor people. The Prime Minister's Relief Fund which is given for medical emergencies and the Chief Minister's Relief Fund of all States does not cater to *thalassemics at all. It caters for one-time operation. A thalassemic person* needs money for whole blood transplant every few weeks and there is absolutely no money. Now, I would suggest that either we allow *every thalassemic patient to get the Ayushman Bharat Card, so that their blood transplants can come free within that stipulated sum of Rs. 5 lakh a year or you will have to a make a special provision that if a person has a Card saying that he is thalassemic, then he is given priority and given blood regularly. At the moment, it is all very well to have screening camps of whether they are thalassemic or they are carriers, but that does not solve the problem. That is*

only the beginning of the problem. For example, I am thalassemic and you diagnose me free, then what after that? Then my whole life you will have to look after me. So, what is being done? There is no point saying you are getting corporates to do it because corporates do not do anything with thalassemia. What is being done for the thalassemics that come to the hospital, for example Sultanpur district hospital, and do not find blood? During the COVID time, when people were not giving blood, there was a huge problem for people suffering from thalassemia.

डॉ. हर्ष वर्धन: मैं माननीय सदस्य को बताना चाहूंगा, she is a very learned Member of the House and a former Minister also. She had been a Minister in Atal ji's Government also. मैंने अपने आंसर में भी बताया है कि सबसे बेसिक चीज़ है कि उनको रेग्युलर ब्लड ट्रांसफ्यूज़न की जरूरत होती है। इन सब बच्चों को पूरे देश में, हमारे सभी सरकारी ब्लड बैंक्स में ब्लड फ्री-ऑफ-कॉस्ट मिलता है। इनको दवाइयां भी मिलती हैं। कोविड के टाइम में मैंने इसे पर्सनली मॉनिटर किया है, जब ब्लड की जनरली शॉर्टेज थी, we made specific arrangements to ensure that not a single thalassaemic patient is deprived of blood during the COVID-19 time. Even voluntary blood donation को भी स्ट्रेन्देन करने के लिए इंडियन रेड क्रॉस सोसायटी या दूसरे सिस्टम्स के माध्यम से हमने वॉलेंट्री ब्लड डोनर्स के घर में पूरी व्यवस्था भेजकर वहां से भी ब्लड कलेक्ट किया है, ताकि एक भी बच्चा इलाज से रह न जाए। जहां तक कॉरपोरेट की बात है, that was the last thing that I said, जिनको मान लीजिए, when we are talking about thalassemia, I am talking in general about other blood disorders also where one may require a bone marrow transplant. इसमें पीएसयूज़, रैन – राष्ट्रीय आरोग्य निधि, स्टेट्स के इलनेस असिस्टेंस फंड्स हैं। अल्टीमेटली इन सारे तरीकों से जिनको बोन-मैरो ट्रांसप्लांट की जरूरत है,

लेकिन वह कॉस्टली है, उनको भी फाइनेंशियली सपोर्ट किया जा सकता है । अगर माननीय सदस्य की तरफ से स्पेसिफिक्स में कोई और सजेशन आता है, तो we are willing to take forward any good suggestion given by any Member in this House. ...(*Interruptions*) As regards your suggestion, we will look at it. I will pose that suggestion to the Governing Body of the ICMR and NHA.

श्री श्याम सिंह यादव: सभापति महोदया, आपका धन्यवाद ।

मैं आपके माध्यम से माननीय मंत्री जी से पूछना चाहता हूं कि जो गरीब लोग हैं, जो बीमार हैं, उन्हें पीएम रिलीफ फंड से मदद दी जाती है, उसके लिए एक साल में **35** पेशेंट्स का कोटा फिक्स किया हुआ है । मैं जानना चाहूंगा कि क्या माननीय मंत्री जी इस **35** की संख्या को अनलिमिटेड करेंगे? ...(व्यवधान) क्या माननीय मंत्री जी इस 35 की संख्या को बढ़ाने के लिए कुछ सोचेंगे? ...(व्यवधान) हम लोग यह रोज महसूस करते हैं कि 35 पेशेंट्स की संख्या तो चार-छ: महीने में पूरी हो जाती है, लेकिन जो अन्य बीमार लोग हमारे पास मदद के लिए आते हैं, जो दवा अफॉर्ड नहीं कर सकते हैं, हम उनके सामने बड़े असहज होते हैं, बहुत लाचार होते हैं । ...(व्यवधान) हम उनकी मदद नहीं कर पाते हैं । ...(व्यवधान) क्या माननीय मंत्री जी इस दिशा में विचार करेंगे कि 35 पेशेंट्स के इस कोटे को खत्म कर के जितने लोग हों, उन्हें हम मदद कर सकें? अगर आप सबके लिए फ्री नहीं कर सकते, तो कम से कम 35 की इस संख्या को 100 कर दीजिए । धन्यवाद ।

DR. HARSH VARDHAN: We will certainly get your suggestion examined.

श्री मनोज कोटक: सभापति महोदया, धन्यवाद । आपने मुझे थैलीसीमिया के इस विषय पर सवाल पूछने का मौका दिया । इसमें ब्लड ट्रांसफ्यूज़न इन्वॉल्वड है । यह बड़े गंभीर तरीके से आर्थिक रूप से भी पेशेंट्स पर भार डालने वाला है । मैं सरकार का और माननीय प्रधान मंत्री जी का अभिनंदन करूंगा कि माननीय मंत्री जी ने अपने उत्तर में यह कहा कि 1,074 ब्लड बैंक्स और 1,699 रक्त भंडार का प्रावधान किया गया है ।

मेरा प्रश्न है कि यह एक अनुवांषिक – हैरिडिट्री बीमारी है। Prevention is better than cure. अत: इसको प्रिवेंट करने के लिए सरकार ने क्या कदम उठाए हैं, माननीय मंत्री जी कृपया इसकी जानकारी दें।

डॉ. हर्ष वर्धन: अभी आपने जो प्रश्न किया, उसी में आपके अपने प्रश्न का उत्तर दिया है। आपने खुद ही बताया है कि कितने बड़े लेवल पर हम लोगों ने देश में ब्लड बैंक्स, इनका नेटवर्क और इनका इंट्रीग्रेशन इस्टैब्लिश किया।

जैसा कि मैंने बेसिकली अपने उत्तर में ही कहा कि एक तरफ प्रिवेंशन की दृष्टि से, हमें जो भी स्क्रीनिंग करनी है, एजुकेशन देनी है, जिस तरह जन्म कुंडली होती है, हम तो कहते हैं कि लोगों की रक्त कुंडली के विषय को भी आप सबके माध्यम से प्रचारित करना चाहिए। अगर हम इसे सोसायटल मूवमेंट बना दें और दो लोगों के बीच में विवाह होने से पहले अगर उनकी ठीक प्रकार से, इस दृष्टि से भी स्क्रीनिंग की जाए और उनको एडवाइस दी जाए, ताकि उनके बच्चे आने वाले समय में इसके कैरियर न हों या उनमें यह बीमारी न विकसित हो, यही हमारा बहुत बड़ा कॉन्ट्रिब्यूशन हो सकता है। जैसे-जैसे उनको जो-जो तकलीफ होती है, मैं आपको बताऊं कि मैंने शुरू में आपसे कहा कि नैशनल हैल्थ मिशन के माध्यम से सब प्रकार की, ये जितनी भी बीमारियां हैं, इनमें हम स्टेट गवर्नमेंट्स को आगे इंप्लिमेंट करने के लिए हैल्थ फैसिलिटीज़ के ऊपर ध्यान देते हैं।

महोदया, अभी हिमोग्लोबीनोपैथीस इन्क्लूडिंग थैलीसीमिया के लिए वर्ष 2018-19 में 11.54 करोड़ रुपया दिया गया और वर्ष 2019-20 में करीब 20.10 करोड़ रुपये और वर्ष 2020-21 में 15.15 करोड़ रुपये दिए गए। Specific to this, हर एक बीमारी के लिए सुविधा देने के लिए नेशनल मिशन द्वारा हम स्टेट गवर्नमेंट को उनके द्वारा बनाए गए प्लान के तहत सपोर्ट करते हैं। थैलीसीमिया, हिमोग्लोबीनोपैथीस उसका एक इम्पोर्टेंट कम्पोनेंट है।

HON. CHAIRPERSON : Q. No.346.

Shri Ravneet Singh.

Appendix-XX

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 4098
TO BE ANSWERED ON 19TH MARCH, 2021

PASSIVE EUTHANASIA

4098. SHRI BHARTRUHARI MAHTAB:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Expert Committee constituted to examine the issue of euthanasia, has submitted its report;

(b) if so, the main recommendations of the Committee;

(c) whether the Government has accepted the recommendations of the Committee;

(d) if so, the details along with the implementation status thereof;

(e) the number of requests/representations received by the Government for euthanasia across the country during each of the last three years and the current year along with the action taken/being taken thereon;

(f) whether the Government proposes to enact a legislation to allow passive euthanasia in the country; and

(g) if so, the details thereof along with the time by which it is likely to be enacted?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (g): The Expert Committee constituted under Ministry of Health and Family Welfare to discuss the issue of enabling legislation to regulate Euthanasia in the country has not yet submitted its recommendation to the Government. Further action depends on the recommendation of the Committee.

No such data in respect of requests/representations received for euthanasia is maintained centrally.

-Appendix-XXI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 4105
TO BE ANSWERED ON 19TH MARCH, 2021

MATERNAL MORTALITY RATE

4105. SHRIMATI SAJDA AHMED:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the details and number of maternal mortality cases reported in the country during the last three years, State/UT-wise;

(b) whether the Government has conducted any study/survey to ascertain the factors responsible for maternal mortality in the country and if so, the details thereof,

(c) whether the Government is also examining the issue of determining age of motherhood towards reducing the Maternal Mortality Rate (MMR) in the country; and

(d) if so, the details thereof?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a): The state and UT wise details of maternal mortality cases in the country during last 3 year period as per Health Management Information System are placed in Annexure.

(b): A study titled "Maternal Mortality in India: 2001-2003 trends, causes and risk factors" has been undertaken by the Registrar General of India- Sample Registration System.

The major factors responsible for Maternal Mortality as identified in the above mentioned study relates to : haemorrhage (38%), sepsis (11%), hypertensive disorders (5%), obstructed labour (5%), abortion (8%) and other Conditions (34%).

(c) & (d): Government of India has set up a Task Force to examine matters pertaining to age of motherhood, imperatives of lowering MMR etc. through a notification dated 4th June 2020. It comprises of representatives from the concerned ministries, NITI Aayog and other organizations.

ANNEXURE

State/UT wise details of maternal deaths reported during last 3 years

State/UTs wise details of Maternal Deaths reported during last 3years period				
S.No	States/UTs	2017-18	2018-19	2019-20
	India	21,538	20,069	19,283
1	A & N Islands	11	7	5
2	Andhra Pradesh	640	474	392
3	Arunachal Pradesh	12	5	13
4	Assam	1,142	1,031	1,009
5	Bihar	1,428	1,105	1,043
6	Chandigarh	6	15	31
7	Chhattisgarh	643	562	642
8	Dadra & Nagar Haveli	10	10	6
9	Daman & Diu	1	1	0
10	Delhi	517	572	484
11	Goa	16	12	7
12	Gujarat	976	919	930
13	Haryana	416	604	604
14	Himachal Pradesh	56	79	55
15	Jammu & Kashmir	112	79	90
16	Jharkhand	904	757	786
17	Karnataka	788	657	724
18	Kerala	258	150	122
19	Lakshadweep	0	0	1
20	Madhya Pradesh	1,886	2,003	2,104
21	Maharashtra	1,250	1,265	1,336
22	Manipur	23	12	35
23	Meghalaya	197	164	174
24	Mizoram	19	26	13
25	Nagaland	30	18	22
26	Odisha	932	596	631
27	Puducherry	29	22	11
28	Punjab	558	462	376
29	Rajasthan	1,213	1,339	1,333
30	Sikkim	9	11	15
31	Tamil Nadu	683	558	499
32	Telangana	372	389	427
33	Tripura	68	37	47
34	Uttar Pradesh	4,990	4,809	4,154
35	Uttarakhand	172	180	175
36	West Bengal	1,171	1,139	987

* Source Health Management Information System

Appendix -XXII

MINUTES

COMMITTEE ON GOVERNMENT ASSURANCES
(2021-2022)
(SEVENTEENTH LOK SABHA)
THIRTEENTH SITTING
(07.10.2022)

The Committee sat from 1430 hours to 1545 hours in Committee Room No. 'D', Parliament House Annexe, New Delhi.

PRESENT

Shri Rajendra Agrawal - **Chairperson**

MEMBERS

2. Prof. Sougata Ray
3. Shri Nihal Chand Chauhan
4. Shri Ramesh Chander Kaushik
5. Shri Ashok Mahadeorao Nete
6. Shri Santosh Pandey
7. Shri M.K. Raghavan
8. Shri Chandra Sekhar Sahu

SECRETARIAT

1. Shri J.M. Baisakh - Joint Secretary
2. Dr. (Smt.) Sagarika Dash - Director
3. Shri M.C. Gupta - Deputy Secretary

WITNESSES

Ministry of Health and Family Welfare (Department of Health & Family Welfare)

1. Shri Rajesh Bhushan, Secretary
2. Prof (Dr.) Atul Goel, DGHS
3. Shri Alok Saxena, Additional Secretary
4. Dr. Mandeep K. Bhandari, Joint Secretary
5. Dr. P Ashok Babu, Joint Secretary
6. Shri Rajiv Manjhi, Joint Secretary

Ministry of Parliamentary Affairs

1. Shri P.K. Haldar - Under Secretary

At the outset, Chairperson welcomed the Members to the sitting of the Committee and apprised them that the sitting has been convened to take oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health & Family Welfare) regarding pending Assurances. The Chairperson also informed the Members that as the term of the Committee has come to an end, this is the last sitting of the Committee for term 2021-22.

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3. Thereafter, the representatives of the Ministry of Health and Family Welfare (Department of Health & Family Welfare) and the Ministry of Parliamentary Affairs were ushered in. The Chairperson welcomed the witnesses to the sitting of the Committee and drew their attention to confidentiality of the deliberations till the Reports are presented to the House. The Committee then took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health & Family Welfare) regarding pending Assurances. Considering the pendency of these Assurances in the Ministry for a long time, the Chairperson asked the representatives to brief the Committee about the internal mechanism in place for monitoring and review of pending Assurances in the Ministry.

4. The Secretary, Ministry of Health and Family Welfare (Department of Health & Family Welfare) gave a broad overview of the pending Assurances and informed the Committee that out of 20 Assurances, Implementation Report in respect of 6 Assurances have already been submitted to the Ministry of Parliamentary Affairs. He apprised the Committee about the Review Meetings being held in the Ministry for implementation of pending Assurances. The Chairperson directed that the minutes of the Review Meetings may be furnished to the Committee.

5. Members then raised queries and sought clarifications on various aspects of pending Assurances, which were replied by the representatives. The Chairperson directed that information which was not readily available and which needed inputs from various quarters may be made available to the Secretariat in due course.

6. The Chairperson thanked the witnesses for deposing before the Committee and furnishing valuable information in connection with pending Assurances raised and clarifications sought by Members.

The witnesses, then, withdrew.

A verbatim record of the proceedings has been kept.

The Committee then adjourned.

Annexure

COMMITTEE ON GOVERNMENT ASSURANCES (2021-2022) LOK SABHA

Statement of pending/implemented Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health & Family Welfare) discussed during oral evidence on 07.10.2022.

Sl.No.	SQ/USQ No. dated	Subject
1.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme
2.	Calling Attention dated 15.12.2014	Situation Arising out of Food Adulteration in the Country
3.	USQ No. 6134 dated 30.04.2015	Law for Persons affected by Leprosy
4.	USQ No. 972 dated 29.04.2016	Health Insurance for CGHS Pensioners
5.	SQ No. 571 dated 06.04.2018	Passive Euthanasia
6.	USQ No. 1755 dated 27.07.2018	Euthanasia
7.	USQ No. 3205 dated 12.07.2019	Health Insurance Scheme for CGHS Beneficiaries
8.	USQ No. 3297 dated 12.07.2019	Vacancy of Physiotherapists in CGHS
9.	USQ No. 3401 dated 12.07.2019	Cadre Restructuring of Physiotherapists
10.	USQ No. 5540 dated 26.07.2019	Removal of Uterus
11.	USQ No. 3012 dated 06.12.2019	Export of Food Items Under Food Regulator
12.	USQ No. 1506 dated 11.02.2020	e-Pharmacy
13.	USQ No. 3313 dated 13.03.2020	AYUSH Medicinal Facilities
14.	USQ No. 2901 dated 12.03.2021	Food Adulteration Cases
15.	USQ No. 2925 dated 12.03.2021	Regulations on e-Pharmacies in India
16.	USQ No. 2954 dated 12.03.2021	Vacant Post in Central Health Institutes
17.	SQ No. 345 dated 19.03.2021 (Supplementary by Smt. Maneka Gandhi, M.P.)	Scheme for Thalassemia Patients

18.	SQ No. 345 dated 19.03.2021 (Supplementary by Shri Shyam Yadav Singh, M.P.)	Scheme for Thalassemia Patients
19.	USQ No. 4098 dated 19.03.2021	Passive Euthanasia
20.	USQ No. 4105 dated 19.03.2021	Maternal Mortality Rate

Appendix – XXIII

MINUTES
COMMITTEE ON GOVERNMENT ASSURANCES
(2022-2023)
(SEVENTEENTH LOK SABHA)
SEVENTH SITTING
(25.07.2023)

The Committee sat from 1500 hours to 1530 hours in Room No. 216 (Chamber of Hon'ble Chairperson), 'B' Block, Extension to Parliament House Annexe, New Delhi.

PRESENT

Shri Rajendra Agrawal - Chairperson

Members

2. Shri Nihal Chand Chauhan
3. Shri Ramesh Chander Kaushik
4. Shri Kaushlendra Kumar
5. Shri Khagen Murmu
6. Shri Chandra Sekhar Sahu

Secretariat

1. Shri J.M. Baisakh - Joint Secretary
2. Dr. (Smt.) Sagarika Dash - Director
3. Shri Mahesh Chand Gupta - Deputy Secretary
4. Smt. Vineeta Sachdeva - Under Secretary

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda. Thereafter, the Committee considered and adopted the following eight (08) draft Reports without any amendments:-

(i) Draft Eighty-Third Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)';

(ii) Draft Eighty-Fourth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Railways';

(iii) Draft Eighty-Fifth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Law and Justice (Legislative Department)';

(iv) Draft Eighty-Sixth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Road Transport and Highways'.

(v) Draft Eighty-Seventh Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Acceded to)';

(vi) Draft Eighty-Eighth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Not Acceded to)';

(vii) Draft Eighty-Ninth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Acceded to)'; and

(viii) Draft Ninetieth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Not Acceded to)'.

2. The Committee authorized the Chairperson to present the Reports during the ongoing session.

The Committee then adjourned.

Appendix - XXIV

COMPOSITION OF THE COMMITTEE ON GOVERNMENT ASSURANCES* (2021 - 2022)

SHRI RAJENDRA AGRAWAL - Chairperson

MEMBERS

2. Prof. Sougata Ray **
3. Shri Nihal Chand
4. Shri Gaurav Gogoi
5. Shri Nalin Kumar Kateel
6. Shri Ramesh Chander Kaushik
7. Shri Kaushlendra Kumar
8. Shri Ashok Mahadeorao Nete
9. Shri Santosh Pandey
10. Shri M.K. Raghavan
11. Shri Chandra Sekhar Sahu
12. Dr. Bharatiben D. Shiyal
13. Shri Indra Hang Subba
14. Smt. Supriya Sule
15. Vacant

SECRETARIAT

1. Shri J.M. Baisakh - Joint Secretary
2. Dr. Sagarika Dash - Director
3. Shri M.C. Gupta - Deputy Secretary
4. Smt. Vineeta Sachdeva - Under Secretary

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* The Committee has been constituted w.e.f. 09 October, 2021 *vide* Para No. 3202 of Lok Sabha Bulletin Part-II dated 18 October, 2021

** Nominated to the Committee *vide* Para No 4711 of Lok Sabha Bulletin Part-II dated 06 June, 2022 *vice* Shri Sudip Bandyopadhyay resigned on 01 June, 2022