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Sravana 11, 1946 (Saka)

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(English Version)

Second Session

(Eighteenth Lok Sabha)



(Vol. II contains Nos.1 to 10)

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NEW DELHI

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LOK SABHA DEBATES

LOK SABHA

Friday, August 2, 2024/ Sravana 11, 1946 (Saka)

The Lok Sabha met at Eleven of the Clock.

[**HON. SPEAKER** *in the Chair*]

...(Interruptions)

At this stage, Shri Sudip Bandyopadhyay and some other hon. Members came and stood on the floor near the Table.

...(Interruptions)

11.0½ hrs

FELICITATION BY THE SPEAKER

Felicitation to Shri Swapnil Kusale on winning medal in Paris Olympics

[Translation]

HON. SPEAKER: Hon. Members, Shri Swapnil Kusale has achieved a remarkable feat by winning a bronze medal in Men's 50 metre Rifle event on 1st August, 2024 in Paris Olympics 2024. This is India's third bronze medal in the Paris Olympic Games.

This outstanding achievement of Shri Kusale is a matter of national pride. I, on my own behalf and on behalf of the entire House, convey our greetings to Shri Swapnil Kusale and convey our best wishes to all the members of the Indian contingent participating in the Olympics.

...(Interruptions)

HON. SPEAKER: You must raise your issue during the Zero Hour.

...(Interruptions)

HON. SPEAKER: Question No. 161

.....(Interruptions)

HON. SPEAKER: Hon. Members, raise your issue during the Zero Hour. No one is allowed during Question Hour.

...(Interruptions)

HON. SPEAKER: Shri Rajkumar Chahar ji.

...(Interruptions)

HON. SPEAKER: Hon. Members, you all are requested to take your seats. In Zero Hour, I will try to give permission to you by giving a ruling.

...(Interruptions)

HON. SPEAKER: Hon. Members, it is Question Hour. I have given a ruling that no one will raise any issue during Question Hour.

...(Interruptions)

11.02 hrs

At this stage, Shri Sudip Bandyopadhyay and some other hon. Members went back to their seats.

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11.02½ hrs

^αORAL ANSWERS TO QUESTIONS

*161. [click to view Question & Answer](#)

[Translation]

SHRI RAJKUMAR CHAHAR: Hon. Speaker Sir, through you, I would like to know from the Hon. Minister that all the medicines and equipment used for treatment and prevention of diseases come under the Essential Commodities Act, 1955. Medicines and equipment also come under the definition of essential goods. Despite it, there is no capping on prices of medicines and equipment. The medicine producer and equipment manufacturers mark MRP 10 times of the cost. This leads to exploitation of patients and their families.

Sir, through you, I would like to ask the Hon. Minister, the action proposed by the Government to avoid the same?

SHRI JAGAT PRAKASH NADDA: Hon. Speaker Sir, the Hon. Member has asked an important question regarding the people associated with the health sector. I would like to reply in details about the way our department works. As far as drugs are concerned, first of all, through the National List of Essential Medicines of the Health Department, the medicines which are meant for the treatment of very essential and life-threatening diseases, are included under the

^α For Questions and Answers Click Link shown against each Question Number. Edited Questions and Answers are available in Master copy of Debate, placed in Library.

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Essential Medicines. About 388 medicines have been added to the essential drugs list. Further, we have divided our total drugs into two categories – scheduled drugs and non-scheduled drugs. The scheduled drugs and the total drugs are approximately 4,348 plus, i.e., 4348 and approximately a little more than that.

Of these, 388 come under schedule drugs and it also includes medical devices. National Pharmaceuticals Pricing Authority (NPPA) fixes its Schedule-1 to control the prices of drugs included in NLEM. Other than the 388 drugs which come under essential drugs, the prices of the drugs in formulations are also sealed. There are approximately 926 formulations that have been added to it. Along with this, we have DPCO to control the prices. We also cap the margin under the control order given in para 19. Every effort has been made to control the prices of medicines. In the trade marginal rationalization approach, we see that the margin in anti-cancer drugs should not be more than 30 percent, we also keep this in mind. We have added about 42 anti cancer drugs to it. This is how we do capping.

The Hon. Member has asked about the arrangements made to save the common man from the said problem. We also price the essential drugs and control their trade margins. Two programs have newly been launched under the leadership of Hon. Prime Minister, Shri Narendra Modi. One of these is the Jan Aushadhi programme. Under the Jan Aushadhi programme, drugs are sold as generic drugs. I am happy to say that it includes 1,965 drugs and 293 surgical

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items. We can buy those medicines and surgical items at about 50 to 80 percent less than the market price. The patients have got benefit about Rs 28 thousand crores under the said programme so far. There are 12,600 Jan Aushadhi centres. Under the leadership of Prime Minister Modi, it has been decided that 25 thousand Jan Aushadhi Centers will be set up by the year 2027. I am happy to tell you that there is 80 percent reduction in the rates of cancer drugs.

The Health Department is implementing a scheme namely, 'AMRIT' Affordable Medicine and Reliable Implant Treatment. About 5 crore 14 lakh patients have been provided services so far Under this. Drugs worth approximately Rs 10,673 crore have been dispensed.

HON. SPEAKER: Hon. Manickam Tagore ji, do not show your back to the chair.

SHRI B. MANICKAM TAGORE: How to stand?

HON. SPEAKER: I will give you that training too.

SHRI JAGAT PRAKASH NADDA: The common man is saving total Rs 74,273 crore per annum due to the ceiling on prices and control on prices.

SHRI RAJKUMAR CHAHAR: While prescribing medicines, it is mandatory for the doctors to prescribe the medicines for the patients by their generic name i.e. salt name only. It has been seen that when patients visit to doctors, they prescribe branded medicines. Due to this, patients and their families have to buy very expensive medicines. This requirement for doctors is in Regulation No. 1.5 and 3.6 of 2002 of the Indian Medical Council.

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Through you, I would like to request the Hon. Minister to tell us about the actions that have been proposed by the Government in this regard so that the doctors do not force people to buy branded medicines.

Agra S N Medical College was set up in the year 1854, but so far it has not received the status of AIIMS. It is the third oldest medical college in India. The S N Medical College may also be granted status of AIIMS.

SHRI JAGAT PRAKASH NADDA: Hon. Speaker Sir, we are in continuous touch with the Indian Medical Association. We are making efforts that they prescribe Generic Medicine. Generic medicines are being provided under the Jan Aushadhi.

SHRI KIRTI AZAD: Hon. Health Minister has told about the benefits which is a matter of great pleasure but I want to know about the harm that has happened. There are many medicines which are being sold at the rate of more than the MRP. The National Pharmaceuticals Pricing Authority has written that there are 384 such companies and out of these companies, one company has even embezzled of Rs 1500 crore. According to the previous figures collected from Rajya Sabha, Rs 72.73 crore has been collected. I would like to know from the Hon. Minister regarding the action being taken by the Drugs Price Control Order to recover the said amount and to punish those who are selling medicines at higher prices, causing harm to the poor?

SHRI JAGAT PRAKASH NADDA: Hon. Speaker Sir, our system is very robust. All these things are strictly monitored under our system. The Hon. Member has

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asked about a specific case. If the Hon. Member gives it in writing, we will take action in it also.

HON. SPEAKER: Shri Arun Bharti. Not present.

SHRI KIRTI AZAD: He himself has replied in the Rajya Sabha.

HON. SPEAKER: We do not discuss Rajya Sabha debate in Lok Sabha.

.....(Interruptions)

HON. SPEAKER: Let me correct my statement. I have uttered the word 'Rajya Sabha.' We cannot even name the other house, we should mention the other house.

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*162. [click to view Question & Answer](#)

[Translation]

DR. AMAR SINGH: Hon. Speaker Sir, Ayushman Bharat Scheme is a very good scheme. I am getting complaints in my Parliamentary Constituency that it is very hard to get the card. I would like to ask the Hon. Minister whether any limit has been set in this regard.

HON. SPEAKER: Which card?

.....(*Interruptions*)

HON. SPEAKER: The question is not about Ayushman card.

.....(*Interruptions*)

DR. AMAR SINGH: Hon. Speaker Sir, the question is regarding Ayushman only. ...(*Interruptions*) The empanelled hospitals, which provide free treatment to patients, refuse to provide treatment to the poor. They visit to us and seek help to get medical treatment. I would like to ask the Hon. Minister to kindly provide solution in this regard.

SHRIMATI ANUPRIYA PATEL: Hon. Speaker Sir, first of all, through you, I would like to present a figure before the Hon. Member. Since he has raised the issue of number of Ayushman Bharat cards. Till date 2 lakh 17 thousand 555 cards have been made in Fatehgarh Sahib. If I talk about Punjab State, so far 84.97 lakh Ayushman cards have been made in Punjab

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Hon. Speaker Sir, I would like to tell the Hon. Member that when the Hon. Prime Minister launched the scheme from Jharkhand in the year 2018, we had a beneficiaries base of 10 crore 74 lakh which has subsequently increased to 12 crore 34 lakh. We are making continuous efforts so that the Ayushman cards can be issued easily. Some states are performing well in this regard. My own home state Uttar Pradesh and also states like Bihar, Maharashtra, Andhra Pradesh are doing well. We have launched a special initiative 'Ayushman Aapke Dwar' to expedite the creation of Ayushman Cards. Through this initiative, we are sending frontline health workers like ASHA and ANMs for door-to-door campaign. They are making the beneficiaries aware that they should come and get their cards made. We have also simplified the process of making Ayushman card and have also nominated six agencies so that Ayushman card can be made faster and the beneficiaries can avail its benefits.

Second question... (*Interruptions*)

HON. SPEAKER: Hon. Minister, how can you ask the Member to ask second question?

...(*Interruptions*)

SHRIMATI ANUPRIYA PATEL: Hon. Speaker Sir, there are two parts.

...(*Interruptions*)

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HON. SPEAKER: There are not two parts. Question No. 162 is of Arun Bharti ji and Amar Singh ji. Arun Bharti ji is allowed to ask one more supplementary question but the other Member is allowed to ask only one question.

....(Interruptions)

[English]

SHUSH BENNY BEHANAN: Thank you Speaker Sir. The Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a health insurance scheme which was launched in 2018 to provide health coverage to 50 crore people.

There have been instances reported where hospitals have experienced delay in the reimbursement of claims. This, in turn, has led the hospitals refusing to accept the patients. Has the Government noticed the issue of such delays and if so, what steps have the Government taken to avoid delays in reimbursement?

[Translation]

SHRIMATI ANUPRIYA PATEL: Hon. Speaker Sir, Ayushman Bharat is the world's largest publicly funded health assurance program which was launched by the Hon. Modi Government. It has a very large beneficiary base, in which we are providing tertiary and secondary care facilities to the bottom 40 percent people.

Regarding the question asked by the Hon. Member, I would like to clearly state that we had identified the beneficiaries base, in which many states, which

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were running their own health insurance schemes, have converged their beneficiaries.

As far as identified beneficiaries as per the set data are concerned, we share on 60:40 ratio with the states for treatment and in any state, when it comes to claim settlement, there is never any delay in releasing funds to states. Sometimes states have added additional beneficiaries, the expenses of which have to be borne by the states, sometimes problems arise regarding that, but whenever such a situation develops, *[English]* we always talk to the States, communicate with them, and these problems have been resolved.

[Translation] Further we have launched an initiative called 'Green Panel Payment'. *[English]* This initiative is intended to expedite the claim settlement so that we see more and more participation of the empanelled hospitals. We give 50 per cent upfront payment to hospitals that have a clean record. This is how we try to expedite the whole process.

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[Translation]

SHRI ARVIND GANPAT SAWANT: Hon. Speaker Sir, this scheme is very good. I have a very pointed question. The private hospitals, trustees' hospitals have adopted this scheme, but some private hospitals are not adopting it. There is a Glen Eagle Hospital in Parel area; I asked them why do they not get empanelled in Ayushman Bharat Scheme. They told that they do not get the insurance amount on time.

My question is what can you do for such hospitals? It is very important to bring them into the empanelment. If you look at the population of Maharashtra, there are 1024 hospitals, which are very less. If you compare it with Karnataka or any other state, this number is very less.

What steps the Government is likely to take for the hospitals which deliberately do not want come on empanelment? The trustees hospital accept empanelment, the private hospitals do not. I took the name deliberately, so that you can know the difference. What steps are you taking for that? There is also a matter of paying the insurance amount on time.

SHRIMATI ANUPRIYA PATEL: Hon. Speaker Sir, as far as the second part of the question about claim settlement is concerned; I have clarified it in the earlier reply. As far as the matter of empanelment is concerned, it is our constant endeavor to expand the network of empaneled hospitals. For this, the National Health Authority keeps talking to State Governments, the state authorities continuously. We are in touch with all private hospital associations regularly. If

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they are not aware about the scheme, then we also make them aware through workshops. If they have any apprehensions or need any clarifications, we provide it to them too. We have also timely revised the health benefit packages that we have. Now we have brought it up to 49 procedures and we have given the states the flexibility to customize it according to their requirements. This remains our endeavor. We explain all the procedures regarding claim settlement in detail to all the hospitals. That means we handhold them, train them, make them aware and also add more and more hospitals. There has been a lot of progress in this, because when we launched the programme in the year 2018, the number of empaneled hospitals was around 8 thousand at that time, but today it has increased to 29 thousand 281.

HON. SPEAKER: Today there is a long discussion on this matter. I request the Hon. Minister and the Hon. Members to speak briefly. This topic has to be discussed later.

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*163. ** [click to view Question & Answer.](#)

[English]

HON. SPEAKER: Shri Prabhakar Reddy.

SHRI PRABHAKAR REDDY VEMIREDDY: Sir, I would like to tell you that about 65 crore people are covered under the Ayushman Bharat Scheme. Under this Scheme, at present, there is a coverage of about Rs. 5 lakh for a family per year and the number of procedures is about 1929. Our Andhra Pradesh Government has got about 3,257 procedures. I would like to ask the hon. Minister whether the health coverage can be increased to Rs. 15 lakh and the number of procedures can be increased to 3,250.

[Translation]

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA): Hon. Speaker Sir, the question is on Ayushman Bharat Health Accounts and ABDM. This question is not about increasing the coverage of Ayushman Bharat. This question is about our ABHA card. Regarding ABHA Card, I would like to tell that it has four core components under Ayushman Bharat Digital Mission. First of all, we include 4 vertical registries in Ayushman Bharat Digital Mission, ABDM. One is Ayushman Bharat Health Account, second is Health Professionals Registry, i.e. the registry of our doctors and Health Facility Registry, i.e. the registry of our

** Question original in English, reply in Hindi.

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institutions and Drug Registry, i.e. the registry of our chemists who supply medicines. There is a proposal to bring these four in one platform and its three gateways are Health Information Consent Manager, through which we can enter. National Health Claims Exchange, i.e. to exchange our claims and Unified Health Interface, UHI, under which we can enter through this gateway. It is the effort of the Government that under the Ayushman Bharat Digital Mission, which has been launched with the initiative of Hon. Prime Minister, Modi ji, all the stakeholders of health sector, all the health issues and the health records of all the patients could be brought on one platform.

It is our endeavor to cater for providing them facilities and it is being done in this way.

[English]

SHRI PRABHAKAR REDDY VEMIREDDY: Sir, given the volume of individuals registered on a daily basis and the extremely sensitive nature of data and health records being submitted, stored and shared across platforms, could the hon. Health Minister explain the various steps undertaken by the Central Government to protect the sensitive and personal data of fellow citizens who have registered for the Ayushman Bharat Health Accounts?

[Translation]

SHRIMATI ANUPRIYA PATEL: Sir, through you, I would want to tell the House very clearly that 'Ayushman Bharat Digital Mission' completely uses federated

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digital architecture, *[English]* and it is fully compliant with the provisions of the Digital Personal Data Protection Act. As my senior Minister has explained, there are four verticals or four components. One of the components is creation of the ABHA ID. This is a unique identification number which is given on a digital health ecosystem to every patient. *[Translation]* There is no centralized repository maintained for any personal health records of the patient. The personal data of the patient's health record can be shared only with his/her consent and only the records with Respect to ABHA ID Registry, health practitioners registry or facilities, *[English]* that is stored centrally for the ease of interoperability. So, there is no threat, as such, insofar as the safety of the personal health record of the patient is concerned.

SHRIMATI DAGGUBATI PURANDESWARI (RAJAHMUNDRI): Hon. Speaker, Sir, Ayushman Bharat is a wonderful programme which helps reduce the out-of-pocket expenditure for the poor which is pegged at around 39 per cent today. Our former Chief Minister Shri Jaganmohan Reddy ji had failed to pay the private hospitals because of the dues that were outstanding. Now, even Ayushman Bharat is being affected because the Aarogyasri programme run by the State Government is today clubbed with the Ayushman Bharat. But having said that, my supplementary is regarding Question 163, Section (C) wherein the question asked is about the assessment of the Ayushman Bharat Scheme.

As per the Scheme norms, every patient who is availing the benefit of Ayushman Bharat is expected to produce his Aadhaar identity and then avail of

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the scheme. But many a time, the Aadhaar card is not presented. Then, the patient is required to give a written, a signed declaration that he would produce it when he goes to avail Ayushman Bharat for the second time. But unfortunately, many a time, there have patients who have been availing of the scheme without producing the Aadhaar card. So, my question to the hon. Minister, through you, is this. Has there been an assessment of such kinds of pilferages that have been happening in the system? If so, what are the measures that have been taken to control this kind of pilferage?

Thank you, Sir.

SHRI JAGAT PRAKASH NADDA: I would like to enlighten the hon. Member that the question does not relate to Ayushman Bharat. The question relates to the ABHA Card, the health accounts. The Minister has explained, and I have also explained how this ABHA Card is helpful for the patient and how the confidentiality is maintained.

As far as Ayushman Bharat is concerned, although the question asked is not related to this question, yes, it is being run by the National Health Authority. In that National Health Authority, there is a constant mechanism of supervision. We also have a direct connect with the State health authorities. We always see to the quality of service being given, the payments being done, and the patient satisfaction.

All these three factors are taken into consideration. And it is a continuous and regular process which is being done.

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There are questions which have been raised by the hon. Members that the claims are not settled. Sometimes it happens. It happens when the State Government does not give its share.

Then, there was a question which was previously asked by Dr. Amar Singh ji. I would like to share one thing that for the State of Punjab, the Central Government has given its share. About Rs. 59.96 crore has been released as a Central share. The State actually has to send the demand and an audited statement. As the State Government is not sending the audited statement, we are not able to release the fund for 2024-25. *[Translation]* That is why, we face problem there or in other such State. *[English]* I would like to request the hon. Member to see to it that the State Health Authority of Ayushman Bharat should ensure that they should put their shares in time so that the hospitals or the institutions get the payments in time.

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*164. [click to view Question & Answer](#)

[Translation]

HON. SPEAKER: Dr. Shrikant Eknath Shinde – Not present.

Shri Haribhai Patel ji.

... (*Interruptions*)

PROF. SOUGATA RAY: Sir, please give ruling on this. If a Member asks a question and he/ she is not present in the House, then other Member should be allowed to ask the question.

HON. SPEAKER: You are right. If a member is not present, he/she should tell the reason in writing.

Shri Haribhai Patel ji.

[Translation]

SHRI HARIBHAI PATEL : Hon. Speaker Sir, I thank you for giving me the opportunity to ask a question.

Hon. Speaker Sir, I would like to ask the Hon. Minister through you that there is an AIIMS in Rajkot in my State Gujarat. The Government is providing all possible help there. I express my gratitude to the Hon. Prime Minister and the Hon. Health Minister for that.

Hon. Speaker Sir, I would like to ask through you whether the Union Government is proposing to give another AIIMS to Gujarat. Apart from this,

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Mahesana is a major city in North Gujarat, I request the Hon. Minister to set up a CGHS centre there.

SHRI JAGAT PRAKASH NADDA: Hon. Speaker Sir, this question pertains to the All India Institute of Medical Sciences. An All India Institute of Medical Sciences has been set up in Rajkot, Gujarat. It is progressing very well so that it may be consolidated and improved so that regional imbalance can be checked and the people of Gujarat can avail its services.

As far as the question of setting up a CGHS center is concerned, this is also a long process. If he gives an application, it would be considered after taking viewpoints of all stakeholders on it.

[English]

SHRI A. RAJA : Sir, with due respect to the hon. Minister and the Government, I would like to say that I am highly disappointed to see the answers given by the hon. Minister.

Sir, the establishment of AIIMS Madurai in Tamil Nadu was announced four years back, with the assistance of external funds from the Japan Government. In spite of that announcement, no allocation has been made, and no preliminary construction has been started. This issue was debated during the two elections. The hon. Minister even came to Tamil Nadu during the election campaign, and said that the people of Tamil Nadu are not at all feeling the real national integration. Sir, with due respect, I want to reiterate in this House that

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we, the people of Tamil Nadu, are second to none to say that we are having full national consciousness to maintain the national integration in the country.

[Translation]

HON. SPEAKER: Please ask your question.

[English]

SHRI A. RAJA : Sir, it is now more than five years. A categorical assurance was given by the hon. Finance Minister in this very House that fund would be allocated. Till now, not even a single brick is laid in the said place. The pain is that AIIMS, Madurai is not even in the list. Is it the correct attitude towards the Tamilians and Tamil Nadu? Please clarify. We are highly disappointed. ...

(Interruptions)

DR. SHASHI THAROOR : Same is the case with Kerala. ... *(Interruptions)*

SHRI JAGAT PRAKASH NADDA: Sir, I respect the sentiments of the hon. Member. The establishment of the All India Institute of Medical Sciences, Madurai has been sanctioned and cleared by the Cabinet. We are very much concerned about it. Due to some technical reasons, it has been delayed, and we accept that there has been a delay. But the Government is committed and the work has started, and very soon, you will see that the construction work will take place.

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[Translation]

DR. NISHIKANT DUBEY : Hon. Speaker Sir, the Hon'ble Prime Minister has done a great job. In our area where there was not even a single doctor present, an AIIMS has been set up at Deoghar. The Hon. Minister has replied that the least number of OPD patients have been recorded in AIIMS Deoghar. The reason for the same is that the emergency facility is not operational even after repeated orders of the Hon. Minister. Through you, I would like to ask the Hon. Minister by when will the OPD facility along with the emergency facility be operational there? If this is done, the importance of the institute would increase.

SHRI JAGAT PRAKASH NADDA: I keep in mind the concern and worry of the Hon'ble Member. I would like to tell everyone one thing through this question, since this is a very important question. What we imagine or what is our concept about the All India Institute of Medical Sciences. The concept of the AIIMS has been fulfilled to a great extent so that people from every corner of the country need not to visit Delhi for treatment purposes. The way services are provided in All India Institute of Medical Sciences, Delhi, all the other All India Institutes of Medical Sciences must provide services on similar standards. Therefore, the Hon'ble Prime Minister during his tenure has set up more than 17 All India Institutes of Medical Sciences, one in every region of the country.

Sir, the All India Institute of Medical Sciences, which is being built at a cost of Rs. 1200 crore to Rs. 2000 crore, is one of the world's best tertiary healthcare systems. Now the third point is that we are building the world's best

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infrastructure. I would like to tell this to everyone and for your better understanding, that the All India Institute of Medical Sciences was set up in Delhi in the 1950s, but it became popular as the All India Institute of Medical Sciences only in the 1970s and 80s. *[English]* Institutions are not created in one day. *[Translation]* I would like to ask everyone whether you want to set up a district level hospital or an All India Institute of Medical Sciences? If we would like to set up the All India Institute of Medical Sciences, then the standards of All India Institute of Medical Sciences are very different. District hospitals do not have the same standards as AIIMS. Doctors of district hospitals also do private practice. In All India Institute of Medical Sciences, *[English]* they are there in the campus serving the patients 24x7 and 365 days. The amount of expenditure per patient is very different. It does not match with any other institution. *[Translation]* I would say this as a Minister of Health and Family Welfare, that generally what happens, suppose we conduct an interview for ten posts to appoint a faculty member. 60 people turned up for the interview. What is the result of the interview – none found suitable, none found suitable. We conduct interviews again, but we do not dilute the standards of AIIMS, because we have to keep the standards intact. Nishikant ji was very happy the day when the setting up of an All India Institute of Medical Sciences was announced for Deoghar. I understand his concern. Someone will ask about Bathinda, someone about Bilaspur, the problem is the same everywhere. We have decided that *[English]* the faculty will grow. It will take 10-15 years to become an international standard faculty. *[Translation]* We are working on that.

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Hon. Speaker Sir, I would like to take some time to enlighten everyone that in the 1960s and 70s, our best doctor used to say that *[English]* we do not have the facility in the country and that is why, we are going outside, and today, the Prime Minister Modi has created 22 institutions with the world class standards. *[Translation]* Now we have to fill the posts of faculty. *[English]* Hardware is there. We are trying to put the most modern software into it in the best possible manner.

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*165. ** [click to view Question & Answer.](#)

[Translation]

SHRI PRADEEP PUROHIT: Hon. Speaker Sir, I would like to thank you for that I have been given an opportunity for the first time to ask a question in the Lok Sabha through a starred question.

Sir, my question and the reply given by the Hon. Minister, I would like to tell the Hon. Minister that Lord Dhanvantari is known as the world's greatest physician. Gandhamardan has great importance in ancient Ayurvedic medicine practice. In the times of Ramayana, Hanuman ji had taken the entire Gandhamardan for Vishlayakarni medicine. There is an Ayurvedic college below that same Gandhamardan mountain.

HON. SPEAKER: Don't narrate the Mahabharata, ask your question. Nowadays, the trend of narrating the Mahabharata is more prevalent here.

SHRI PRADEEP PUROHIT: According to the report of the Botanical Survey of India, more than two thousand botanical plants are present on the Gandhamardan mountain. There are 222 rare forest medicines found there. My demand is that if the survey there has not been done properly, a survey must be done there once again. My demand is that that Medical college over there must be brought under the Union Government. The Committee has also written about

** Question original in English, reply in Hindi.

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the same. I would like to know how many type of herbs there are on the Gandhamardan mountain? Whether any such proposal is under consideration with the Union Government to take over that college under its control?

SHRI PRATAPRAO GANPATRAO JADHAV: Hon. Speaker Sir, in the question raised by the Hon. Member, he has said that 222 forest medicinal plants are present on the Gandhamardan mountain. But according to the information of the Botanical Survey of India (BSI), a total of 912 plant species were found in the Gandhamardan hills of Bargarh in Odisha during the year 2009. Out of these, 345 species were classified as medicinal plants. According to the information received from the State Government, there are only 220 plants in the Gandhamardan hills.

HON. SPEAKER: Do not read the reply given already. Answer the question asked by the Hon. Member.

SHRI PRATAPRAO GANPATRAO JADHAV: Hon. Speaker Sir, I am not reading that. As per his question, we have conserved it. Funds are allocated from the Ministry of AYUSH for the conservation of those vegetation.

SHRI PRADEEP PUROHIT: The report available with the Hon. Minister about forest medicine was sent by the Government of Odisha and at that time the Government was led by Biju Janata Dal over there.

There was some mining work going on there, against which a huge movement was carried out for the protection of Gandhamardan. It was through that

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movement that we entered politics. That report is not correct. I would like to request you that the Vishlayakarni medicine has originated from the same Gandhamardana mountain. My question is, can the Government conduct a survey there? Secondly, the Ayurvedic College there and the ancient medicine system which was suppressed earlier, has now been promoted by Hon. Modi ji. There are over two thousand Botanical Medicinal Plants and Herbs here, which we can use and this can be upgraded to an advanced research Centre. Whether the Government has got any proposals in this regard?

SHRI PRATAPRAO GANPATRAO JADHAV: Hon. Chairperson Sir, the very job of the Ministry of AYUSH is to promote Ayurveda and to propagate Ayurveda system of medicine. The Hon. Member has asked the question that there are a lot of herbs on the Gandhamardan Mountain which can be used for preparing Ayurvedic medicines. They say that the previous survey was not conducted properly, the survey must be carried out again. Definitely, we will instruct the BSI to conduct a survey there again and we will also try to conserve all the medicinal plants found there. He has mentioned about the SSN Ayurvedic College and Research Institute, whether the Government has any proposal to take over it. No such proposal has been forwarded to our Ministry. He has also spoken about the Biological Diversity Board, so I would like to tell that definitely its complete survey will also be done through this.

[English]

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SHRI SAPTAGIRI SANKAR ULAKA : Speaker, Sir, I agree with the sentiments of my honourable colleague that the previous BJD Government in Odisha was into rampant mining and it destroyed most of the tribal areas.

[Translation]

Sir, these are Ayurvedic medicines, since these medicinal herbs are used in many tribal dominated areas in the Niyamgiri hills of the Eastern Ghats. Is the government taking any steps to ensure that these plant species which are having traditional medicinal usages be surveyed? Whether the Government is likely to conduct its survey?

Secondly, you mentioned that there are six Ayurvedic Colleges in Odisha, out of which five are defunct. What steps are being taken by the Government to make these Ayurvedic Colleges functional? You have said about the research that not a single college is contributing to research, then what steps are being taken by the Government in this regard? What steps the Government is taking towards research?

SHRI PRATAPRAO GANPATRAO JADHAV: Hon. Speaker, Sir, the Hon. Member has asked about six colleges in Odisha, so, I would like to tell him that our council definitely monitors them. According to the standards, the college is recognized only on the basis of the set rules of the council. He has asked about extending assistance to the colleges, then there is a SNN Ayurvedic College in Pekmal, Bargarh (Odisha), it has been allocated Rs. 12 lakh for setting up a herbal garden in an area of two hectares.

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Secondly, Rs 19.2 lakh has also been sanctioned for setting up a herbal nursery. If colleges also promote herbal gardens or herbal nurseries, then definitely they are extended assistance from the Ministry of AYUSH.

DR. MANNA LAL RAWAT : Hon. Speaker, Sir, the hills of Aravalli are botanically very rich. Hon. Minister, through you, I would like to know as to whether the Botanical Survey of India has conducted any detailed study of the medicinal plants of the Aravalli hills.

Secondly, there are traditional experts (*Gunijans*), who come from the tribal society, they treat traditionally, so is there a proposal to enlist them also?

SHRI PRATAPRAO GANPATRAO JADHAV: Hon. Speaker, Sir, I have already mentioned that the mandate of the Ministry of AYUSH is to promote and propagate Ayurveda. The Hon. Member said that in villages, in rural areas or in difficult areas, *Vaidyas* also treat the people through their traditional knowledge of Ayurveda, then efforts are definitely made to connect them through our Ministry.

The Hon. Member has asked about the survey of medicinal plants on the Aravalli Hills, if they give us in writing, they will definitely be answered in black and white.

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*166. [click to view Question & Answer](#)

[English]

PROF. SOUGATA RAY: Sir, I perused the Minister's reply very carefully. There is no doubt that Covaxin is a good vaccine for COVID-19 and it is internationally accepted as such also. But, there is a strange case. The Covaxin was developed and discovered by the National Institute of Virology under the Indian Council of Medical Research. The National Institute of Virology spent Rs. 35 crore on developing the vaccine. The Minister has given the breakdown of how this Rs. 35 crore was spent, including Rs. 20 crore for the Phase-III clinical trial. But a strange thing happened. The patent which was initially filed was filed alone by a company called, Bharat Biotech International Limited. There was a huge publicity. One Mr. Krishna Ella in the initial application did not mention ICMR. Later, there was *hulla* over there in the media. Then, they, finally, jointly filed an application.

I want to know clearly from the hon. Minister whether the Ministry has questioned the Bharat Biotech and why they did not file a joint application. If they have not filed, what punitive steps have been taken against them instead of giving them awards like Padma Bhushan, Padma Shri?

SHRI JAGAT PRAKASH NADDA: The question is very relevant. First of all, I would like to explain what the contribution is, and how we go forward in this direction. The Indian Council of Medical Research – National Institute of Virology

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(NIV), had a joint MoU with the Bharat Biotech International Limited (BBIL).

Altogether, the programme of developing the vaccine was undertaken. ...

(Interruptions)

[Translation]

PROF. SOUGATA RAY: Who discovered this first? ...*(Interruptions)*

SHRI JAGAT PRAKASH NADDA: I will explain the whole procedure.

As I have said, an MoU was signed between ICMR, National Institute of Virology, which is a part of it, and Bharat Biotech International Limited (BBIL) and under that, the process of developing the vaccine started. The vaccine had two parts. The first part was to isolate the virus and study its challenges faced during the isolation process of the virus and another part was to test the vaccine, neutralisation against the variants/ strains of SARS-CoV-2 and its operational and miscellaneous work in VSL-4. This work has almost been done by the Indian Council of Medical Research (ICMR) single handedly at the National Institute of Virology. We spent seven crore rupees on this project. Similarly, we have spent seven plus crore Rupees for laboratory testing and samples. Thereafter, the work of developing vaccine was carried out by BBIL. I would like to state that we have spent Rs.35 crores on it. BBIL has spent over Rs. 60 crores to develop this vaccine. So, it was a joint venture. This vaccine was launched in the market under that joint venture. BBIL has paid Rs. 172 crore to ICMR as royalty for this vaccine. That is why this programme was implemented as a joint venture. One thing happened that BBIL wrote to IPT and indicated their name for the patent

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in it that this project is being carried out by BBIL. When this came to the notice of the Government and ICMR, on the same day we raised the question that it is an MoU, in which we spent Rs 20 crore for the third clinical trial. This was very costly and very important for the vaccine to launch it in the market. We had made a joint contribution, but in that they kept their own name in the co-ownership and co-inventor and did not name any other entity. *[English]* The moment we came to know about it, we filed the objection. And, I would like to inform this House that it has been corrected. Now, the ICMR – National Institute of Virology plus our three scientists are co-inventors and co-owners. *[Translation]* They have got the co-ownership. ...*(Interruptions)* BBIL has also admitted that they had inadvertently missed mentioning about our co-investment and co-ownership.

PROF. SOUGATA RAY: Sir, if they were an ordinary person, they would have been punitied for inadvertently missing the name of ICMR. Since, they are influential people, so, no action was taken against them. I want to point out this. This is my question. *[English]* The Covaxin was very effective during the COVID-19 pandemic. It was also exported abroad. The hon. Prime Minister claimed that Bharat has become Vishwa Guru, if we talk about Covaxin, etc.

Would the hon. Minister tell us how many shots of Covaxin were manufactured in India, and how many shots were exported abroad to how many countries?

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[Translation]

SHRI JAGAT PRAKASH NADDA: This question is not related to it, but let me tell you one thing that in total, we have provided vaccines to 100 countries under the 'Vaccine Maitri' initiative. Subject to correction, I don't have its details. ...
...(Interruptions)

PROF. SOUGATA RAY : Don't you have data? ... (Interruptions)

SHRI JAGAT PRAKASH NADDA: This question is not related to it.
...(Interruptions)

PROF. SAUGATA ROY: Sir, this question is definitely related to this.
...(Interruptions)

SHRI JAGAT PRAKASH NADDA: Dada, the question is not related to it. India has given free medicines to 48 countries under 'Vaccine Maitri' initiative. That should also be kept in mind. With the 220 crore double doses, it became the world's largest and fastest vaccination programme. We should also keep this in mind. ... (Interruptions) I stand corrected, Covaxin has been sent to 7 countries.

HON. SPEAKER: Tell me one thing. Is there any objection to that? I have also been to many countries of the world and everyone has said that India's vaccine is the best. I have got this remarks from the people.

Question No. 167 – Shri Rajesh Ranjan ji.

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*167. ** [click to view Question & Answer,](#)

SHRI RAJESH RANJAN : Hon. Speaker Sir, in your own Economic Survey(*Interruptions*)

HON. SPEAKER: Pappu ji, please look at the clock. We have only this much time.

SHRI RAJESH RANJAN : The survey tells about the use of Social media, drugs and 70 percent of youth being on social media in daily life. They are constantly consuming addictive harmful drugs, constantly consuming water contaminated with arsenic and higher level of iron and only 54.4 percent of the youth of this country do physical exercise in their lives besides, being under constant mental stress. This Economic Survey has been done by their Government only. The youths of India who are affected the most belongs to Mizoram, Tamil Nadu, Telangana, Kerala and Tripura. Will the Government pay attention to it? In such states, 60 percent of the youth have been found to be infected with the diseases like - HIV AIDS and it is mentioned in the survey. Is the Government taking any initiative in this direction? There is not only a WHO report. There are many such reports, which indicates that the youths of India are more depressed, use social media more than those of the other countries and live in unhygienic conditions. Is there any initiative taken by the Government to address this issue?

** Question original in English, reply in Hindi.

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**THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF
CHEMICAL AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):** Hon.

Speaker Sir. the question that the Hon. Member while referring to the report of WHO has asked whether the adult population of India are unfit physically. From the fitness point of view, he has said that 59.9 percent of Indians are unfit. I, through the Hon. Member would like to reply to the people of the country and would like to tell that the WHO report is not about fit and unfit, the WHO report tells that 59.9 percent of the people do not do adequate physical activity. This report is about sufficient physical activity and insufficient physical activity. When we rechristen it as fit and unfit, we make it very sensational. Now even under the fit category, the sufficient physical activity that has been described by him is, *[English]* that 75 minutes of vigorous intensity activity per week like running, digging, construction work, outdoor games.

12.00 hrs

[Translation]

Those who do the said activities come under the sufficient physical activity category, this is a self-reported scheme. So there is no question of fit and unfit. This is just a question of doing sufficient physical activity or insufficient physical activity. I think, you and me too must be falling in this category of insufficient physical activity. Many members are in. ...*(Interruptions)* You also must be coming under insufficient category. ...*(Interruptions)*

^α WRITTEN ANSWERS TO QUESTIONS

(Starred Question Nos. 168 to 180

Unstarred Question Nos. 1841 to 2070)

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[Translation]

HON. SPEAKER: Hon. Sudip ji, why are you raising your hand?

... *(Interruptions)*

[English]

SHRI SUDIP BANDYOPADHYAY (KOLKATA UTTAR): Sir, I want to draw the attention of the House to a very important matter. ... *(Interruptions)*

[Translation]

HON. SPEAKER: I have told you that when the Zero Hour will start after six p.m. in the evening, I will give you a chance to speak.

... *(Interruptions)*

SHRI SUDIP BANDYOPADHYAY: Sir, I may be given one-minute time please. ...*(Interruptions)*

HON. SPEAKER: Okay.

[English]

SHRI SUDIP BANDYOPADHYAY: Sir, 18 per cent GST is being charged on life insurance premium and medicines. We demand this to be withdrawn immediately. This GST is anti-people. Our Chief Minister, Mamata Banerjee has requested the Government of India to withdraw this. ...*(Interruptions)*

[Translation]

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HON. SPEAKER: Shrimati Supriya Sule and Shrimati Kanimozhi Karunanidhi are permitted to associate themselves with the matter raised by Shri Sudip Bandyopadhyay.

.....

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HON. SPEAKER: Hon. Members, I have received notices of Adjournment Motion on certain subjects from several Hon. Members. I have not allowed any Notices of Adjournment Motion.

12.01 hrs

PAPERS LAID ON THE TABLE

[Translation]

HON. SPEAKER: Papers will now be laid on the Table.

Item No. - 2, Shri Arjun Ram Meghwal.

...(Interruptions)

**THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE; and
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):** Hon. Speaker Sir, I beg to lay on the Table:-

- (1) A copy of the Detailed Demands for Grants (Hindi and English versions) of the Ministry of Law and Justice for the year 2024-2025.

.....

**THE MINISTER OF STATE IN THE MINISTRY OF AYUSH; and MINISTER OF
STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI
PRATAPRAO GANPATRAO JADHAV):** Hon. Speaker Sir, I beg to lay on the
Table:-

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- (1) A copy of the Detailed Demands for Grants of the Ministry of AYUSH for the year 2024-2025 (Hindi and English versions).
- (2) A copy of the Outcome Monitoring Framework for the year 2024-2025 of the Ministry of AYUSH (Hindi and English versions).
- (3)
 - (i) A copy of the annual report of the Central Council for Research in Ayurvedic Sciences, New Delhi, for the year 2022-2023 (Hindi and English versions).
 - (ii) A copy of the annual accounts of the Central Council for Research in Ayurvedic Sciences, New Delhi, for the year 2022-2023 (Hindi and English versions) alongwith the audit report thereon.
- (4) Statement giving reasons for delay in laying the papers mentioned in (3) above on the Table (Hindi and English versions).
- (5)
 - (i) A copy of the Annual Report of the All India Institute of Ayurveda, New Delhi, for the year 2022-2023 (Hindi and English versions), alongwith Audited Accounts.
 - (ii) A copy of the Review by the Government of the working of the All India Institute of Ayurveda, New Delhi, for the year 2022-2023 (Hindi and English versions).

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(6) Statement giving reasons for delay in laying the papers mentioned in (5) above on the Table (Hindi and English versions).

(7) (i) A copy of the Annual Report of the North Eastern Institute of Ayurveda and Homoeopathy, Meghalaya, for the year 2022-2023 (Hindi and English versions), alongwith Audited Accounts.

(ii) A copy of the Review by the Government of the working of the North Eastern Institute of Ayurveda and Homoeopathy, Meghalaya, for the year 2022-2023 (Hindi and English versions).

(8) Statement (Hindi and English versions) giving reasons for the delay in laying the papers mentioned at (7) above on the table.

(9) A copy each of the following Notifications (Hindi and English versions) under Section 38 of the Drugs and Cosmetics Act, 1940:-

(i) The Drugs (Fourth Amendment) Rules, 2024 published in Notification No. G.S.R.360(E) in the Gazette of India dated 2nd July, 2024.

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- (ii) The Drugs (Fourth Amendment) Rules, 2024, published in Notification No. G.S.R.95(E) in the Gazette of India dated 5th February, 2024.
- (iii) The Drugs (Second Amendment) Rules, 2024, published in Notification No. G.S.R.216(E) in the Gazette of India dated 18th March, 2024.
- (iv) The Drugs (Third Amendment) Rules, 2024, published in Notification No. G.S.R.293(E) in the Gazette of India dated 28th May, 2024.
- (v) The Drugs (.....Amendment) Rules, 2023 published in Notification No. G.S.R.922(E) in the Gazette of India dated 28th December, 2023.

....

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; and MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SMT. ANUPRIYA PATEL): Hon. Speaker, Sir, I beg to lay on the Table the following paper:-

- (1) A copy of the Detailed Demands for Grants (Hindi and English versions) of the Department of Chemicals and Petrochemicals, Ministry of Chemicals and Fertilizers, for the year 2024-2025.

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- (2) A copy of the Detailed Demands for Grants (Hindi and English versions) of the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, for the year 2024-2025.
- (3) A copy of the Detailed Demands for Grants (Hindi and English versions) of the Department of Fertilizers, Ministry of Chemicals and Fertilizers, for the year 2024-2025.
- (4) A copy of the Outcome Monitoring Framework for the year 2024-2025 of the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers (Hindi and English versions).
- (5) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
 - (i) Statement regarding Review by the Government of the working of the HIL (India) Limited, New Delhi, for the year 2022-2023.
 - (ii) Annual Report of the HIL (India) Limited, New Delhi, for the year 2022-2023, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- (6) Statement (Hindi and English versions) giving reasons for the delay in laying the papers mentioned at (5) above on the Table.

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- (7) (i) A copy of the Annual Report (Hindi and English versions) of the All India Institute of Medical Sciences, Deoghar, for the year 2022-23, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the All India Institute of Medical Sciences, Deoghar, for the year 2022-23.
- (8) Statement (Hindi and English versions) giving reasons for the delay in laying the papers mentioned at (7) above on the Table.
- (9) (i) A copy of the Annual Report (Hindi and English versions) of the Regional Medical Institute, Manipur, for the year 2022-23, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Regional Medical Institute, Manipur, for the year 2022-23.
- (10) Statement (Hindi and English versions) giving reasons for the delay in laying the papers mentioned at (9) above on the Table.
- (11) (i) A copy of the Annual Report (Hindi and English versions) of the All India Institute of Medical Sciences, Madurai, for the years 2021-2022 and 2022-23, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the All India Institute of

Medical Sciences, Madurai, for the years 2021-2022 and 2022-2023.

- (12) Two Statements (Hindi and English versions) showing reasons for the delay in laying the papers mentioned at (11) above on the Table.
- (13) A copy each of the following Notifications (Hindi and English versions) under Section 54 of the National Nursing and Midwifery Commission Act, 2023:-
- (i) National Nursing and Midwifery Commission (submission of Annual Statement of Accounts, Annual Report and other Reports and Statements) Rule, 2024, published in Notification No. GSR 188(E) in the Gazette of India dated 13 March, 2024.
 - (ii) The National Nursing and Midwifery Commission Rules, 2024, published in Notification No. G.S.R. 187(E) in the Gazette of India dated 13th March, 2024.
- (14) A copy each of the following Notifications (Hindi and English versions) under Section 55 of the National Dental Commission Act, 2023:-
- (i) The National Dental Commission (Annual Statement of Accounts, Annual Report and other Reports and Statements) Rules, 2024, published in Notification No.

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G.S.R. 186(E) in the Gazette of India dated 13th March, 2024.

(ii) The National Dental Commission Rules, 2024, published in Notification No. G.S.R. 189(E) in the Gazette of India dated 13th March, 2024.

(iii) S.O.990(E) published in Gazette of India dated 01st March, 2024 appointing the 29th February, 2024, as the date on which the provisions related to certain sections, mentioned therein, of the National Dental Commission Act, 2023 shall come into force.

....

[English]

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):** Sir, on behalf of Shri Kirti Vardhan Singh, I rise to lay on the Table a copy of Detailed Demands for Grants (Hindi and English versions) of the Ministry of External Affairs for the year 2024-2025.

[Placed in Library, See No. LT 410/18/24]

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THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND

WATERWAYS (SHRI SHANTANU THAKUR): Sir, I rise to lay on the Table:-

(1) A copy of Detailed Demands for Grants (Hindi and English versions) of the Ministry of Ports, Shipping and Waterways for the year 2024-2025.

[Placed in Library, See No. LT 411/18/24]

(2) (i) A copy of the Annual Report (Hindi and English versions) of the Inland Waterways Authority of India, Noida, for the year 2022-2023, along with Audited Accounts.

(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Inland Waterways Authority of India, Noida, for the year 2022-2023.

(3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 412/18/24]

(4) A copy of the Inland Vessels (Design and Construction) Rules, 2024 (Hindi and English versions) published in Notification No. G.S.R. 295(E) in the Gazette of India dated 28th May, 2024, under sub-section (1) of Section 113 of the Inland Vessels Act, 2021.

[Placed in Library, See No. LT 413/18/24]

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(5) A copy each of the following Notifications (Hindi and English versions) under Section 73 of the Major Port Authorities Act, 2023:-

(i) The Board of Major Port Authority for Chennai Port (Meetings of Board and Transaction of Business) Regulations, 2024 published in Notification No. F.NO. CHPA/RRC/001/2024 in Gazette of India dated 10th May, 2024.

(ii) The Board of Major Port Authority for Mumbai Port (Meetings of Board and Transaction of Business) Regulations, 2024 published in Notification No. F.NO. GAD/G/REG/502 in Gazette of India dated 07th March, 2024.

(iii) The Board of Major Port Authority for Syama Prasad Mookerjee Port (Meetings of Board and Transactions of Business) Regulations, 2024 published in Notification No. F.NO. SMPK/01/2024-25 in Gazette of India dated 15th June, 2024.

[Placed in Library, See No. LT 414/18/24]

(6) A copy of Notification No. IMU/HQ/ADM/Notification/2024/01 (Hindi and English versions) published in Gazette of India dated 28th March, 2024, amending Statute 16(1)(k) regarding Membership, Constitution/Quorum and Tenure of the Planning Board and Regulation for the conduct of Planning Board

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Meeting under sub-section (2) of Section 47 of the Indian Maritime University Act, 2008.

[Placed in Library, See No. LT 415/18/24]

[Translation]

MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Hon'ble Speaker Sir, I beg to lay the following papers on the Table:-

- (1) A copy of Detailed Demands for Grants (Hindi and English versions) of the Ministry of Defence for the year 2024-2025.
- (2) A Copy of the Defence Services Estimates (Hindi and English versions) for the year 2024-2025.
- (3) (i) A copy of the Annual Report (Hindi and English versions) of the Centre for Land Warfare Studies, New Delhi, for the year 2023-2024, alongwith Audited Accounts.
(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Centre for Land Warfare Studies, New Delhi, for the year 2023-2024.

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD

DEVELOPMENT (SMT. SAVITRI THAKUR) :Hon'ble Speaker Sir, I beg to lay

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on the Table a copy of the Detailed Demands for Grants (Hindi and English versions) of the Ministry of Women and Child Development for the year 2024-2025.

[Placed in Library, See No. LT 418/18/24]

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12.04 hrs

BUSINESS OF THE HOUSE

[English]

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Hon. Speaker, Sir, with your permission, I rise to announce that Government Business during the remaining part of the 2nd Session of the 18th Lok Sabha will consist of:-

1. Consideration of any item of Government Business carried over from today's Order Paper:- [it contains (i) Discussion and voting on Demands for Grants for 2024-25 of the Ministry of Health and Family Welfare; and (ii) Discussion and voting on Demands for Grants for 2024-25 of the Ministry of Fisheries, Animal Husbandry and Dairying].
2. Discussion and voting on Demands for Grants for 2024-25 of the Ministry of Housing and Urban Affairs.
3. Guillotining of outstanding Demands for Grants in respect of Union Budget for 2024-25.
4. Consideration and passing of the following Bills:-
 - (i) The Finance (No.2) Bill, 2024
 - (ii) The Bharatiya Vayuyan Vidheyak, 2024

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(iii) The Disaster Management (Amendment) Bill, 2024

5. Consideration and passing of the Readjustment of Representation of Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024, after its introduction.

6. Consideration and passing of the Oilfields (Regulation and Development) Amendment Bill, 2024, after it is introduced, considered and passed by Rajya Sabha.

[Translation]

HON. SPEAKER: Item No. – 10, Shri Jagat Prakash Nadda ji.

... (*Interruptions*)

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12.05 hrs

ELECTION TO COMMITTEES

[English]

**(i) Governing Council of North Eastern Indira Gandhi Regional Institute
of Health and Medical Sciences (NEIGRIHMS), Shillong**

**THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF
CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):** Sir, I
rise to move the following:-

“That in pursuance of Rule 3(b)27 read with rule 4(b) of the Rules of North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, the members of this House do proceed to elect, in such manner as the Speaker may direct, one member from amongst themselves to serve as member of the Governing Council of North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong subject to the other provisions of the said Rules.”

[Translation]

HON. SPEAKER: The Question is:

“That in pursuance of Rule 3(b)27 read with rule 4(b) of the Rules of North Eastern Indira Gandhi Regional Institute of Health and

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Medical Sciences, Shillong, the members of this House do proceed to elect, in such manner as the Speaker may direct, one member from amongst themselves to serve as member of the Governing Council of North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong subject to the other provisions of the said Rules.”

The Motion was adopted.

... (*Interruptions*)

HON. SPEAKER: Item No. – 11, Shri Sanjay seth ji.

... (*Interruptions*)

12.06 hrs

(ii) Central Advisory Committee for the National Cadet Corps

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Hon’ble Speaker Sir, I beg to move the following Motion:

“That in pursuance of clause (i) of sub-section (1) and sub-section (1A) of Section 12 of the National Cadet Corps Act, 1948, the members of this House do proceed to elect, in such manner as the Speaker may direct, two members from amongst themselves to serve as members of the Central Advisory Committee for the

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National Cadet Corps, subject to the other provisions of the said Act and the Rules made thereunder.”

HON. SPEAKER: The Question is:

“That in pursuance of clause (i) of sub-section (1) and sub-section (1A) of Section 12 of the National Cadet Corps Act, 1948, the members of this House do proceed to elect, in such manner as the Speaker may direct, two members from amongst themselves to serve as members of the Central Advisory Committee for the National Cadet Corps, subject to the other provisions of the said Act and the Rules made thereunder.”

The Motion Was Adopted.

... (*Interruptions*)

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12.07hrs

MATTERS UNDER RULE 377 *

[Translation]

HON. SPEAKER: Hon'ble Members, all Members may lay personally on the Table, all the matters allowed to be tabled before the House under Rule 377.

`(i) Need to construct Sports Complex in Sarkaghat, Himachal Pradesh

SUSHRI KANGNA RANAUT (MANDI): Hon'ble Sir, large quantities of drugs are being pushed into Himachal Pradesh via Punjab under international conspiracy. Heroine, locally known as '*Chitta*' constitutes the biggest drug in this. It is considered the most chemically treated, harmful and addictive drug. After Punjab, Himachal Pradesh is also getting trapped in its grip. Initially, this drug is provided free of cost to the school children. Gradually, when they become fully dependent and weak from inside, they have to procure *Chitta* by stealing money from home or even by selling the jewellery of the household. This way, the veins of the youth of Himachal Pradesh are being hollowed out. The youth of Himachal Pradesh are being mis-guided. A possible reason behind this conspiracy may be that majority of youth from Himachal get enrolled in Indian Army. I would like to request to take steps to guide the youth of Himachal Pradesh both physically and mentally to follow rules and move to better future. The children in Himachal Pradesh do not get any facilities regarding sports. I

* Treated as laid on the Table.

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would like to request the Ministry of Youth Affairs and Sports to construct a Sports Complex in Sarkaghat Assembly Constituency. I would like to request that facilities for initial training of National Level games such as Long Jump, Swimming, Basket Ball, Hockey, Weightlifting, Gymnastics and shooting for all the children across Himachal Pradesh including the tribal children so that they may pursue and give direction to their passion of life.

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(ii) Need to construct stop dam in Narsinghpur district in Hoshangabad

Parliamentary Constituency

SHRI DARSHAN SINGH CHOUDHARY (HOSHANGABAD): It is very necessary to construct a stop dam for water management and proper irrigation facilities in the hilly areas of Tendukheda area in district Narsingpur under my Parliamentary Constituency.

The villages left out of the Chinki Boras Barrage Irrigation project should be covered under the project so that the farmers' land may be irrigated and the water table may improve.

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**(iii) Regarding Protection and conservation of Historical and Religious
Monuments in Mithila Region of Bihar**

SHRI GOPAL JEE THAKUR (DARBHANGA): The Mithila region of Bihar has been culturally and religiously rich since ancient times and dozens of such historical, mythological and religious sites in the region are evidence. However, Hon'ble Speaker Sir, these historical and mythological sites have not been maintained properly and several of them have thus become dilapidated. Hon'ble Speaker Sir, there are several historical and mythological religious sites in the region, whose conservation and promotion is very necessary. Hon'ble Speaker Sir, the conservation and promotion of these sites in today's era is very necessary and proper, keeping in mind the tourism prospects as well as the economic progress of this region. Through you, I would like to request the Hon'ble Minister to cover and develop such major historical and religious sites of Mithila region under the Swadesh darshan Scheme as "Mithila Circuit" which will promote tourism in the region, generate new employment opportunities and enable economic development of the region.

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(iv) Regarding Service Condition of Employees in Jammu and Kashmir

SHRI JUGAL KISHORE (JAMMU): Hon'ble Speaker Sir, through you, I would like to draw the attention of the Union Government towards the deplorable condition of Daily Wagers, Need Based Workers, Contractual Workers and Adhoc Workers employed in various departments in Jammu Kashmir. An employee expects timely and correct payment of monthly remuneration when he serves in a department to enable him to provide for the needs of his family. They feel compelled to resort to demonstrations and agitations if they do not get remuneration in time. They give services and play an important role in smooth functioning of every department but are compelled to resort to agitations when they do not get even their payments. I would like to request the Government to provide financial assistance to the Jammu Kashmir UT administration and make funds available or formulate a policy for such workers so that those who have been working for many years can become permanent. Or else they can be covered under the Minimum Wages Act so that they may get their full wages in time and can lead a smooth life.

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(v) Regarding incident of Food poisoning in school and loss of money of investors in Sahara Group in Maharajganj Parliamentary Constituency

SHRI JANARDAN SINGH SIGRIWAL (MAHARAJGANJ): Sir, on 16 July 2013, 23 children died one by one and many children fell ill after eating poisonous food in the primary school in the community hall of Dharmasati Gandaman village of Mashrakh block of Saran (Chhapra) district in my Parliamentary Constituency Maharajganj, Bihar. In this heart-rending incident, many families lost their future, their children. Even after so many years, the families of those deceased children and the families of the children affected by the above incident received two thousand rupees each, which was taken by the agents of Sahara Pariwar to benefit their company in the name of providing benefits to them and that money also got lost.

Therefore, through you, I would like to request the Minister of Home Affairs and the Minister of Education to take necessary steps to provide relief to the families affected by the above incident.

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**(vi) Regarding Implementation of Khelo India Programme in Mandsour
Parliamentary Constituency**

SHRI SUDHEER GUPTA (MANDSOUR): Khelo India is a national programme for the development of sports, through which the Prime Minister of the country has done a great job of reviving the sports culture in India at the ground level. In my Parliamentary Constituency, Mandsour, a strong infrastructure has been developed for hockey by including hockey under Khelo India. I request to promote the sports such as basketball, football, kabaddi, kho-kho, mallakhamb, volleyball, badminton and chess in Neemuch, Manasa, Jawad, Suwasra, Javra, Garoth and Malhargarh Assembly Constituencies under my Parliamentary Constituency as children there play these games at national level. A particular sport should be developed in each assembly in each of the Assembly Constituencies under 'Khelo India' so that proper development of sports can be done.

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(vii) Regarding setting up of AIIMS, Navodaya Vidyalayas and Kendriya Vidyalayas in Tripura East Parliamentary Constituency

[English]

SHRIMATI KRITI DEVI DEBBARMAN (TRIPURA EAST): My Parliamentary Constituency, Tripura-East Consists of 6 districts. It is an indigenous tribal area of the Northeast, there is a great lack of basic facilities like good specialised Hospitals, clean drinking water supply, residential schools, and uninterrupted electricity supply. Through you, I want to request the Hon'ble Finance Minister to please oblige the people of my Parliamentary Constituency including the State of Tripura by giving your consent for the establishment of one state-of-the-art Hospital like AIIMS and at least 5 more flagship schools like Jawahar Navodaya Vidyalayas, and Kendriya Vidyalayas in my Parliamentary Constituency

(viii) Need to complete railway projects in Palamu, Jharkhand

[Translation]

SHRI VISHNU DAYAL RAM (PALAMU): Due to pending of two railway projects under my Parliamentary Constituency Palamu, the residents of that area are facing extreme difficulties in commuting. One project is related to the construction of Gaya-Sherghati Imamganj-Daltanganj railway line and the other project is related to the construction of railway line up to Barwadih Chirimiri Ambikapur. I have been raising the issue for construction of the said projects in the House since 2014. There is one similarity in both the railway projects and that is the railway line has been constructed for several kilometers in both the projects. Crores of rupees have also been spent on both these railway projects but no work is going on in this regard for years. Therefore, Sir, through you, I would like to request the Hon. Minister of Railways to complete both these railway projects so that not only the residents of my Parliamentary Constituency Palamu will have convenience in commuting but the residents of the respective districts of Bihar and Chhattisgarh states will also have convenience.

(ix) Regarding human - wild animal conflict in Uttarakhand

SHRI AJAY BHATT (NAINITAL-UDHAMSINGH NAGAR): Sir, through this House, I wish to draw your attention to the serious challenge of wildlife-human (farmer) conflict in the forest-rich areas of Uttarakhand. Hundreds of people have lost their lives due to wildlife, and due to extensive damage to crops, people are forced to migrate from there. The farmers of Uttarakhand are unable to do their farming due to the terror of wildlife. People are forced to change crop pattern and the problem of starvation has arisen before them. Sir, through the House, I would like to demand from the Union Government that the Government should take effective short-term and long-term steps by understanding this problem seriously and establishing coordination between stakeholders, policy makers, State and Union Governments, Department of Law, Department of Forest, Department of Agriculture, media and Non-Governmental Organizations. Apart from this, the Government should immediately implement suggestions like solar energy based fence, land utilization planning, eco-tourism, environmental service tax and green bonus and farmers should be provided resources and training for crop change to deal with this challenge. I also demand to make wildlife laws more useful for the public.

(x) Regarding setting up of Ahir Regiment

SHRI DHARAMBIR SINGH (BHIWANI-MAHENDRAGARH): Various communities of our country have made significant contributions to the Indian Army, and the Ahir community has also been an integral part of this tradition. In 1920, the British rule classified the Ahirs as a "farmer community", which was then synonymous with "fighter community". The Ahir community has presented many examples of its courage, sacrifice and patriotism in the Indian Army. The 19 Kumaon Regiment was set up in 1945, which played a remarkable role in the Rezangla war. The Ahir Regiment of 13 Kumaon faced the Chinese attack in Ladakh in 1962. In this war, 120 Ahir soldiers fought till their last breath and 114 out of 117 soldiers were martyred. Under the leadership of Major Shaitan Singh, these soldiers showed unparalleled bravery, for which Major Shaitan Singh was posthumously awarded the Param Vir Chakra. The demand for setting up of Ahir Regiment is not only a question of social justice, but it is an important step to strengthen the power and diversity of our army. Representation of different communities promotes inclusiveness and unity in the army, which strengthens the security of the nation. I appeal to set up the Ahir Regiment.

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(xi) Regarding inclusion of employment centric curriculum in GK CIET and UG/ITI level courses

SHRI KHAGEN MURMU (MALDAHA UTTAR): Through you, I would like to draw the attention of the Hon. Minister of Education Shri Dharmendra Pradhan Ji to some important facts of G.K.CIET College which has been established by the Ministry of Education, Government of India and is located in my Constituency Maldaha Uttar.

1. Sir, G.K.CIET was set up with the objective of providing employment opportunities to the local school dropouts, unemployed youth and rural women by providing them skill development and technical education, but today that college has become an ordinary engineering college. There is a need to pay special attention to this.
2. There is a need to start some graduate and ITI level courses which have many employment opportunities such as Agriculture Engineering, Automobile Engineering, Interior Design, Computer Hardware & Networking, Diesel Mechanic, Air Condition and Refrigerator Repairing, Sericulture & Waiving Technology, Repair & Maintenance of Electrical & Electronic Gadgets, etc. Sir, in my Constituency Maldaha Uttar, 50 percent of the population is from the minority community and 30 percent of the population is from Scheduled Castes and Scheduled Tribes and this area is one of the most backward areas in terms of social and economic development and employment.

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(xii) Regarding awareness programmes for the SC/ST population about central government welfare schemes

[English]

DR. JAYANTA KUMAR ROY (JALPAIGURI): I wish to raise the issue regarding the awareness programmes for the SC/ST population, which constitutes a significant portion of my constituency (SC: 36.71% and ST: 18.87%). Despite numerous Central Government welfare schemes, many individuals from these communities remain unaware of these benefits. Those who are aware often encounter challenges navigating the application processes due to stringent documentation requirements. Given that 55.58% of Jalpaiguri's population belongs to SC and ST communities, it is vital to enhance their access to these welfare programs. I propose the launching of a program similar to Karnataka's Namma Dhwani in Jalpaiguri, utilizing community radio in native languages such as Rajbangshi and Sadri languages to connect with locals more effectively. Additionally, leveraging programs like the Viksit Bharat Sankalp Yatra by deploying volunteers to disseminate information, assist with applications, and facilitate better documentation would significantly benefit these communities.

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(xiii) Regarding utilization of funds under central scheme for school education

SHRI PRADYUT BORDOLOI (NAGAON): In NITI Aayog's SDG Index for 2023-24, Assam was amongst the 5 worst-performing states on Quality Education. According to the UDISE Plus 2021-22 report, the share of schools in Assam with functional electricity and toilets was 10 percentage points lower than the national average. The National Achievers Survey, 2021 showed that 79% of class 10 students in Assam performed at basic and below basic levels. Despite this, the Assam government has failed to implement key infrastructure projects. A meeting of the Project Approval Board of Samagra Shiksha scheme in January revealed that 80% of additional classrooms and 91% of major repair works under the scheme were pending in Assam. I thus urge upon the Government to take action to improve the state of school education in Assam. The Central and State Governments could work together to create action plans on how funds will be utilised under central schemes related to school education to ensure funds do not go un-utilised. Efforts should also be made by all tiers of Government to make policy more adaptable- feedback mechanism should be established with respect to communities, particularly marginalised ones, to provide inputs and suggestions and understand local shortfalls in Assam's school education system.

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(xiv) Regarding ban on single use plastic lighters

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): I propose a ban on single-use plastic lighters and support for our traditional matchbox industry to address environmental and economic concerns. Single-use plastic lighters are non-biodegradable and contribute to plastic pollution, harming wildlife and ecosystems. In contrast, matchsticks are biodegradable and have a lower environmental footprint. Supporting the matchbox industry offers economic benefits by creating jobs, especially in rural areas, and preserving traditional craftsmanship. To implement this, I suggest: Legislative Action: Ban the manufacture, import, and sale of plastic lighters. Incentives for Manufacturers: Provide subsidies and tax breaks to matchbox producers to enhance production and sustainability. Public Awareness Campaigns: Educate the public on the environmental impact of plastic lighters and promote matchsticks. Research and Development: Invest in innovations to improve matchbox production and explore new markets. Support for Workers: Offer retraining and financial assistance for those affected by the ban. This approach will reduce plastic waste, boost the matchbox industry, and support rural employment. Let us act to protect our environment and economy.

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(xv) Regarding dumping of biological waste in public places and agricultural land by pharmaceutical companies in Yadadri Bhongir district

SHRI CHAMALA KIRAN KUMAR REDDY(BHONGIR): I wish to bring to the attention of the Government regarding a grave concern of my constituency. Pharmaceutical companies are dumping biological wastes into public places and agricultural lands in Dhotigudem Village, Choutuppal, Yadadri Bhongir district, posing severe environmental and health hazard. Companies are recklessly disposing of toxic waste. I request immediate intervention by the Hon'ble Minister of Environment, Forests and Climate change to ensure these violations stop, enforce environmental laws, and save the people from further harm. Despite numerous complaints and inspections by the Central Pollution Control Board, which have found violations and levied fines, these companies continue to ignore the rules and refuse to pay fines. Prompt action is necessary to protect the health and well-being of my constituents. I urge the Government to take swift measures to address this critical issue.

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**(xvi) Regarding stoppage of more trains at Gangapur City Station and to restart operation of discontinued trains in Sawai Madhopur
Parliamentary Constituency**

[Translation]

SHRI HARISH CHANDRA MEENA (TONK-SAWAI MADHOPUR): There are two stations under my parliamentary constituency Tonk-Sawai Madhopur - Gangapur City and Sawai Madhopur. Poor, labourers, traders, students and patients of this region travel to the country's capital Delhi by train from these stations. Currently, traders are suffering losses in business, patients and youth are facing hardships in commutation due to the shortage of trains. This region has the world famous Ranthambore National Park Tiger Sanctuary, which attracts tourists from the country and abroad. They are also facing problems in commutation, which has a direct impact on the employment here. There are other tourist places also in this region like Trinetra Ganesh Temple. Currently, after the Golden Temple train at 8:25 in the morning, there is Sogaria Express at 17:35 in the evening. Goa Sampark Kranti Express, Gujarat Sampark Kranti and Kerala Sampark Kranti should be given halt at Gangapur City station for the convenience of the people of the region and the number of trips of trains should also be increased without any delay. The train Janta Express (19023/19024) which was closed during the corona pandemic should also be restarted immediately which will increase revenue of the railways in return.

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(xvii) Need to open a branch of AIIMS in western Uttar Pradesh

SHRI HARENDRA SINGH MALIK (MUZAFFARNAGAR): The people of the western Uttar Pradesh districts Muzaffarnagar, Meerut and Baghpat are suffering due to the spread of a serious disease called cancer. There is no hospital for cancer at the local level. This adds to the hardships. The treatment from private doctors is very expensive, sometimes a poor person is deprived of treatment or has to sell his property. No special facility has been provided for the treatment of these diseases in western Uttar Pradesh. It is very important to upgrade Meerut Medical college like AIIMS or plan a major hospital in Muzaffarnagar district. In the view of experts the cause of these diseases is pollution. Therefore, the government is requested to open a branch of AIIMS in western Uttar Pradesh to save the lives of people.

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(xviii) Regarding construction of Nawalpur – Ratwal National Highway Project

SHRI SUNIL KUMAR (VALMIKI NAGAR): The length of Manuapul to Ratwal road is 37 KM, out of which Manuapul to Nawalpur road of about 20 km has been constructed. Nawalpur to Ratwal road is about 17 KM, which is to be get constructed out of Central Road and Infrastructure Fund (CRIF). There is no progress in this regard so far. The residents of the area have to face a lot of difficulty in commuting from Nawalpur to Ratwal. This road gets completely closed during the rainy season. I had also requested you through a letter for the construction of this road, but no concrete action has been taken in this regard till now. Also, this road should be extended from Rajwatia to Bagaha and Mangalpur. Therefore, I demand through the House that the Nawalpur-Ratwal highway should be constructed as soon as possible in public interest.

(xix) Regarding declaring Thane Railway Station as heritage station

SHRI NARESH GANPAT MHASKE (THANE): In 1850, Railway Company from Kolkata started a 34 km long rail line between Bori Bunder and Thane and the country's first train ran between Bori Bunder and Thane in Mumbai on 16 April 1853, carrying about 400 passengers and the journey took 1 hour and 15 minutes. This was a glorious moment in the history of India and a 21-gun salute was also given to it at that time. The steam engine of this historic train is still kept at Thane railway station, which is a center of attraction for the daily commuters and tourists. 6 to 7 lakh citizens travel from Thane station every day and it is also placed in the category of A1 station, but taking cognizance of its history, but now people demand to give status of heritage station to it. Therefore, through you, I request the Hon'ble Railway Minister to give the status of heritage station to Thane railway station to honour its glorious history and tourism is promoted here, which leads to inclusive development of my Lok Sabha constituency and new employment opportunities are created.

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**(xx) Regarding easing movement of locals and tourists on Jammu –
Srinagar Highway**

SHRI AGA SYED RUHULLAH MEHDI (SRINAGAR): I would like to draw your attention to the frequent halt of traffic on the Jammu Srinagar National Highway due to the movement of small troops of armed forces, and convoy, which causes a lot of hardship to the passengers travelling on this highway. Sometimes, even the cars and ambulances of very serious patients are stopped due to the movement of a small armed force, due to which the condition of the patient becomes very serious and at times patient lost his/her life before reaching the hospital. Students who are going to appear in important exams also become its victims. Many such complaints are being received about this national highway and passengers and tourists are facing a lot of hardships. You are requested to take up this issue at your level with the government to take action to not put the road check convoy and halt of general traffic at various places on the Jammu Srinagar highway. I along with the local passengers will be very grateful to you for this important move.

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(xxi) Regarding cases filed against SC/ST youths across the country

[English]

ADV. CHANDRA SHEKHAR (NAGINA): I rise to highlight the injustice faced by SC/ST youth following the peaceful Bharat Bandh protest in April 2018. The protest was in response to the Supreme Court's dilution of the SC/ST (Prevention of Atrocities) Act, which aimed to express legitimate concerns over systemic discrimination and violence against marginalized communities. Alarming, numerous false cases were filed against SC/ST youth allegedly across various states, unfairly criminalizing them for their rightful protest. This act not only violates their constitutional rights but also further marginalizes these already oppressed communities. I urge upon the Government to take immediate action to withdraw all alleged false cases filed against these youth and to conduct a thorough investigation into the misuse of power by authorities during these incidents. Those found responsible for filing false cases must be held accountable. Furthermore, the Government should provide adequate compensation to the falsely implicated individuals, acknowledging the trauma and suffering they have endured. Additionally, suitable employment opportunities, including Government jobs, should be offered to help them rebuild their lives and secure their futures. This is a call for justice, equality, and fairness principles enshrined in our Constitution.

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[Translation]

.....(*Interruptions*)

HON. SPEAKER: Mr. Sudip Bandyopadhyay ji, what do you want to say?

....(*Interruptions*)

[English]

SHRI SUDIP BANDYOPADHYAY (KOLKATA UTTAR): Sir, 18 per cent GST is being charged upon life insurance premium and medicines. We demand it to be withdrawn immediately. ... (*Interruptions*) This GST is anti-people. This GST is adversely affecting the people of India. I propose that this proposal should be rolled back ... (*Interruptions*)

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12.08 hrs

ANNOUNCEMENT BY THE SPEAKER

Postponement of Private Members' Business

[Translation]

HON. SPEAKER: Hon'ble Members, now this House will discuss the demands for grants of the Ministry of Health. If the House agrees, today's Private Members' Business may be rescheduled for next week. Next week we will try to take up both the resolution and the bill alternatively. The matters of Zero Hour will be taken up after the discussion on the demands for grants is over. The Hon'ble Health Minister will reply on Monday.

... (*Interruptions*)

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12.09 hrs

UNION BUDGET (2024-2025) - DEMANDS FOR GRANTS

Ministry of Health and Family Welfare

[Translation]

HON. SPEAKER: Now the Demands for Grants pertaining to the Ministry of Health and Family Welfare will be taken up for discussion and Division in the House.

Hon'ble Members present in the House who have given notice of Cut Motions on the Demands for Grants pertaining to the Ministry of Health and Family Welfare and want to table their respective Motions may send the slips with number of Cut Motions being tabled by them within 15 minutes.

The list showing the serial numbers of such Cut Motions tabled shall be pasted on the Notice Board after some time. If the Members observe any discrepancy in the said list, they may inform the same immediately to the officer present on the Table of the House.

The Motion moved:

"That the respective sums not exceeding the amounts shown in the third column of the Order Paper be granted to the President out of the Consolidated Fund of India to defray the charges that will come in course of payment during the year ending the 31st day of March, 2025 in respect of the heads of demands entered in the second column thereof against Demands Nos. 46 and 47."

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Demands for Grants, 2024-2025 in respect of the Ministry of Health and Family Welfare submitted to the Vote of Lok Sabha

(Amount in Rs.)

No. of Demand	Name of Demand	Amount of Demand for Grant submitted to the Vote of the House	
		Revenue	Capital
46-Department of Health and Family Welfare		105939,07,00,000	
3612,29,00,000			
47-Department of Health Research		3300,87,00,000	
86,00,000			
-			
TOTAL REVENUE/CAPITAL		109239,94,00,000	
3613,15,00,000			
-			

... (*Interruptions*)

[Translation]

HON. SPEAKER: Shri Tariq Anwar ji.

... (*Interruptions*)

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SHRI TARIQ ANWAR (KATIHAR): Sir, thank you very much for giving me an opportunity to participate in the discussion on a very important subject.

12.10 hrs (Shrimati Sandhya Ray *in the Chair*)

Madam, through the House, I would like to thank the people of my Parliamentary Constituency Katihar also who have given me this opportunity to represent them in this House for the sixth time. We are discussing the Health Budget for the year 2024-25 today. The Department of Health is a very important department and we all believe that Health is wealth. This has been our belief for years. No wealth is comparable to health. In the light of this belief, the focus of all of us as well as that of the Government should be fully towards health services and we should work towards it. We will have to see the approach of the Government as what I just said as to whether the Government has formulated any plans so far to ensure improvement in the health conditions of our countrymen. In a nutshell, it will not be incorrect to say that the health condition of the Department of Health is not good and everything is not in order. Hence, I believe that if the working of the department is set right and action is taken for its improvement, keeping in view the health of the people, much can be achieved.

Hon. Madam, as per the GHS, Global Health Security Index 2021 ranking is concerned, our country ranks 50th among 195 countries. There was a time when the profession of a doctor was considered to be a very noble profession. People used to say that a doctor is God incarnate on earth because he is always

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concerned about saving lives. Thus, people thought very highly of doctors and this profession. We can see that this profession has taken the form of a business at present. It seems that there is a competition of making or hoarding more and more money. This is a matter of grave concern that the views of people have changed drastically. The condition of medicinal drugs is also not a secret. We all know that the prices of life saving drugs have increased so much that they are way beyond the reach of poor and common man. We need to look into this aspect also. Our country is not fully developed as yet. We are trying to become a developed country. The 111th ranking of our country among 125 countries in terms of Hunger Index is a cause of grave concern at present. In such circumstances, it is very important and big responsibility to ensure access of healthcare facilities to the people.

Hon. Chairperson Madam, the effects of COVID-19 pandemic have brought to the fore the need to focus on universal health services as we observed during the time of the pandemic in our country that a large number of people died due to lack of required health infrastructure in our country which was supposed to be there. Though, attempt was made to hide the number of people who died due to the pandemic but everyone around the world know the truth well regarding the number of casualties in our country made public. Detailed articles were published in newspapers like The New York Times regarding the number of deaths in our country. The effect was that a question mark was put regarding the reputation of India around the world and it was felt that we could not successfully save the health and lives of our people.

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Hon. Chairperson Madam, I hail from Bihar. Hon'ble Nadda ji who also has connections to Bihar, is not present in the House. The condition of Health Services in State like Bihar, from where I am elected, is very poor. All the Members of Parliament from Bihar, belonging to different Political Parties also face the problem of having to entertain the patients of Bihar coming to Delhi and desiring to be admitted in AIIMS. The most important task and responsibility of Members of Parliament today, is to get the patients from Bihar or other States, admitted in AIIMS. The image of AIIMS among people is still intact. People have firm belief that if they get admitted in AIIMS, they will surely be cured of their illness and will recover. That is why; maximum people arrive at AIIMS for treatment. The number of such patients arriving from Bihar is more than those from other States because the Health services in Bihar are inadequate. If we have a look at the ground level, the services and standards of maintenance in the Health Centres, District Hospitals and the Referral Hospitals are not proper. People do not have faith in them. People do not get proper treatment in these hospitals. That is why they want to come directly to Delhi and get admitted in AIIMS. The doctors at these hospitals also refer the patients to AIIMS advising them that they will get proper treatment and cure for their diseases at AIIMS.

Hon. Madam, people of the country hope that the country would achieve rapid economic development, fiscal capacity will increase and the Government would be able to spend more on Health sector. This was what, people had imagined. However, the revenue collection of the Government has been impacted adversely due to the present economic condition of the country.

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Despite all this, it was being expected that the present Budget would work towards filling the existing gaps in the public funding of health sector and take proper steps towards achieving the SDGs set by the United Nations. We all had hoped so. It aims at ensuring healthy life and welfare for all people across all age groups. The Government imposed Health cess also in the year 2018-19. Despite this, the health sector expenditure is declining.

Hon. Madam, it was hoped that the current Budget of this new Government would find solutions to some of the long-term problems of Health Sector by particularly increasing the allocation for creating basic health service infrastructure in rural areas, finding some solution for mental health problems, improving the health insurance provisions, developing the pharmaceutical related sectors and focusing on Research and Development.

Hon. Madam, question about the much talked about Ayushman Bharat Scheme was also raised during Question Hour recently. There have been detailed discussions, questions and clarifications on this subject. We can see that Ayushman Bharat Scheme has now become a scheme to provide patients to Private Hospitals. The objective with which the scheme was conceived is probably not getting achieved fully. There is rampant corruption in the name of treatment. We have information and knowledge regarding this. This has also been mentioned in the CAG report as well. It has been mentioned there in that the Private Hospitals are trying to take advantage of the Ayushman Bharat

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Scheme. The benefits to the patients are less while the empanelled Private Hospitals are reaping more benefits.

Hon'ble Chairperson Madam, the National Health Policy, 2017 has been formulated after a gap of fifteen years. It was made in the year 2017 earlier to this. The policy has been made for 15 years this time. Prior to this, schemes were formulated under the National Health Policy, 1983 and the National Health Policy, 2002. The target through the National Health Policy, 2017 was to raise the health expenditure to 2.5 percent of GDP by the year 2025.

Hon. Madam, the problem of out of pocket expenditure continues to pose another challenge. There is a need of more public investment towards universal health care. I hope that the Government would review it. The welfare of people belonging to the weaker sections is most adversely affected due to this. The prices of essential medicines have also considerably escalated during the last few years. The Government has to ensure that the prices of medicines are kept under check and low so as that they remain affordable for common people.

Hon. Madam, an amount of Rs. 90,959 crores has been allocated for health services sector in the country in the Union Budget 2024-25. Though, the total allocation for health sector has seen a slight increase in this year's Budget, the share of this sector in the total Budget has declined during the past few years. The total expenditure on health sector is calculated as a percentage of GDP since the year 2019-20 pre and post Corona period. It is observed that it has been declining continually. It was 0.33 percent of GDP during the year 2019-

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20 and has declined to 0.30 percent of GDP at present. The total expenditure on health sector is calculated as a percentage of total Budget since the year 2019-20 pre and post Corona period.

Hon'ble Chairperson Madam, it has been observed that it is continually declining. It stood at 2.5 percent during the year 2019-20 and has reduced to 2 percent at present. All this is a matter of concern. ... (*Interruptions*)

Hon. Madam, I will conclude within two minutes. The Standing Committee of Parliament has noted in its 143rd report that the Government's attitude towards allocation of budget is not in line with the target of spending 2.5 percent of GDP, set by the National Health Policy (NHP) 2017. The need for giving due priority to the health sector has been highlighted.

Hon. Madam, if I had got some more time to speak, I would have raised some more issues before you. But there is paucity of time. Hence, I conclude my speech. Thank you very much.

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12.24 hrs**Text of Cut Motion****(Token)**

THAT THE DEMAND UNDER THE HEAD DEPARTMENT OF HEALTH AND FAMILY WELFARE (PAGE 163) BE REDUCED BY RS. 100.	46
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SHRI LALJI VERMA (AMBEDKAR NAGAR): I beg to move:

*	Need to establish an AIIMS in Ambedkar Nagar district of Uttar Pradesh.	
*	Need to grant recognition to Post Graduation (PG) in Medicine and Surgery Courses in Government medical college in Ambedkar Nagar. Uttar Pradesh by Medical Council of India (MCI).	

SHRI HANUMAN BENIWAL (NAGAUR): I beg to move:

*	Need to make a policy to provide free medicines for the treatment of rare diseases including muscular atrophy and dystrophy.	
*	Need to increase the number of stores of AMRIT Pharmacy in hospitals connected to various medical colleges of Rajasthan including AIIMS, Jodhpur.	
*	Need to ensure the availability of medicines for the treatment of cancer to poor and needy patients in the country.	
*	Need to increase the number of beds in all the medical colleges of the country.	

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*	Need to increase the number of seats in under graduate and post graduate courses in the medical colleges of Rajasthan.	
*	Need to get a specialised study to investigate the causes for increase in the number of deaths caused due to heart attack. haemorrhage etc. post COVID-19 pandemic and vaccines.	
*	Need to remove the non-administrative officers working on deputation on higher administrative posts in AIIMS. Jodhpur.	
*	Need to fill various posts in AIIMS, Jodhpur.	
*	Need to increase the number of beds in Neuro Surgery Ward, ICU and Cardiac ICU in AIIMS, Jodhpur.	
*	Need to start free facility of Genetic Investigation and Exome Sequencing in AIIMS, Jodhpur.	

SHRI RAJESH RANJAN (PURNIA): I beg to move:

42	Need to open AIIMS in Purnia district of Kosi-Seemanchal region of Bihar.	
43	Need to provide funds to upgrade district hospitals of the country including district hospital of Purnea, Bihar.	

(TOKEN)

THAT THE DEMAND UNDER THE HEAD DEPARTMENT OF HEALTH RESEARCH (PAGE 171) BE REDUCED BY RS. 100.	47
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SHRI HANUMAN BENIWAL (NAGAUR): I beg to move:

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44.	Need to grant approval for establishing National Human Genome Research Institute in Rajasthan.	
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DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Hon. Chairperson Madam, I am very grateful to you for giving me the opportunity to discuss the Grants of the Ministry of Health and Family Welfare in the Budget presented by Hon'ble Nirmala Sitharaman Ji. Health and Education are the two most important pillars for the development of this country. I express my gratitude to the Hon. Chair and the Hon. Prime Minister for having discussion yesterday on Ministry of Education and today on Ministry of Health and Family Welfare in the Budget. It shows how much the Government gives importance to these two departments.

Hon. Chairperson Madam, I have been a student of Patna Medical College in Bihar. Next year Patna Medical College is completing 100 years. The history of Medical education is so old in this country, yet till the year 2014 only 8,01,000 doctors were registered in this country. It shows how the Congress Governments neglected medical education. If I talk about figures, there were 387 medical colleges in the year till 2014 and today 706 medical colleges in this country have been set up under the leadership of Hon. Prime Minister. There were 51,348 seats till the year 2014, which have been increased to 1,08,940. There has been an increase of 112 percent in UG seats and 127 percent in PG seats in medical education. Let me tell you that the figure of 51 thousand would have actually been 30 thousand only. The then Deputy Chief Minister of Uttar Pradesh, Brijesh Pathak ji, was the Chairman of the Standing Committee on Health in 2009. I was also a member of that committee and the Hon. Minister of Health and Family Welfare Shri Nadda ji was also member of it. The Standing Committee on Health recommended the professor and student ratio 1:2 instead

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of 1:1. That resulted in 51 thousand seats. The then UPA Government never paid attention towards setting up medical colleges.

Hon. J. P. Nadda Sahib ji, under the leadership of the Hon. Prime Minister, became the Minister of Health and Family Welfare for the first time in 2014 and he took a historic decision that medical colleges will be set up in every big district. The Bhore Committee, before independence, recommended that there should be one medical college for a population of 50 lakh. This decision was taken only after the Hon. Prime Minister Modi ji came in power. Today, we are witnessing unprecedented improvement in health services due to the setting up of 157 Government Medical Colleges, 75 super new specialty blocks and 22 AIIMS.

WHO fixed the criteria of one doctor on one thousand population. There was one doctor on 1,600 persons till UPA regime. Today we have crossed the WHO criteria as well. Today there is one doctor available on a population of 864. For this, I express my gratitude to the Hon. Prime Minister and the Hon. Minister of Health and Family Welfare, Shri J. P. Nadda ji.

Hon. Chairperson Madam, by allocating Rs. 4,108 crore to 'Ayushman Bharat Health Infrastructure Mission' in the Budget, the Hon. Finance Minister has shown her priority. My colleague from Congress Party was saying that the budget on rural infrastructure has not been increased. Let me tell him that this time, there has been a 63 percent increase in the budget. Along with this, a National Health Policy has been formulated. In the National Health Policy, every State Government was requested to spend at least 8 percent of their budget on

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health services. I am sorry to say that Punjab, Karnataka and Telangana are among four states of the country which spend the least fund on health services. I don't need to tell who are ruling these states. On one hand, the Aam Aadmi Party boasts of Mohalla Clinics. It says that they are making unprecedented improvements in health services. If any State in this country spends the least money on health, it is Punjab.

Bihar is the most backward State in terms of income; it spends on health services as per the National Health Policy. The world's largest hospital with 5,462 beds is being set up in Patna Medical College, my alma mater, and it is fully funded by the State Government. The NDA Government is very sensitive towards health sector. The biggest change that the Hon'ble Prime Minister and Hon. Nadda Ji brought in the year 2014 was Mission Indradhanush. Earlier, children in villages used to left out of vaccination, hardly 44% were vaccinated. We were talking about the Universal Immunization Programme but only 44% children were fully immunized.

The Mission Indradhanush initiative taken by Hon'ble Nadda Ji resulted in special attention being paid to vaccination of children in backward blocks and backward districts. Today, this figure has increased from 44% to 82%. Now the digital age platform has been introduced and 94% children have been registered in it. The Government has taken an initiative to protect children from diseases and prevent them, I congratulate the Government for this.

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The biggest decision of the Government is of 'Ayushman Bharat'. Only the Bharatiya Janata Party can think of free treatment up to Rs 5 lakh for 50 crore poor people, as Deendayal Upadhyaya ji gave the principle of *Antyodaya*, and we all follow the same principle. The Government implemented the Ayushman Bharat PMJAY scheme so that it can provide good health services to poor last rung at societal ladder. Three crore people have benefited from it till date. It is the blessings of those three crore people that Hon. Modi ji has formed the Government with full majority for the third time.

Hon. Chairperson Madam, Congress has also created a record. The Members of Parliament from Congress party has won in double digits for consecutive third time. This is such a unique record, for which my friends from Congress are very happy, very excited, looking at their enthusiasm and passion, it seems that they are very happy to get seats in double digits. I will pray that they always remain in double digits and their enthusiasm and passion always remain intact.

I express my gratitude to the Health Minister, the budget which was only Rs 27 crore 145 crore in the year 2013-14, has now increased to more than 91 thousand crore. The Government of India is continuously providing facilities in the field of medicine. We give rebate in customs duty on several medicines which are not manufactured in India. In this budget, three cancer drugs have been exempted from the custom duty which will greatly benefit 27 lakh cancer patients. These cancer medicines will heal breast cancer, lung cancer, liver

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disease and this will reduce the financial burden on the patients suffering from cancer.

Similarly, in this budget, a provision has been made to exempt X-ray tubes and flat panel detectors from custom duty. This will make X-rays, CT-scans and catheters cheaper. Prime Minister has decided that the country has to be made self-reliant, and as long as we are not making these tubes, exempting them from custom duty will not only make CT scans and catheters made in India cheaper but will also make medical facilities cheaper in India. There was a time, on occurrence of brain haemorrhage, we could blocked the arteries after opening the brain. Today, in cath labs, without opening the brain, we can clip the arteries by inserting a straight catheter in the hemorrhaged brain. All this is done through Cathlabs. Panel detector has been exempted from customs duty which will also help. Make in India campaign will also get a big momentum.

In the year 2019, the Hon'ble Prime Minister had taken a very big decision, he merged both the Ministries of Chemicals and Fertilizers. It was such a big decision, pharma comes under Ministry of Chemicals and Fertilizers, the rest comes under the Health Ministry. Due to this, there was always a confusion and the work was also not done in perfect way. Though we are said to be the pharma capital of the world, but in true sense we are the pharma packaging capital of the world. After closing the Government companies like IDPL, all the raw materials routed to China, but as per the decision of the hon. Prime Minister, PLI was given to the pharma sector and mega pharma parks were created and because of that we have become net exporters again with active pharmaceutical

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ingredients, which is raw material. We can proudly say that yes, India is the pharma capital of the world. We supply generic medicines to the whole world and now there is no need to import raw material from China.

Hon. Chairman Sir, this time the Ministry of Health and Family Welfare has consistently paid a lot of attention to non-communicable diseases. Today, it was being discussed during the Question Hour that due to social media and mobile, people have become more and more comfort seeking and have started eating junk food. Due to these reasons, 56 percent of diseases occur after a certain age. If we talk only about Type-2 diabetes, only two percent of the population was infected with the disease in just 50 years ago and now 20 percent of the population is suffering from this disease. The reason for this is junk food and sedentary lifestyle.

I thank the Central Government for saving the lives of 86 crore 90 lakh citizens by screening them for diseases like BP, diabetes, oral cancer, breast cancer and cervical cancer and providing them timely treatment. There have been 1 crore and 60 lakh sessions of Walkathon and yoga so that the citizens of India can live a healthy lifestyle.

Madam, a colleague from Congress was saying that no budget has been allocated for rural areas. Rs 87,956 crore has been allocated only to strengthen primary health care. In 2014, Hon'ble Minister Nadda ji had decided during his first term that 1 lakh 50 thousand health and wellness centres will be opened. I am happy to tell you that we have opened 1.5 lakh health and wellness centres before the target that was set. We have succeeded in opening 1 lakh 60

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thousand such CHCs, health wellness centres, community health centres. Communicable diseases are also being treated here. 105 medicines are available free of cost in PHCs and 14 types of tests are being done free of cost. 172 medicines are available free of cost in PHCs and health wellness centres and 63 types of tests are being made available to the citizens free of cost. 8 crore 50 lakh people have got benefited from the tele consultation program. For this, I express my gratitude to the Honorable Minister, Nadda Ji.

Madam, through you I would like to draw the attention of the Minister of Health towards an issue. There is a shortage of doctors in Health and Wellness Centres. CAC, Health and Wellness Centres should have maternal and child services, surgeons and physicians, but for this specialist doctors are needed. There are only ten percent CHCs where all the four specialists are present. To run any CHC or hospital; specialists, pathologists and radiologists are needed. Ultrasound and blood test are mandatory for pregnancy related investigations. This work cannot be completed through Medical colleges because we have to take care of Post Graduates of all departments in colleges. PG students also have to be taken care of in all the colleges.

I would like to draw attention to the Governments of Maharashtra and Gujarat, they have been running CPS courses for 112 years. As far as recognition is concerned, the Honorable Minister of Health should also pay attention to this. The students who took admission in Maharashtra were NEET PG qualified. The number of students who took admission in diploma courses in

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Maharashtra after counseling is 23,000. Due to the sudden decision taken by NMC, they are being told that they cannot work as a specialist in CAC and Health and Wellness Centers.

Madam, if we do not provide recognition to these diploma courses then we cannot reach at that level. Those doctors have committed no crime. They have gone through the counseling of Maharashtra government. NMC sometimes starts functioning like MCI. When there was Medical Council of India, the corruption that used to happen at that time, rules were deliberately made that there should be an auditorium in the Medical College and there should be a library of 20 thousand square feet in the Medical College. It was made so difficult that new medical colleges were not opening.

Madam, I would like to request the Hon'ble Minister of Health to encourage such two-year diploma courses not only in Gujarat and Maharashtra but also in other States. This NMC had taken a decision that if there is a shortage of doctors, we will make a provision of rural doctors. But, for those who are MBBS pass doctors, a two-year diploma course is being conducted, so what is the problem in that? I am unable to understand this. According to PCPNDT, they can do ultrasound in any government hospital after doing six months of training but not with a two-year diploma course. A decision of NMC was completely reversed by the Hon. High Court. On this, I would like to say that the Hon'ble Minister of Health should pay attention, otherwise there could be a problem in the future. I would also like to show him an example of the problem. With your

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permission, I am placing this advertisement of the Government of Madhya Pradesh on the Table of the House. It says that recruitment of anesthetist in the department of anesthesia and science for running the first referral unit in Madhya Pradesh. *It gives the authority for recruitment to the State Government to decide, and Central Government would be paying the salary which is up to three lakhs per month. The qualification in this is MDDNB Diploma of Anaesthesia. This situation is not only of Madhya Pradesh. Madhya Pradesh has given a one-page ad all over Delhi. This is the situation of every State. How will they do a caesarean without an anesthetist? How will they save the lives of those children without DCH or MD Pediatrics? How will they do ultrasound, pathology for this? For all this, the State Governments are conducting diploma courses, Madhya Pradesh also used to recognize it, but it was changed by the decision of NMC. I would request you, just as there will be no shortage of doctors in any village anywhere by the year 2030 due to the decision of Honorable Nadda ji, in the same way State Governments should also work to encourage NMC to promote diploma courses, so that the shortage of intermediate specialists is overcome.

While supporting this unprecedented Budget by the Government, I would also request my opposition colleagues to please ask the States of Punjab, Karnataka, Telangana to increase their health budget. The Governments of Madhya Pradesh and Bihar have decided that they will also provide health education in Hindi. Providing education in one's mother tongue is a very revolutionary step. I would also request my colleagues from Tamil Nadu to

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provide health education in Tamil language. Like Madhya Pradesh and Bihar, they should also follow this.

Just as the first term of the Hon'ble Minister of Health will always be remembered for the transformative changes in India, I am confident that the second term of Hon'ble Health Minister Shri Nadda Ji will also be historic.

Madam, with these best wishes, I thank you very much for giving me the opportunity to speak. I fully support the grants for the Ministry of Health in the budget presented by Shrimati Nirmala Sitharaman Ji.

HON. CHAIRPERSON : I am requesting the Hon'ble Members that any Hon'ble Member who wants to give his/her written speech, can lay their speech on the Table of the House.

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SHRI LALJI VERMA (AMBEDKAR NAGAR): Madam Chairperson, I am grateful to you for giving me the opportunity to speak on an important budget like health.

Madam, all the speakers said that health and education are most important for the health of the country. But, we are saddened that the Honorable Minister of Finance has not included health in the nine priorities she has listed in the Budget. At the same time, it is said about health that there is God above and a doctor below. Despite that, the health budget is less than that of the year 2023-24.

I would not like to talk about GDP. In the year 2017, the National Health Mission had accepted that they will spend about 2.5 percent of GDP on the health budget. Right now the budget of the Center is 0.28 percent. On the other hand, the total budget, in the year 2023-24, was 1.19 percent, while the budget of the year 2024-25 is being called a revolutionary budget, then the budget for health is 1.81 percent.

Hon'ble Chairperson Madam, in the health sector of the year 2024-25, if we look at the National Health Policy of the year 2017, then it was said that we will spend 2.5 percent. According to that, its budget should have been Rs 3.3 crore, but that has not been matched.

Dr. Sanjay Jaiswal is a doctor himself. Therefore, he has complete knowledge about this discipline. Today, when we are celebrating Amrit Kaal after 75 years of independence, the poor man is being forced to sell his house every

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day due to various diseases. We are not able to arrange for medical treatment for them. Even today, our out of pocket expenditure, the expenditure of the Center on health, is 11.5 percent. The out of pocket expenditure is 55.10 percent....(*Interruptions*)

I have praised him. This is my time. I have already praised you...(*Interruptions*)

HON. CHAIRPERSON: Hon'ble Members, I am urging you that I will give you time to speak later.

You continue with your speech. Your time is running out.

... (*Interruptions*)

HON. CHAIRPERSON: Hon'ble Member, I request you to conclude your speech keeping in view the time.

SHRI LALJI VERMA : Doctor Sahab, I have praised you for understanding the importance of this. Being a doctor, you have worked to understand all the problems. I am praising you for that. Since you are aware of it, you have put those things here.

Hon'ble Chairperson, you are also an Member of Parliament, you must be getting many recommendations every day, but we are unable to resolve them. I was just mentioning that our out of pocket expenditure is 55.10 percent. The central government's expenditure on health is 11.50 percent. Whereas in South Africa the out of pocket expenditure is 5.5 percent. They have done this much.

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On the other hand, we have opened new Medical Colleges. Currently there are 315 Medical Colleges....(*Interruptions*)

Madam, this time is allocated to my party. Please do not ask me to conclude my speech so early.

HON. CHAIRPERSON: Hon'ble Member, you are not the only Member. Other Members of your party will also speak. Therefore, please conclude your speech in one minute.

SHRI LALJI VERMA : Madam, we have opened new Medical Colleges and AIIMS. The funds for infrastructure mission for this was Rs. 3,365 crore last time. This time in the budget it is Rs. 2,200 crore. It has been reduced.

Madam, since you are giving me less time. I would like to give some suggestions. As Doctor Sahab has said, there is Primary Health Care Mission, along with it there is CHC. We need good doctors in every CHC, there is need of surgeons, there is need of medicine, there is need of pediatrics. How will this be fulfilled? 315 medical colleges have been opened, MBBS is taught there.

MD and MS studies for post-graduation are not being done there. Earlier MCI used to create a big hurdle in giving recognition to it, due to which medical colleges could not be opened.

HON. CHAIRPERSON : Hon'ble Member, please conclude your speech.

SHRI LALJI VERMA: Madam, I will take few minutes to conclude.

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HON. CHAIRPERSON: No, please conclude your speech.

SHRI LALJI VERMA: Madam, NMC has been set up in its place. Today that NMC has also created all kinds of obstacles.

The Minister of Health himself is a doctor and he knows that the Medical College runs through residents. Till there are no PG residents, that medical college is equal to a district hospital. If it has to be converted into a Medical College, then there must be post-graduation classes there and also there should be relaxation in awaiting recognition to it.

The third request I would like to make to the Government through you is that they have made a provision of Ayushman Bharat card and given people the opportunity to receive health services, but when a person goes to any hospital with that card, be it a government hospital, one has to wait for the money to arrive first, then their treatment begins. If one is a heart patient, then definitely they cannot get admission according to heart emergency. ...*(Interruptions)* Madam, please listen to me a little more. I would request Members of our party.

HON. CHAIRPERSON: Have you decided not to give an opportunity to other Members of your party? Other Members of your party would also like to speak.

SHRI LALJI VERMA: Madam, I will conclude my speech in a minute. We have KGMU, which is the largest Medical University in India. If a heart patient goes there, it takes 15 days for the money or equipment of 'Ayushman Bharat' to arrive, due to which the patient is not treated. Therefore, such arrangements

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should be made that when a patient holding Ayushman Bharat card reaches any major institution, their treatment must be started.

[English]

***DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH):** The Union health ministry has been allocated ₹90,958.63 crore which cannot provide required results. Basically, Health is a State subject. But like Education here too the Union Government infringe upon the federal rights of the states through the Regulatory bodies like the National Medical Commission.

The Government of Tamil Nadu has taken enormous efforts for the development of Health Infrastructure. At present Tamil Nadu has 36 Government Medical College Hospitals, Highest in the country, 62 Hospitals attached with Medical Colleges and Tamil Nadu Government Multi Super Speciality Hospital, Kalaignar Centenary Super Specialty Hospital, 3 Tamil Nadu Government Dental College and Hospitals, 37 District Headquarters Hospitals, 256 Taluk and Non-Taluk Hospitals, 1832 Primary Health Centres (PHCs), 8713 Health Sub Centres (HSCs), 487 Urban Primary Health Centres (UPHCs), 10. ESI Hospitals and 235 ESI Dispensaries, 1541 Indian System of Medicine Hospitals and Dispensaries. Tamil Nadu medical care High end equipment has equitable distribution of 46 MRI Scans, 132 CT Scans and 1138 Dialysis Machines. Tamil Nadu, currently 441 UPHCs, 39 UCHCS and 3 Maternity

* Speech was laid on the Table.

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Homes spread across 21 Corporations and 132 Municipalities are 41 functioning in the State.

For a population of 8 crore people, Tamil Nadu has the most developed and advance State to provide holistic health care and tops in every good parameter in health care and family welfare in the country, viz., Doctor-Patient ratio, Hospital-Population Ratio, Hospital Beds Patients Ratio, Nurses-Patients ratio. The per capita availability of Critical Health care equipment and Lab infrastructure in Tamil Nadu is unmatched not only in India but comparable to the best of the international standards. This can be achieved only because of the Dravidian Model rule in Tamil Nadu. The plethora of health care projects, innovative and inclusive schemes introduced by Muthamilarignar Dr. Kalaingar and now by Thalapathy M.K. Stalin has made Tamil Nadu a medical Hub in Asia.

Universal Health Coverage "Anaivarukkum Nalavazhvu Thittam": Universal Health Coverage (UHC) is a concept that denotes all people have access to the full range of quality health services as and when they need them, without any financial hardships. It covers and ensures the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. UHC is directly linked to Sustainable Development Goal (SDG) Target 3.8 of Goal 3, which seeks to achieve UHC, which can be achieved by providing essential health services (SDG 3.8.1) by system strengthening and financial protection to meet the catastrophic health expenditure (SDG 3.8.2).

National Health Mission Tamil Nadu (NHM-TN) envisages achievement of universal access to equitable, affordable and quality healthcare services that are

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accountable and responsive to peoples' needs. It plays a crucial role in the State's Healthcare system by serving as a technical and funding body for the Department of Health and Family Welfare, Government of Tamil Nadu and its associated Health Directorates with the overall aim to improve the health outcomes of people. Though NHM-TN primarily focuses on strengthening Primary Healthcare to ensure universal access to health services, it plays a substantial role in supporting secondary and tertiary care institutions in terms of development 33 of robust infrastructure as per Indian Public Health Standards (IPHS) through mapping the needs and judicious allocation of resources. NHM-TN implements various disease-specific programs targeting various sectors with the objective to achieve and excel both national and global health parameters. The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal Child and Adolescent Health (RMNCH+A), Communicable and Non- Communicable Diseases.

National Health Mission envisages providing universal access to equitable, affordable and quality healthcare services that are accountable at the same time responding to the needs of the people. At the district level, the National Health Mission administers its functions through the District Health Society (DHS), chaired by the District Collector. Bringing together various societies dedicated to National Health Programs, the DHS operates under a Governing Body which holds the responsibility of planning and managing all NHM programs within the district by overseeing their implementation through the District Programme Management Unit (DPMU) and Block Programme

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Management Unit (BPMU) located in each block. In 2023, Makkal Nalavazhvu Kuzhu (MNK) was formed in Tamil Nadu to improve social accountability, community participation, and feedback processes for providing quality health care services. MNK is established at the level of Urban Health and Wellness Centres (UHWC), Health Sub Centre (HSC)-Health Wellness Centres (HWC) and nonHWC-HSCs. At the same time, the existing Patient Welfare Societies function additionally as MNK at Primary Health Centre (PHC) and Urban PHC levels. MNK engages Village Health Sanitation and Nutrition Committee (VHSNC) / Mahila Arogya Samiti (MAS) in community-level interventions, acts as a grievance redress platform, and facilitates activities about social accountability. MNK meets once a month to discuss and take action on community needs, facilitates village/ward wise community hearings every month and Arogya Sabha twice a year.

The Village Health, Sanitation and Nutrition Committee (VHSNC) established in rural areas, aims to decentralize planning and foster organised social mobilization for improving health, sanitation, hygiene and nutrition. It serves as a community platform for facilitating health planning, monitoring services, promoting awareness and addressing grievances Janani Suraksha Yojana (JSY) is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery with the financial assistance of Rs.700 and Rs.600 in Rural and Urban areas respectively. During April 2023 to March 2024, 3.07 lakh women have benefitted and the services are being continued for the year 2024-25 also. Janani Sishu Suraksha Karyakram (JSSK) aims to reduce

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the OOPE by provision of free drugs, diet, diagnostics and transportation from home to facilities, between facilities in case of a referral & drop back services for mothers and sick infants. During April 2023 to March 2024, 5.04 lakh pregnant women have benefitted by availing free drugs, consumables and diet. Further, 4.64 lakh pregnant women have been transported from home to health facility including inter-facility transfers and 2.78 Lakh delivered mothers have been dropped back from health facility to their homes.

High Dependency Unit in Tertiary Care Institutions: All Government Medical College Hospitals are provided with separate Special care unit manned by dedicated and competent team with appropriate equipment to manage high risk mothers with complications. SUMAN-Zero Preventable deaths: "SUMAN - Surakshit Matritva Aashwasan" is a multipronged and coordinated policy approach which subsumes all existing initiatives under one umbrella for maternal health care services. Service Guarantee Packages: The facilities that provide maternal health services are notified under SUMAN wherein guaranteed service packages are implemented In the State towards providing safe unique care for mother and new born in 7,468 facilities. Anaemia Control Programme for: 1) Pregnant and Lactating Mothers: Iron and Folic acid tablet is given daily starting from the second trimester and continued throughout the pregnancy and 6 months during postnatal period. From April 2023 to March 2024, 9.54 lakh Antenatal mothers and 5.04 lakh lactating mothers have been given Iron and Folic acid tablets supplementation, 7.9 lakh mild anaemic mothers have been provided with therapeutic dose of Iron tablet supplementation, 1.8 Lakh

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moderate anaemic mothers have been treated with injection Iron Sucrose and 13,431 severe anaemic mothers have been treated with blood transfusion.

ASHAs are engaged in remote and underserved areas, particularly in tribal and hard-to-reach regions creating a pivotal link between the community and the healthcare delivery system. In Tamil Nadu, 2,650 ASHA workers are engaged across 30 Districts. They are given Performance Based Incentives upto Rs. 5,100/- per month as per their field activities. In addition, ASHAs are also enrolled in three Social Security Schemes viz. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY), and a monthly premium for Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) which is borne by the Government.

Mobile Medical Unit Hospital on Wheels: Tamil Nadu has 405 Mobile Medical Units which is highest in the country providing healthcare at the local residential area of people. Out of 405 units, 395 cater to Rural areas, while 10 are specifically designated for Urban areas, particularly within Corporations. Transgender Multi-Speciality clinics have been started in eight Government Medical College Hospitals in Chennai (RGGGH), Madurai, Salem, Coimbatore, Tirunelveli, Tiruchirapalli, Vellore and Villupuram. These clinics are dedicated to provide Multi- speciality services to the transgender community without any form of discrimination. Implementation of special initiatives such as the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS), Innuyir KappomNammai Kakkum 48 and Makkalai Thedi Maruthuvam (MTM) for the low income group have not only improved access to healthcare but also ensured its

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affordability and quality. Unique medical services recruitment system in the State has ensured transparency in Health Manpower recruitment.

'Makkalai Thedi Maruthuvam is a crucial pillar in Tamil Nadu's stride towards achieving Universal Health coverage especially among the under privileged. 'MTM has been a pro-poor service reaching out to the most vulnerable groups such as women, rural areas and the SC/ST category. MTM services are essentially a successful strategy for achieving Universal Health Care.

Tamil Nadu has implemented various measures to enhance the existing infrastructure and bridge existing gaps in CKD management. As of March 2024, the state operates 1,194 haemodialysis machines through an in-house model across 138 centres, including Government Medical College Hospitals, Taluk and Non-Taluk Hospitals, District Headquarters (DHQ), and through a PPP model in centres under the Greater Chennai Corporation.

There are several innovative, inclusive health care schemes like National Oral Health Program (NOHP) and the state has established 522 dental units within primary and secondary healthcare facilities to ensure convenient, affordable, and high- quality oral healthcare services for its populace. In the year 2023- 2024, these units performed 18.46 lakh dental procedures to address various oral health issues. Additionally, initiatives targeting children's oral health, such as the Pit and Fissure Sealant Project and the School Oral Health Program (SOHP) dubbed "Punnagai Palligalil Pal Paadhu kaappu Thittam." have been launched. National Programme for Prevention and Control of Deafness: The

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National Programme for Prevention and Control of Deafness (NPPCD) aims to tackle avoidable hearing loss through early diagnosis and treatment, as well as enhancing institutional capacity for ear care services. In India, Tamil Nadu is the second State after Kerala to introduce a Universal Neonatal Deafness Screening Program to provide Universal care for deafness management. To address neonatal hearing loss, plans are underway to establish soundproof rooms equipped with OAE/BERA equipment in 64 CEMONC centers with a high volume of deliveries. The state is in the process of establishing a state-of-the-art facility for temporal bone dissection training at the State Apex Centre for NPPCD in Rajiv Gandhi Government General Hospital. From April 2023 to March 2024, the program has achieved significant milestones: 89,388 Audiograms conducted, 15,480 Hearing aids distributed, and 6,928 Ear surgeries performed.

MENTAL HEALTH PROGRAMME Tamil Nadu distinguishes itself for its strong commitment in ensuring Mental Health services across all tiers of health care. The State has taken into account the priority needs especially in the areas of Substance Abuse, Wandering Mentally Ill, Maternal Mental Health and Mental Health needs of Adolescent and youth. So far 651 Mental Health establishments have been registered under the SMHA.

MaNaM Thittam Mana Nala Nallaatharavu Mandram: DMHP team provides sensitization training on Mental Health and well-being to student volunteers known as Peer educators (or) MaNaM Ambassadors and members of the faculties known as Faculty facilitators. Kasa-Noi Erapilla Thittam (TN-KET), the differentiated TB Care Model to prevent TB death. Nikshay Poshan

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Yojana (NPY) Financial incentive of Rs.500/- per month is given to all notified TB patients through Direct Benefit Transfer (DBT) under Nikshay Poshan Yojana Scheme to improve Nutritional status of TB patient. In 2023, 73,253 TB patients were provided incentives. In Tamil Nadu, every year on an average 7 lakh Cataract Surgeries are done and 9,000 eye balls are collected as eye donation.

Tamil Nadu has the largest medical education system in the country with an annual admission capacity of 11,500 MBBS seats (5,050 seats in Government Medical Colleges), 4,453 Postgraduate (MD/MS/Diploma) seats, (2,292) seats in Government Medical Colleges), 676 Super-speciality post graduate (DM/MCH) seats (412 seats in Government Medical Colleges), 3,100 BDS seats (250 seats in Government Dental. Colleges), 378 post graduate dental (MDS) seats (60 seats in Government Medical Colleges). Similarly, there are 7,075 seats in Diploma in General Nursing and Midwifery (2,080 seats in Government Nursing Schools), 176 Post Basic Diploma in Nursing seats (176 seats in Government Nursing Colleges), 16,990 BSc Nursing seats (350 seats in Government Nursing Colleges), 1,715 Post Basic BSc Nursing seats (90 seats in Government Nursing Colleges) and 1,795 MSc Nursing seats. (101 seats in Government Nursing Colleges), Additionally, there are 7,420 D.Pharm seats (240 seats in Government Pharmacy Colleges), 9,330 B.Pharm seats (120 seats in Government Pharmacy Colleges), and 1,435 M.Pharm seats (85 seats in Government Pharmacy Colleges) and 13,153 seats in allied health professional seats (8,123 seats in Government Medical Colleges). Tamil Nadu also has the largest Government tertiary health care system in the country, with 36 medical

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college hospitals, 28 tertiary care specialty and multispecialty hospitals with a total bed-strength of 65,046. These hospitals daily cater to an average of 1.09 lakhs outpatients and 8,648 hospital admissions per day.

The World Health Organization (WHO) recommends a doctor- population ratio of at least 10 doctors per 10,000 people. The doctor-population ratio for 10,000 people in some states in India shows that Tamil Nadu is one of the best in the country proving the Government policy that we need to be the best in terms of health services in the country with internationally comparable standards. In consonance with the dream of Muthamizh Arignar Kalaignar, and the policy directives of the Hon'ble Chief Minister of Tamil Nadu, it is our avowed policy to have one Government Medical College and attached tertiary care hospital with all modern facilities and specialties in each district of this state. The Government will take steps to start new Medical Colleges in the remaining six districts. This will add 900 new seats to our existing 5,050 MBBS seats.

The State has 350 BSc Nursing seats in 6 Government Nursing Colleges and 15,290 seats in 238 private institutions. The Board of Nursing and Nursing Education offers a total of 2,080 Diploma in General Nursing and Midwifery through the 25 Schools of Nursing in 23 Medical Colleges and 2 Government Head Quarters Hospitals at Kanchipuram and Cuddalore. Tamil Nadu has registered nurses and mid-wives density of 48.1 per 10,000 persons which is the 2nd highest among states after Kerala (89.9). Sir, I wish to register in this august house, the displeasure and disappointment of people of Tamil Nadu regarding the step motherly treatment by the union Government meted out to the people

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of Tamil Nadu. Tamil Nadu has been totally betrayed by union Government on several accounts. The Two important betrayals are the NEET fiasco and AIIMS Madurai.

The Union Government's approach towards implementation of projects is lackadaisical and wanting. People of Tamil Nadu have apprehension that Tamil Nadu is getting step motherly treatment when it comes to a railway project or National Highway project or any other project announced by the Union Government. The setting up of AIIMS at Madurai was announced in Budget-2015.

Hon'ble Prime Minister Narendra Modi had laid the foundation stone, just before the 2019 Lok Sabha elections. But even after 6 years, there is no physical progress in the construction of AIIMS in Madurai. Now, the revised estimates have been sent to the Department of Expenditure for approval. When the PM laid the foundation stone in 2019, the project cost was estimated to be Rs 1,264 crore, which had reportedly climbed to Rs 2,000 crore by December 2020. In March 2021, the Japan International Cooperation Agency (JICA) extended assistance to the tune of Rs 1,627 crore.

The Union health ministry noted in Lok Sabha in February 2022 that pre-investment work has been substantially completed, and the loan agreement signed between the governments of India and Japan. The process to engage a project management consultant is underway. We have no other choice to urge upon the Union. Government to expedite the construction of AIIMS at Madurai. NEET issue. The controversies and confusing created by the NEET is the

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culmination of a scandalous situation brewing over years. The NEET question Papers have been routinely leaked: the release of incorrect results has been connected to aspirant suicides; grace marks were awarded to over 1,560 students for non-transparent reasons, resulting in the loss of trust in the NTA. The nationwide anger over the NEET exam has not subsided.

The NEET-UG controversy has spotlighted the widespread issue of paper leaks, a malpractice that has plagued India for years. In the past seven years, there have been 70 confirmed exam leaks across 15 states, casting serious doubts on the integrity of the nation's examinations.

The result was declared on June 4, which immediately caused a hue and cry with aspirants raising multiple issues, such as the awarding of grace marks to over 1,500 students, an unusually high number of students achieving perfect scores, and allegations of a leaked question paper.

The Tamil Nadu government released the 165-page report of a nine-member committee, headed by retired High Court judge A.K. Rajan that has made a case against entrance tests such as NEET (National Eligibility cum Entrance Test). The Government of Tamil Nadu under the leadership of Hon'ble Chief Minister Thalapathy MK Stalin had piloted a legislation in the legislative assembly to scrap NEET. Justice Rajan points out that the existing laws itself are adequate to eliminate NEET for admissions to government-run medical colleges affiliated to the Tamil Nadu Dr MGR Medical University (TNMGRMU). This is because entry 32 of List II (State List of Schedule 7 of the Constitution of India) clearly places incorporation, regulation and winding up of universities

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exclusively under the state government's purview. Moreover, entry 44 of List 1 (Union List) excludes universities from the Union government's purview.

Justice Rajan contends that the state government alone has powers to make laws regarding regulation of universities run by it, including matters related to admission and award of degrees. This power has been exercised to create TNMGRMU through the TNMGRMU Act.

Consequently, only TNMGRMU has the rights to decide on matters related to admissions and the Union government cannot make any law on this. Therefore, NEET is not applicable at all in so far as the government medical colleges in the state are concerned.

The Government of Tamil Nadu has taken a number of steps to ensure a level playing field for students from rural areas and deprived backgrounds. Sir, we oppose NEET in any form, because, Students from poor and rural backgrounds are at a disadvantage because they lack the resources to enroll in training institutes and coaching classes and also lack access to study materials available to urban students. Consequently, a large number of meritorious students from rural areas and socially and economically backward backgrounds have been betrayed by NEET.

The conducting of NEET or any Common Entrance Test would nullify the implementation of such progressive policy initiatives and prevent furthering of the socio-economic objectives of the State. The National Test would be out of tune with the prevailing socio-economic milieu and administrative requirements of Tamil Nadu.

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Tamil Nadu strongly objects to the conducting of NEET, or introducing any other National Eligibility Entrance Test, like NEXT as they infringes upon the constitutional rights of the States and admission policies to medical education and medical service in Tamil Nadu. The National Testing Agency was given the huge responsibility of conducting the Nation-wide entrance examinations for various higher education institutions including the National Eligibility cum Entrance Test (NEET), Common University Entrance Test (CUET) for Central University admissions and the post-graduate admissions in medical and University Grants Commission (UGC) courses. But in reality NTA is small, lean and a thin organisation, with most of the work being outsourced.

This is probably the main reason behind the recent NEET exam question paper leak fiasco leading to the arrest of perpetrators of crime in Gujarat and Bihar. This has created dismay and a complete loss of trust in the NTA's ability to conduct a fair examination. The credibility of NEET and NTA, have gone hopelessly wrong due to faulty and incompetent implementation. Its flawed implementation, the widespread leakage of question papers, the arbitrary manner of awarding grace marks, conducting a re-examination for just a handful of students, and now tinkering with the ranking have all made the whole process murky and jeopardize the interests of genuine students. The tampering with the results has only deepened distrust and raised serious questions.

In an era of high speed connectivity, any government which is convinced that the leaks are localised must be a lame duck government. The uncertainty on NTA's capability to conduct NEET gave rise to even more serious concern.

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Why cannot the government restrict testing for entry to its own institutions and decentralise, where States fill up their own seats on the basis of their marks scored in State Board examinations? The examinations that 24 lakh students appear for to fill one lakh seats are high stake tests, bitterly contested and fraught with risk. Decentralising the examination processes to States and different governing entities could reduce the element of risk. The central government's role could be to mandate the standard to be followed for higher education institutions.

While the integrity of a NTA examination was severely beaten, the disintegration of school education system is an unfortunate by product. Interestingly, the secondary stakeholders are business leaders running the trillion-rupee industry for coaching and admission counseling. Both aspirants and business leaders have been protesting due to unusual patterns of scores and ranks in NEET 2024; ultimately, this phenomenon has shaken the faith of lakhs of aspirants. Also, the coaching and counseling industry has seemingly failed to accurately predict rankings and recommend appropriate medical colleges to their clients. In any case, this has led to several litigations and media coverage.

The growth of the coaching industry has damaged the schooling system insidiously and relentlessly. This trend has to be stemmed. If we cannot safeguard good school education, our schooling system will decay even further. Standards of academic competency, hard work and good values inculcated at the school level can never be achieved at the later time.

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Therefore, I urge the union Government to disband conducting of NEET exams and opt for the decentralised examination system.

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*** SUSHRI S. JOTHIMANI (KARUR):** The share of the Department of Health and Family Welfare in the total Budget has been decreasing since 2017-18. Given the widening gap between demand and supply in the health sector, the reduced budgetary allocations for the same are appalling. Especially so, in the wake of the unravelling of the health system caused by the COVID-19 pandemic.

Low or middle-income Countries (LMICs) have shown a low rate of decline in Out-of-Pocket Expenditure over the years. Over two-thirds of OOPE is on account of out-patient consultants, medicines, and diagnostic tests. In other words, the largest chunk of an individual's spending on healthcare is consumed by primary healthcare. The Standing Committee on Health and Family Welfare (2023) noted that consistently low Government spending on health has constrained the quality of health services offered in the public health system. About 60 per cent of all hospitalisations and 70 per cent of out-patient services are delivered by the private sector. This invariably leads to an increase in OOPE.

PM-JAY was brought in partly to tackle the high OOPE. The allocation for the scheme this year is at Rs 7.300 crore. The Committee had noted that the budgetary allocations for the scheme between Rs. 6000-7000 crore were too low. The implementation of the scheme has also been marred with inconsistencies. Last year, CAG performance audit report uncovered that patients who had been declared dead had continued to avail treatment under the scheme. It also noted that there were private hospitals that were performing

* Speech was laid on the Table.

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procedures reserved for public hospitals. The scheme requires an increased allocation to account for safety checks to detect and resolve systemic issues.

Last year, the Union Government announced another cosmetic exercise, to envisage India as a Hindi State, to rename the Community Wellness Centers under the Ayushman Bharat Mission as Ayushman Arogya Mandirs. An RTI revealed that it would take Rs. 30,000 to rename each facility. As per official data, there are over 1.6 lakh facilities. This means the renaming exercise would have cost over Rs. 50 crore. At a time when the portion of the total Budget going to health is diminishing, it is shameful that the Centre is spending its allocation on frivolous activities like this.

The Economic Survey 2023-24 highlighted the mental health crisis looming over the country. The COVID-19 pandemic brought along with it a shadow pandemic on mental health that has significant implications on the overall well-being of our population. UNCRPD has recognized that mental health is a psychosocial disability. This means that the mental health of an individual is influenced by the intersections of their gender, caste sexual orientation, class, etc. There is a data deficit when it comes to understanding mental health from an intersectional lens, specifically tailored to the Indian population. The Committee Report noted that India requires a boost in funding health research to overcome the data gap the country is currently experiencing. It is only then that we can translate the data into holistic, impactful policies.

The Budget also lacks a proactive approach to address the impact of climate change on health, specifically women's health. The heat action plans

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observed that rising temperatures have been linked to a higher incidence of stillbirth and premature births in India. There is also a link between heat and menstrual hygiene. According to the WHO heat waves can also cause cramps, headaches, severe dehydration, and blood clots. The Budget must accommodate for the collection of gender-disaggregated data on the impact of heat on women's health, and formulate interventions with adequate budgetary allocations to address the same. The allocations for these schemes do not live up to these ambitions.

In her Interim Budget speech, the hon. Finance Minister had ambitiously declared that the PM-JAY scheme would be extended to ASHA and Anganwadi workers. She had also mentioned that a cervical cancer program would be covered by the NHM with around 1.27 lakh cases being diagnosed and over 80,000 deaths annually, the HPV vaccine must be made free for all BPL women. The Centre should also consider extending the vaccine coverage to adolescent boys, as well, to prevent HPV transmission. But under the Modi regime, the budgetary allocations cast aspersions on whether those you can he accomplished. This begs the question of whether the Modi Government was merely paying lip service to women's health issues to consolidate them as a vote bank in the run-up to the elections.

Under the UPA, advertisements were broadcast on the radio to educate women on the VIA and VILI screening method. This made women aware of their options in case they wanted to get screened for cervical cancer so that they could work towards preventive measures accordingly. These days, most women

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are not even aware that screenings must be a routine part of their health checkups. In the same vein, mental health treatment is so dismal because of the stigma in the population. Stigma can only be countered by effective awareness campaigns. The Government can use its muscle to utilise various media channels to spread awareness on health. Instead, its focus is to spend on advertising to serve its own interests. Between March 1st and March 16th, the Central Bureau of Communications spent over Rs. 10 crore on 379 Google ads, on campaigns celebrating Prime Minister Modi and his achievements. The BJP spent over Rs. 39 crore in the first four months of this year, in the run-up to the general elections, on Google ads, most of which featured the Prime Minister.

This amount is significantly higher than that of any other political party. The Modi Government has made its priorities clear.

The WHO, last year, called for sustained budgetary allocations in AIDS eradication programmes, to ensure that the 95-95-95 targets are met. This is in effort of a larger goal to end AIDS as a public health threat by 2030. People living with HIV (PLHIV) from Tamil Nadu had recently raised concerns about the quality of the new batch of HIV drugs. There were reports of HIV patients finding it difficult to take the drugs because they were too bitter. We can ill-afford such quality control issues with respect to serious diseases like AIDS. Our budgetary allocations must be in line with global goals to tackle AIDS.

As India sputters back to defining a new normal in its health system post pandemic, it is incumbent on us to stay on track with our goal of universal healthcare. This cannot be achieved without political will and concomitant

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budgetary allocations. We must work *in tandem* to ensure that when it comes to accessing quality healthcare in our country- no man is left behind.

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***SUSHRI PRANITI SUSHILKUMAR SHINDE (SOLAPUR):** Many times, hospitals empanelled under the PMJAY refuse admission to a patient and demand upfront payment due to the delay in the disbursement of funds to hospitals by the Government. The Government should make a strict rule instructing hospitals not to do this, and the Government should also expedite the disbursement of funds. The whole purpose of this scheme is to help the poor in getting an affordable treatment but the entire purpose of the same is defeated.

Since many people opt for IVF treatment nowadays, this treatment should also be covered under this scheme. The medicines post treatment, especially in the case of chemotherapy, and lifelong medicines for diabetes and BP should be given by the Government.

There is an urgent need to revamp and equip PHCs with ECG machines. There is also an urgent need to appoint doctors on a permanent basis to avoid burden on the civil hospital. The farmers and villagers have to travel to city for treatment because PHCs are ill-equipped. Therefore, all the PHCs must be equipped with all the required equipment.

The civil hospital in Solapur urgently needs MRI and CT scan machines. Kindly look into the matter. Kindly revamp all the PHCs in Solapur.

A special health scheme for textile and beedi workers is required. Kindly look into the matter.

* Speech was laid on the Table.

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The number of proposals that get accepted or sanctioned on the recommendations of the MPs under the Health Scheme is only two. This is deplorable. This number should be increased.

I would also like to request that every stage of dialysis should be covered under a Health Scheme.

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[Translation]

^{12*}**SHRI RAM SHIROMANI VERMA (SHRAWASTI)**: Hon. Speaker Sir, thank you very much for giving me the opportunity to speak in the discussion on the Demands for Grants for the Ministry of Health and Family Welfare.

Sir, my Parliamentary Constituency Shravasti and district Balrampur, which is adjacent to the India-Nepal border, is the most backward aspirational district of Uttar Pradesh. It is also the land of Lord Gautam Buddha. It is an international Buddhist pilgrimage site, where lakhs of local and international pilgrims and Buddhist monks come to visit every year. Even after 77 years of independence, till date, there is no Medical College available in Shravasti district. This district is included in the list of 08 most backward aspirational districts of Uttar Pradesh where people from Scheduled Castes, Scheduled Tribes, Backward and Extremely Backward Classes constitute the most percentage of population.

Sir, Medical Colleges have been established in Balrampur, Ambedkar Nagar, Bahraich and other neighbouring districts but till now the necessary basic health facilities, resources and infrastructure are not available in these Medical Colleges. Even today, facilities are not available there for carrying out any investigation or treatment for any serious disease. The condition of the building is deteriorating. If the Government does not pay attention to the conditions of the building of these hospitals, then how will it be able to ensure the arrangement of

^{12*} Laid on the table

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other medical facilities like equipment, doctors, nurses and other paramedical staff in it? If this is the example of a few districts, then what would be the condition of hospitals across the country? It is clear from this example that the Government only does lip service, but the ground reality is completely different.

Sir, the poor people of the country have to go to the government hospitals for treatment, while the rich can get their treatment done in private hospitals anywhere. But the Government is not sensitive towards these poor people. The Government needs to pay attention towards this issue.

Sir, in the current Budget, nearly Rs 87,656 crores have been allocated for the health care sector of the country, which is a very meager amount.

Besides allocation of funds, the Government needs to pay attention towards this for providing better health facilities. The work done by the Government must be visible at the ground level also.

Sir, I became an MP in the year 2019. In my previous tenure, I have raised the issue of Medical College and health related problems in this House many times during my previous tenure as well. I have also informed the Chief Minister of Uttar Pradesh many times in this regard. A Medical College was set up in Balrampur even today this college lacks necessary health infrastructure facilities in it. Late Pandit Atal Bihari Vajpayee (former Prime Minister) was also elected from this Lok Sabha constituency. This area has been the place of penance of Lord Buddha.

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Sir, through you, I have a special request to the Honorable Minister of Health and Family Welfare that for providing better health facilities for the common people of my Parliamentary Constituency - Shravasti, a Medical College must be established in the Aspirational District of Shravasti. The necessary basic health facilities, resources and infrastructure should be strengthened in all the Medical Colleges of Balrampur, Ambedkar Nagar and across the country and arrangements for adequate medical equipment, doctors, nurses and other paramedical staff must also be ensured.

Thank you.

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***DR. RICKY A. J. SYNGKON (SHILLONG):** I request the hon. Minister of Health to ensure that the mattress in the various wards especially the general wards in NEIGRIHMS, Shillong be immediately replaced because a good number of these mattress are worn out and causing great deal of discomfort to the poor patients.

The supply of water in the toilets and bathrooms 24x7 which is not happening today. This problem can lead to other problems to the patient for irregular supply of water in such a reputed institute.

Provisions to attendants like adequate number of washrooms and toilets and canteen at concessional rates since a good number of attendants of the patients come from far flung areas of the State and outside the State.

Posts are filled up immediately in the different departments.

* Speech was laid on the Table.

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^{13*}SHRI IMRAN MASOOD (SAHARANPUR): Thank you, Hon. Chairperson Sir.

Thank you very much for giving me this opportunity to speak. While participating in the discussion on the Demands for Grants of the Ministry of Health and Family Welfare for the year 2024-25, I would like to say that this is a very important Ministry. Sir, every citizen of the country has the right to good health care. Sir, today the declining affordability of health services has deprived most Indians from getting admitted to a hospital. The crony capitalism of the Modi Government is leading to rapid privatization of the health sector, leading to the concept of 'Ayushman Nahi, Swasth Bharat'. The Modi Government had announced during the year 2015-17 the setting up of 16 new AIIMS by January 2025. None of them is fully functional till date. They have burnt a hole in the pocket of the common man: Government health expenditure (GHE) has declined by 23% between the Financial Year 2013-14 and Financial Year 2019-20, while out-of-pocket expenditure (OOPE) as a share of total health expenditure has increased by 44.75% thereby leading to a hole in the pocket of the common man. The Health Budget as a percentage of GDP has increased by only 0.5% compared to the previous financial year. The Modi Government has set a target of increasing health expenditure to 2.5% of GDP by the year 2025. The current expenditure growth is below the targets set under the National Health Policy. Another empty promise- while the Budget Estimates have increased in absolute numbers, when

^{13*} Laid on the Table

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adjusted for inflation at 5% rate, the Budget Allocation has decreased by 3.17%, indicating that the Budget Expenditure has decreased in real terms.

In its Budget speech, the Finance Ministry mentioned 'health' only four times, though not once did it elaborate on the provisions for the Health Budget.

Sir, the mandate of the Ministry includes improving healthcare services in the country and ensuring these services to be accessible, available and affordable with good quality.

Sir, a flagship initiative of the Ministry of Health and Family Welfare Pradhan Mantri, Swasthya Suraksha Yojana (PMSSY) aims to improve access and availability to tertiary healthcare, upgrade existing Medical Colleges across India and build new AIIMS-like institutions to address regional imbalances.

For the financial year 2024-25, the scheme has been allocated Rs 2,400 crore which is a drop of 34.62% compared to the Budget Expenditure for FY 2023-24 and a drop of 70.73% compared to the actual expenditure for FY 2022-23. The Modi Government announced the setting up of 17 new general Medical Colleges, of which construction of 9 is yet to be completed. In pursuit of 'Digital India', the Modi Government launched the National Digital Health Mission (NDHM) in the year 2020, which aims to create an integrated digital health infrastructure. The Budget Expenditure for the Scheme in FY 2024-25 is the same as the Revised Estimates of the previous year, but 41.35% lower than the Budget Estimates for FY 2023-24. Ayushman Bharat PMJAY- the Modi Government announced that under its flagship Ayushman Bharat-PMJAY

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Scheme, individuals above 70 years of age will also be insured. This Scheme provides health cover to poor families ranging from Rs 5 lakh to Rs 12 crore.

Sir, in my Saharanpur Parliamentary Constituency, it is required to open speciality and super speciality departments in Sheikh-ul-Hindi Maulana Mahmood Hasan Medical College. Under PMSSY, it is more necessary to open 8 super specialized departments by building blocks in Sheikh-ul-Hindi Maulana Mahmood Hasan Medical College.

Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) and Health and Education Cess

A 4% health and education cess on income was introduced in 2018-19. In the reports for 2018-19 and 2019-20, the Comptroller and Auditor General (CAG) had observed that though the cess was created, the principles for allocating the funds to the health sector were not specified and no dedicated funds were created for receiving amounts for the said purpose. Since 2021-22, the amount accumulated from the cess is deposited in the Prime Minister's Health Protection Fund (PMSSN). It is a dedicated non-lapsable fund.

In 2023-24, Rs 14,589 crore will be transferred to PMSSN (received from cess deposits). This is 29% lesser than the amount transferred in the revised phase of 2022-23. However, the amount of deposits from cess is estimated to increase by 19% (Rs 69,063 crore) during the same period. The funds from PMSSN will be spent on National Health Mission and PMJAY.

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Ministry of Finance had said that 25% of the money collected through the cess will be utilized for health schemes. The estimated amount to be transferred to PMSSN in 2023-24 is less than 25% of the total receipts from cess (Rs 2.677 crore). However, as per the revised estimates for 2022-23, the amount transferred to PMSSN is more than 25% of the cess collected for that year.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM ABHIM)

Under PM ABHIM, financial assistance is provided to the states to expand comprehensive primary health care. This includes setting up of 17,788 HWCs at SC level in rural areas and 11,244 HWCs in urban areas. In addition, the Mission helps in the creation of 3,382 Block Public Health Units, Public Health Labs in all districts and Critical Care Blocks in all districts with a population of more than 5 lakh.

The lack of public health centres also pushes people towards private healthcare services. The data for the year 2017-18, collected in the 75th round of the National Sample Survey, shows that 42.5% of the diseases are treated in private clinics and 23.3% in private hospitals. Private healthcare is more expensive and it puts financial burden on individuals. There is a need to set up PMC and CMC health centres. I demand from the government that health centers should be set up at the block level. Sir, Ayushman cards should be issued to every person in the country, so that they could be benefitted by this scheme.

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There is a real decline in funding for the National Health Mission.

The Department of Health and Family Welfare assists the States in providing primary healthcare through the National Health Mission (NHM). NHM consists of two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). Under NHM, funds are made available for specific public health schemes directed at achieving specific health outcomes, such as reduction in maternal and infant mortality, reduction of out-of-pocket expenditure (OOPE) on healthcare, and reduction in the spread of diseases such as malaria and Kala-azar. States have been given flexibility under the guidelines to decide how the funds should be utilized. Sir, the scheme is good, but it is not being implemented properly.

Public health insurance does not cover all treatment costs.

Pradhan Mantri Jan Arogya Yojana (PMJAY) is a public health insurance scheme that aims to reduce OOPE. The scheme provides health insurance up to Rs 5 lakh to the families on the basis of the prescribed criteria using the Socio-Economic Caste Census, 2011 (SECC). As per these criteria, the eligible population is estimated to be 13 crore households, comprising 65 crore persons. The criteria include occupation, access to shelter and other demographic factors. The benefit of this scheme can be availed at empanelled hospitals, and each of the eligible families receives an e-card with a unique ID number of Ayushman Card.

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A study conducted by the National Health Authority in 2019 showed that the eligible population is not aware enough regarding the scheme in some states. In 2022, the Standing Committee on Health and Family Welfare had suggested to conduct awareness programmes to ensure that eligible beneficiaries can avail the benefits of the scheme. The Committee also raised the issue of the reach of the scheme, noting that the SECC data is likely to be outdated and also suggested that the list of beneficiaries be updated. Another study under NHA (2019) showed that although the scheme aims to provide free treatment for secondary and tertiary level service, there are technical issues with the PMJAY portal (through which the discharge process is carried out), and often multiple types of medical care are not covered under PMJAY. Due to this, patients have to make out-of-pocket payments. In 2022, the Standing Committee on Health and Family Welfare observed that there was underutilization of funds earmarked for PMJAY. Despite this, the allocation for the scheme has increased, and the committee suggested that the Ministry of Health and Family Welfare should take measures to ensure judicious use of funds under the scheme. Rs 7,200 crore has been allocated for PMJAY in 2023-24, which is 12% higher than the revised estimates of 2022-23. It is pertinent to mention that the allocation for PMJAY in 2023-24 is actually significantly higher than the amount spent in 2020-21 (Rs 2,681 crore) and 2021-22 (Rs 3,116 crore). Sir, the Government should provide treatment to all the people even for serious diseases through this scheme.

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¹⁴DR. PRASHANT YADAORAO PADOLE (BHANDARA-GONDIYA): Hon'ble Speaker, Sir, today I stand here to present my views on the Health budget. I am a doctor. I am a common man living in a backward area of the country. From my medical perspective, I see in this budget the difficulties we had to face in government hospitals. Is the concern for that reflected in this budget or not? I have seen with my own eyes the problems people had to face during the corona pandemic. I have also suffered as a corona patient myself, when I did not get bed in the hospital, I sat on the roadside and injected myself with my own hands, and administered saline. I have seen many people die before my eyes."

The healthcare team faced huge problems during the corona pandemic. How can we deny that the lack of oxygen, unavailability of ventilators, and lack of beds in hospitals took the lives of patients?

That time of corona seems like a nightmare. But the fear has increased even more now that if such a disaster comes again. Are we prepared?

The government has not addressed the real problems troubling the health sector in this budget. Why could this government not fix our health services even after the lessons learned during the pandemic?

The condition of health services in our country is getting worse day by day. People are suffering from lack of health services and decline in quality of service in both rural and urban areas. Due to lack of basic facilities in government hospitals, acute shortage of doctors and nurses, and excessive overcrowding, people are not getting timely treatment. This budget has failed to solve these problems.

¹⁴ Laid on the Table

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There is a huge shortage of medicines and medical equipment in many parts of the country. Essential medicines and equipment are not available on time in government hospitals, due to which the condition of patients becomes even more serious. No concrete provision has been made for these needs in this budget. Hon'ble Speaker Sir, oxygen plants were installed in government hospitals during Corona. What is the arrangement for their maintenance? Hon. Sir, how many hospitals in the country have installed oxygen plants? How much was spent? How many are in working condition? How many are closed? Have we conducted an audit?

"The main government hospitals of both the districts have only one CT scan machine each, that too runs only during office hours.

Hospitals do not have enough ventilators, and even if they do, there are no trained technicians to operate them.

Hospitals do not have MRI machines, so poor and middle class patients have to go to private hospitals or go to Nagpur. For poor people, an amount of Rs. 5000 to 10000 matters. But they have to get an MRI done by borrowing the money from others.

The current health system is facing all these problems such as availability of dialysis machine, its maintenance and lack of trained person to operate the said machines. Hon'ble Speaker, only when we will think from the point of view of villagers, know their expectations, we will be able to make policies for the country in the true sense. I am not doubting their intentions. But policy making should reflect the Mann Ki Baat of the country and not of them. I request that

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MRI should be sanctioned for all the district hospitals of the country including the government hospitals of both the districts of my constituency and special grant should be given to increase the number of CT scans. There should be no shortage of anything like ventilators and dialysis machines. Other expenses should be reduced. But think of the poor patient of the village. There should be no tears in their eyes. During my visits to rural areas, I definitely visit government schools and government hospitals. The health staff there is working in very adverse conditions. There is a doctor but no nurse and if both are there, there are no medicines available. The rural people are being forced to go to private hospitals for treatment. Has this Government made any concrete plan for primary health centers, if so, then I would like to know more about it. The common citizen is asking this Government a question. The Government should ensure that every citizen of the country gets good and affordable health care. Let us rise above party politics and formulate a policy, together we will strengthen the health service so that the health of the poor people of the villages of India is protected, and build a healthy and prosperous India.

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12:52 hrs

DR. SHARMILA SARKAR (BARDHAMAN PURBA): Thank you, hon. Chairperson, Madam. On behalf of All India Trinamool Congress, I rise to speak on the Demand for Grants under the control of the Ministry of Health and Family Welfare for the year 2024-25. But before I start, I would like to raise my voice on behalf of the AITC that the GST should be removed from life insurance and medical insurance as early as possible. And if the Finance Minister is unable to do so, then we have to protest against it in very large scale.

First of all, what is health? If we go by the definition of WHO, it is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. That means, to have an effective healthcare system, we have to think not only of treating the physical illness, but we have to also address the mental illness and prevention of the disease. 'Health is wealth' is timeless truth. It has been known since our childhood. As we aspire for Viksit Bharat by 2047, can we achieve this without taking health into account? Although the allocation for the Ministry of Health and Family Welfare has risen from Rs. 80,000 crore to Rs. 90,000 crore, the current funding is still too low to meet the country's health need.

The National Health Policy of India 2017 aims to raise public health spending to at least 2.5 per cent of GDP by 2025 to improve the healthcare system. However, the current Budget allocates only 2.1 per cent. This is inadequate for strengthening the primary healthcare and improving the national

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health programme. There is an imperative need for dedicated funding for mental health services, including indoor and rehabilitation facilities, counselling, community-based programmes, as well as investment in public awareness campaigns to reduce stigma associated with mental disorder and to promote mental health.

Throughout India, several Central Government health programmes are encountering significant difficulties. The allocation for Pradhan Mantri Ayushman Bharat Health Infrastructure Mission has decreased from Rs. 4,200 crore to Rs. 3,200 crore. That means, Rs. 1,000 crore has been decreased. In this context, on behalf of the people of West Bengal, including those in my constituency, I would like to express my heartfelt thanks to Shrimati Mamata Banerjee, our Chief Minister, for introducing the benevolent Swasthya Sathi Scheme back in 2016. This was well before the introduction of the Ayushman Bharat Scheme in 2018 by the hon. Pradhan Mantri.

The Swasthya Sathi Scheme provides benefits of up to Rs. 5 lakh per family per year to all residents of West Bengal regardless of caste or socio-economic status.

Coming to the Pradhan Mantri Swasthya Suraksha Yojana, there is a big dip in its allocation from Rs. 3,365 crore to Rs. 2,200 crore. The primary aim of the project is establishing and upgrading new AIIMS and district hospitals. But if we see the condition of AIIMS, it is horrible. If you want to increase the number of AIIMS, then you have to maintain the standard comparable to AIIMS, New

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Delhi. We all know that AIIMS, New Delhi is our pride, but we have to think that if I use the name of AIIMS, then we have to maintain a minimum standard for it. AIIMS, Kalyani is struggling with several issues like incomplete infrastructure, equipment shortages, and construction delays. The absence of over 100 qualified doctors is critically affecting both medical education and patient care.

I would like to draw your kind attention to the fact that more than two-third of India's population resides in villages. So, it is critical to prioritize strengthening of primary healthcare system. Here, we should establish a few model Primary Health Centres for additional specialized services such as optometry, diabetic care, basic cardiological screening, geriatric care and psychological counselling. I urge you to take up this matter seriously. ... (Interruptions) Training for ASHA, Anganwadi workers and Community Health Officers is crucial because disease screening is vital in any programme. The success of telemedicine largely depends on the CHO. The ASHA and Anganwadi workers are overburdened and they are poorly paid. The Government should increase their remuneration.

I had to say so many things, but you are not permitting. It would be beneficial to include more essential drugs under the DPCO to better support the common people and middle-class families. As regards reducing the cost of three anti-cancer drugs that are rarely used, it is so costly that even with upper exemption limit it will not be affordable for the poor people. Protecting doctors from violence is an urgent priority. The Government should consider installing

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CCTVs and recruiting additional security personnel, which is the need of the hour.

All of you know that there has been a notable increase in digital services and online consultation, especially during the COVID-19 outbreak. But the National Digital Health Mission did not receive any additional funds in this Budget. The Tele-MANAS is also being neglected by this Government. The mental disorder is 10.6 per cent and there is a treatment gap of 70 to 90 per cent. So, the Government should think to keep Tele-MANAS on priority and more psychiatrists and psychologists should be trained under the mental healthcare project. The National Immunization Programme, the National AIDS Control Programme, etc. are all suffering. The Government should think about all of them seriously.

[Translation]

Through you, I would like to tell the Hon'ble Minister of Health and Hon'ble Minister of Finance that the poor and the people living in villages are not getting proper treatment, please pay attention to them. For this, increase the fund. Their fund is not only for AIIMS, Delhi and Vimhans. They should also think about the poor in the States. Thank you.

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[Translation]

^{20*} **SHRIMATI PRATIBHA SURESH DHANORKAR (CHANDRAPUR):** Hon'ble Speaker Sir, most of the families, particularly youth of the country are suffering heavily due to online gaming in the form of *Satta* and *Matka*.

Youth, and consequently, thousands of families are getting ruined financially. This online business continues unabated by the names such as Matka Booking MB King, Gamma Bets, Rarejajna, City Matka, Royal Matka, Dream Star Line. The Government should check and control this illegal business and thereby save the future of thousands of youth from getting ruined. I would like to demand this.

Thousands of people in Ghatanji, Arni, Kelapur, Zari-Jamani, Maregaon and Vani in our Chandrapur-Wani-Arni Lok Sabha Constituency are suffering from various diseases due to contaminated water. Many people are suffering from kidney disorders and have even lost their lives due to alkaline contaminated water. Even today, people in 60-70 percent of villages in many talukas of Chandrapur Lok Sabha Constituency have to drink contaminated water.

I would like to demand provision of pure drinking water through RO Water ATM for all the Gram Panchayats in Chandrapur- Yavatmal district under the Pradhan Mantri Jal Jeevan Mission.

²⁰ * Laid on the Table

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13.00 hrs

DR. RANI SRIKUMAR (TENKASI): Hon. Chairperson, Madam, thank you for giving me this opportunity to speak on this important discussion which is very close to my heart and profession.

I am a woman belonging to the oppressed class. I had the chance to become empowered because of the people of my State of Tamil Nadu and my Leader Muthamizh Arignar Dr. Kalaigarnar. It was the policies of the Dravidian ideology that paved the way for me to become a doctor and now as a people's representative in this august House. I thank my leader Thalapathy M. K. Stalin, the Chief Minister of Tamil Nadu for giving me the opportunity to represent the people of Tenkasi Constituency in this august House.

I would like to talk about a girl who hails from a poor family and an oppressed class from a remote area of Tamil Nadu who wanted to become a doctor to serve the people and she had proved herself beyond anything by securing 1176 marks out of 1200 in her 12th Class but her dream of becoming a doctor was shattered when the Union Government imposed NEET, and she committed suicide. The country has lost budding doctors. Sixteen students lost their lives because of NEET in Tamil Nadu. The most recent one is very pathetic that a father and a son committed suicide together. Most of the NEET aspirants could not afford the enormous fee collected by the coaching centres. How will a student from poor and rural areas be able to afford more than Rs. 4 lakh for NEET coaching per year. In addition to that there are no words to describe the

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harassment faced by the students while writing the NEET exam. While on one side the students are being harassed in the name of checking to remove their jewels and to follow a dress code, there is widespread mismanagement in terms of leaked question papers and other malpractices that are emerging recently. Even the PG NEET examination centres have not been provided in Tamil Nadu and the students are forced to travel to other States to write the examination creating extreme hardships for students community.

As per the A. K. Rajan Committee report, the percentage of rural students getting admission in Government colleges has decreased from 65.17 per cent to 49.91 per cent, after the introduction of NEET in Tamil Nadu. This clearly shows that NEET is anti-poor and discriminatory against the rural poor students who do not have the means to undergo rigorous coaching. The Tamil Nadu Legislative Assembly under the able leadership of our leader has passed a law to exempt Tamil Nadu from NEET, but the Union Government has kept it pending by not sending it for the assent of the President of India. I urge the Union Government through you, Madam, to remove the NEET exam for the whole of India and let the State Governments decide on the admission process for the medical education courses.

Usually, the hon. Finance Minister quotes some Tamil literary works while starting her speech. This time on behalf of her, I would like to quote a simple proverb before the house: “Noyatra vaazhve kuriavatra Selvam”, which means ‘Health is wealth’. But here in this Budget, we do not find any schemes for

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improving health as well as funds for improving the wealth of this country. The COVID-19 pandemic has shown the cracks in India's health system and highlighted the need for increased public investment in healthcare. The Budget does not focus on healthcare as another pillar of Vikasit Bharat, nor does it allocate more than 2.5 per cent of GDP. While the States have risen up to the challenge, despite financial constraints, the Union Government has done little. In India, public health spending for financial year 2024 stands at approximately 2.1-2.2 per cent of GDP. In every meeting our hon. Prime Minister uses the word 'Vikasit Bharat'. But countries which have attained development have spent more, like USA has allocated 17.9 per cent of GDP, China has allocated 6.6 per cent of GDP, Brazil has allocated 9.2 per cent of GDP to public health care.

Coming to the insurance scheme, allocation for PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) saw a dip from Rs 4,200 crore last year to Rs 2,100 crore. Our Leader, Dr. Kalaignar, brought the insurance scheme in Tamil Nadu in 2009 much before the Union Government's insurance scheme. In Tamil Nadu, today, around 1.37 Crore families are covered under CMCHIS. The recent report by the Comptroller & Auditor General regarding the Ayushman Bharat Scheme presented in Parliament reveals that around 750,000 beneficiaries were associated with an invalid mobile number, specifically 9999999999. Moreover, the C&AG identified 4,761 registrations that were linked to only seven Aadhaar numbers, indicating potential irregularities and siphoning of funds. The Union Government must take necessary steps and find out the amount of money siphoned off from the insurance scheme.

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Coming to AIIMS, the allocation for the Pradhan Mantri Swasthya Suraksha Yojana which supports the setting up of new AIIMS and upgradation of district hospitals, the amount for the scheme has been reduced from Rs.3,365 crore last year to Rs.2,200 crore this year. The Union Government delayed the initiation of construction work in AIIMS, Madurai citing multiple reasons like funding issue with JICA. While 14 other new AIIMS in other States are being funded by the Union Government and most of them were completed earlier, why is Tamil Nadu AIIMS delayed this much? After raising the issue multiple times, the Union Government has started the construction work this year. I urge upon the Union Government to secure the necessary funding at the earliest and complete the building soon.

The Union Government, instead of supporting the good-performing States like Tamil Nadu has been bringing provisions to penalise us. Last year, the National Medical Commission had a notification stating that the medical colleges shall follow the ratio of 100 medical seats per 10 lakh population. This arbitrary 'one size fits all' notification literally barred Tamil Nadu from adding any more medical seat as our State has almost 10,000 medical seats. After the pushback from the southern States only the NMC postponed the implementation of the guideline to 2025-26.

The NMC issued a notice withdrawing the recognition of three medical colleges in Tamil Nadu including a reputed medical institution like Stanley Medical College citing reasons like minor deficiency in CCTV and biometric

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attendance system. After much opposition, the NMC withdrew the notice later. The Union Government's attitude towards non-BJP ruled States is nothing but arm-twisting and big brotherly attitude. They are trying to make the States as municipalities and sub-servient to the Union Government.

There is a rise in sudden deaths in the post-Covid period. The Government has not set up any dedicated research for finding the reasons for such sudden abnormal deaths post-Covid period. This will throw light on the reasons for such deaths. I urge upon the Union Government to take necessary steps to increase and encourage the medical research which will benefit the common public.

Coming to the achievements of Tamil Nadu, now Tamil Nadu's achievement in reducing MMR and IMR is second to none. Tamil Nadu is among top three States in various health indicators, thanks to the robust health care system. Recently implementation of the schemes like Innuyir Kappom, Nammai Kakkum 48, Makkalai Thedi Maruthuvam, CM Insurance Sceme have not only improved the poor people's access to the health care, but also made quality care affordable. As per one reply given by the Government in Lok Sabha, Tamil Nadu has about 1422 rural PHCs which is one of the highest in the country and about 92.5 per cent of them are functioning 24X7 providing round the clock health care facilities in the rural areas. Our leader Muthamil Dr. Kalaignar had announced in 2011 to set up one Government medical college in every district of Tamil Nadu. As of now, Tamil Nadu has 37 Government medical colleges. The Tamil Nadu

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Government is setting up six new medical colleges including one in my Tankasi constituency. Tamil Nadu has built a robust medical infrastructure with many Government medical colleges encouraging even people from humble backgrounds to pursue medical education. I urge upon the Union Government to increase the budgetary allocation for health and family welfare more than 2.5 per cent of GDP and also support the performing States like Tamil Nadu by timely allocation of the Union Government funds.

On behalf of the people of Tamil Nadu, I urge that the work relating to AIIMS in Tamil Nadu should be expedited and completed soon. I stress upon you that Tamil Nadu should be exempted from NEET, besides improving the medical infrastructure in the State of Tamil Nadu.

I finally conclude my speech asking the NDA Government to follow the footsteps of our great Dravidian model Chief Minister who works for all those who voted us and also for those who have not voted us.

Thank you.

* ... *English translation of this part of the speech was originally delivered in Tamil

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***CAPTAIN BRIJESH CHOWTA (DAKSHINA KANNADA):** I would like to express my views in support of the Demand for Grants of the Ministry of Health and Family Welfare for the year 2024-2025. India has achieved considerable success in healthcare for the last decade. With sustained progress in this sector, India has eliminated polio, guinea worm, yaws, maternal and neonatal tetanus.

India has achieved Millennium Development Goals in respect of Maternal Maternity Ratio and succeeded to a large extent in meeting the Under-5 child mortality target. However, the healthcare system of India is still a work in progress, leaving behind a huge unfinished agenda. It faces numerous serious challenges like vulnerability of socio-economic disadvantaged groups in access to quality healthcare, rising burden of non-communicable diseases along with persistent communicable diseases.

The Health Budget of 2024-25 is a step towards addressing these serious challenges and implementing the vision of hon. PM, Shri Narendra Modi ji, which is Sarve Santu Niramayah – Health for All. The Government has significantly allocated Rs. 190,958.63 crore for the country's healthcare sector. Before I address the issues which the Government has been tackling for the past ten years, I would like to congratulate the Union Finance Minister specially for exempting three additional cancer medicines, Trastuzumab Deruxtecan, Osimertinib, and Durvalumab from customs duty and for revising the custom duty rates on X-ray tubes and flat panel detectors. These changes will certainly

* Speech was laid on the Table.

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make the healthcare of cancer patients affordable, boost the domestic medical device sector, contribute to component availability at lower costs and reduce healthcare costs, making advanced medical imaging more accessible and affordable.

The Government has created 1,50,000 health and wellness centres now renamed as Ayushman Arogya Mandir by upgrading the Sub-Health Centres and rural and urban Primary Health Centres in both urban and rural areas, to bring health care closer to the community. These centres aim to provide Comprehensive Primary Health Care (CPHC), by expanding and strengthening the existing Reproductive & Child Health (RCH) and Communicable Diseases services and by including services related to Non-Communicable Diseases (common NCDs such as, Hypertension, Diabetes and three common cancers of Oral, Breast and Cervix) and incrementally adding primary healthcare services for mental health, ENT, Ophthalmology, Oral health, Geriatric and Palliative care and Trauma care. Health Ministry's National Telemedicine Service - eSanjeevani, which provides citizens to access healthcare services within the confines of their homes through their smart phones or computers, has become world's largest documented telemedicine implementation in primary healthcare. It not only provides healthcare consultations to civilian population, but soldiers of Armed Forces and CAPFs located in the most remote and inaccessible locations around the frontiers of India also enjoy teleconsultations. It has made healthcare accessible to all.

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A major chunk of Indian population including the middle class, was one hospitalization away from poverty. In 2014 when Modi Government took over, the Indian health sector was characterized with extremely low Government expenditure on health, high out-of-pocket expenditure, overburdened and extremely scattered public healthcare institutions resulting into inadequate and fragmented delivery of healthcare services.

During the UPA era, healthcare affordability remained a significant concern, with out-of-pocket expenditure accounting for a substantial portion of healthcare costs for most Indians. Despite the introduction of schemes like the Rashtriya Swasthya Bima Yojana (RSBY), the reach was limited, and the coverage provided was often inadequate to meet the rising costs of treatment. As a result, many families were forced into debt or poverty due to medical expenses. The lack of a robust, universal healthcare system meant that healthcare services were unevenly distributed, with rural and remote areas particularly underserved, leading to disparities in access to essential healthcare.

In contrast, the Modi government has taken decisive steps to alleviate out-of-pocket expenditure and ensure the universalization of healthcare. The Ayushman Bharat scheme, underpinned by the Pradhan Mantri Jan Arogya Yojana (PM-JAY), provides coverage of up to 15 lakh per family per year for secondary and tertiary care hospitalization. Currently, 55 crore individuals corresponding to 12 crore families are covered under the scheme. This has significantly reduced the financial burden on families and has led to millions receiving free treatment. Moreover, the establishment of over 1.5 lakh Health

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and Wellness Centres across the country aims to deliver last-mile healthcare by offering a range of primary healthcare services, including preventive and promotive care, closer to people's homes. These initiatives mark a shift towards a more inclusive and equitable healthcare system, addressing both the affordability and accessibility challenges that plagued the healthcare landscape during the UPA era.

Additionally, the Government has actively promoted the use of generic drugs to make healthcare more affordable. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), which comprises 1965 drugs and 293 surgical equipment, sold at retail shops at 50 per cent to 90 per cent cheaper than branded medicines, encouraged the sale of generic medicines at lower prices, has been expanded to increase accessibility to quality medications, thereby reducing the financial burden on patients. Since 2014, there has been a 100 times growth in the Janaushadhi Kendras. From nearly 80 in 2014, there are now 10,000 Janaushadhi Kendras. The Budget Expenditure for FY 2024-25 under the National Health Mission (NHM) has also been increased by approx. Rs. 4,000 crore from Rs. 31,550 crore to Rs.36,000 crore. NHM is Centrally sponsored Scheme which primarily caters to the primary and secondary healthcare service delivery in the nation. The focus of the Government is to invest in the primary and secondary public healthcare facilities for implementing the preventive and curative aspects of health to reduce the out-of-pocket expenditure of the public at large.

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Hon'ble PM had launched Pradhan Mantri Atmanirbhar Swasth Bharat in the year 2021, which is the largest Pan India scheme for strengthening healthcare across the country. The measures under the Scheme focus on developing capacities of systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters.

Maternal Mortality Ratio (MMR) of India, which was 130 per one lakh live births, now at 97 per one lakh live births. India has accomplished the National Health Policy target for MMR of less than 100 lakh live births and is on the right track to achieve the SDG target of MMR less than 70/lakh live births by 2030. This could be achieved by the initiatives like SUMAN which aims at assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths. Pradhan Mantri Surakshit Matritva Abhiyan and Janani Suraksha Yojana have also contributed to reduction of MMR.

To conclude, I would like to express my sincere gratitude to the hon. Prime Minister, Shri Narendra Modi ji and the Union Finance Minister for their unwavering commitment to improving the healthcare landscape of our nation. The substantial allocation in the Health Budget for 2024-25 and the thoughtful measures introduced reflect a dedicated effort to address the critical challenges faced by our healthcare system and to ensure that quality healthcare is accessible and affordable for all. I firmly support the Demands for Grants of the

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Ministry of Health and Family Welfare as these funds are vital for continuing the transformative initiatives and achieving the vision of SarveSantu Niramayah."

Together, we can build a healthier, stronger, and more resilient India. Thank you

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***PROF. VARSHA EKNATH GAIKWAD (MUMBAI NORTH-CENTRAL): 797**

private and 207 government hospitals are empaneled under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, in Maharashtra. I request to increase this number. The Government is making big claims about Ayushman Bharat that crores of people have benefited under it but from the year 2019 to the year 2022, not even 50% of its budget has been spent. The Government has provided Rs. 6400 crores and spent only Rs. 3200 crores. The scheme benefits only the insurance companies because the poor man is not getting any benefit even today. I would like to know from the Minister that even in your flagship scheme, only half the amount has been spent and private hospitals commit fraud in the name of insurance and fake bills are made in the name of the poor. What decision has been taken to stop it? Today we see that fraud is going on in ABHA portal app, Arogya Setu app and banks, money is transferred from one account to another. It should be monitored. In terms of operational capacity and services provided, the facility of All India Institutes of Ayurveda (AIIA/AIIMS) proposed across the country should be made available in Nagpur in Maharashtra. Mumbai is the economic capital of the country, there should be AIIMS in Mumbai as well. This is my demand. The Government claims to promote Ayurveda and double the income of farmers, but we do not have any MSP for ayurvedic and medicinal plants using which many major medicines are made. Has the government planned to bring medicinal herbs under the ambit of MSP, which will promote AYUSH and will also help farmers to move away from traditional crops? Sir,

* Speech was laid on the Table.

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today our Ayurvedic hospitals in Maharashtra need assistance. There are the vacancies of doctors and ASHA workers are demanding to increase their honorarium. The population is increasing every day in Mumbai. People from villages also come to Mumbai. There is a lack of facilities in the Government hospitals such as GT George, Coma and G-T and also in some hospitals of Mumbai Municipal Corporation. You are requested to pay attention to this. Medical admissions are still on hold due to corruption and paper leak in NEET exam, please pay attention to this as well.

***SHRI RUDRA NARAYAN PANY (DHENKANAL):** Thank you Sir, I am fully supporting the Demands for Grants 2024-25 of the Ministry of Health and Family Welfare. Under the leadership of Prime Minister Shri Modi Ji, medicines have been provided to 48 countries during the Corona period.

This is highly commendable. It is a matter of great joy that cancer medicines have been kept free from custom duty in this Budget. On this occasion, I request to set up a Medical College in Dhenkanal of Dhenkanal Lok Sabha Constituency. An Ayurvedic College should also be set up in Angul near the Mandargiri mountain, which is full of Medicinal Plants.

* Speech was laid on the Table.

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[English]

***SHRI BASTIPATI NAGARAJU (KURNOOL):** I thank you for giving me this opportunity to speak on the Budget for the Ministry of Health. Under the leadership of NDA Prime Minister Shri Narendra Modi, steps are being taken to promote health in rural areas. There are three aspects in promotion of health 1. quality 2. affordability and 3. availability.

All these aspects are being taken care of by the Government under the leadership of our Prime Minister Shri Narendra Modi. I would like to refer to a few points with regard to the health sector. As far as quality is concerned, the life expectancy of Indians in 2013 was 63 years, which has gone up to 70 years in 2023. Similarly, the child mortality rate, which was 26 in 2014, has come down to 20 in 2021. The mortality rate of pregnant women, which was 167 in 2014, has come down to 97 in 2021. This reflects how Sri Narendra Modi has taken decisions to improve quality of life.

Shri Narendra Modi has launched Aayushman Bharat PM Jan Aarogya Yojana to provide affordable and quality medicines to the poor people of our country. Under the scheme, Rs.5 lakh insurance coverage has been provided to avail medical facilities including surgeries. Ayushman Bharat cards have been issued to 34.5 crore people in our country and 7.5 crore hospital admissions

*English translation of the speech was originally delivered in Telugu

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have been covered under this scheme. 49 per cent beneficiaries are women who availed facilities under the Aayushman Bharat Scheme. I thank the hon. Prime Minister for making medical facilities and medicines affordable and reachable to the poor people of our country. By opening 10,000 Jan Aushadhi Kendras the cost of medicines has come down by 50 to 90 per cent. 1,965 medicines and 293 surgical items are being sold in these stores. We learnt about the capability of our hon. Prime Minister Narendra Modi during the Corona pandemic. Not just our country but the whole world realised the capacity of our Prime Minister. During that period our Prime Minister ensured quality, availability and affordability of medicines and medical treatments. Not only that, the vaccine for Corona was manufactured in our country. It was also provided free of cost to many countries. We are aware that the good quality of our vaccines worked effectively against Corona. We could successfully tackle Corona because we provided these medicines at either affordable cost or free of cost. But on one hand when our Prime Minister was doing wonders in our country, the state Government in Andhra Pradesh was not working efficiently. As per the NITI Aayog report, under Chandrababu Naidu's regime, Andhra Pradesh was at fourth position in the health sector but under the previous Government it dropped to 10th position. It is because the benefits that were being provided under the PMJAY scheme were not being extended to the people of our State by the previous State Government. 1,232 hospitals out of 2,659 were not fully functional.

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Kurnool is a drought-prone area and we have one Government General Hospital in Kurnool. That hospital caters to the needs of people from eight other districts. I request the Union Government to upgrade that hospital to AIIMS. Though one AIIMS was sanctioned in Mangalagiri for our State, the previous Government in our State could not even provide water to that AIIMS. The previous Government has changed the name of Health University from NTR Health University to YSR Health University but they never focused on providing health facilities to the people of Andhra Pradesh. In tribal areas, during the previous Government's tenure, tribals were using DOLIs to carry patients to the hospitals but after Chandrababu Naidu became Chief Minister, steps have been taken so that the tribals need not use DOLIs for the transportation of patients. To ensure good quality of services in the health sector, we will have to revive our education system to provide good quality of doctors. Due to high fees for medical education, doctors are charging high consultation fees and other charges while treating patients, and they are also neglecting their profession. Therefore, I request the Government to review fees in medical colleges and provide quality doctors for the people of our country. At the same time, we need to promote technology in rural areas. The Primary Health Centres need to use technology to provide good quality of services. I will take one more minute. When it comes to old age people, our population will have old age people in large numbers in the coming years. Now, 10 per cent of old age people in our population will grow to 20 per cent by 2050. Therefore, we need to formulate umbrella programmes and special schemes for old age people. We need to

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promote geriatric care. I am sure that under the leadership of our Prime Minister Shri Narendra Modi and our Chief Minister Sri Nara Chandrababu Naidu, health services in our country as well as in our State will improve. With this hope, I conclude. Thank you.

[Translation]

SHRI RAMPRIT MANDAL (JHANJIHARPUR): Hon. Madam Chairperson, thank you very much for allowing me to participate in the discussion on the Demands for Grants of the Ministry of Family and Health Welfare for the year 2024-25.

Madam, I would like to thank the Hon. Prime Minister and the Hon. Minister of Health for providing Rs 90,659 thousand crores for healthcare sector in the country keeping in mind the world standards. Out of this, nearly Rs 3,002 crore have been provided only for research work. This is an attempt to bring fundamental changes in the field of health. This will play an important role in the field of health because the Health Research Department is accountable for conducting medical research. Today there is a need to focus more on the research work in the country. The progress of any country depends upon research work. Therefore, the Government is focusing more upon research, which is a welcome step.

Madam, the main work of the Ministry of Health and Family Welfare is to implement the public healthcare system along with Government schemes as well as to regulate medical education. Today, there is a need to put more

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emphasis on the public healthcare system in proportion to the population and the number of people living below the poverty line in the country so that the common man can get the best possible treatment. Besides hospitals, the shortage of doctors must also be met.

Madam, I appreciate the Government that our Health Minister has been a Minister in the past too. I hope he will try his best to solve the problems of the common man.

Madam, everyone has not got the Ayushman card yet, everyone must receive it. Most of the doctors, who study in Government Medical Colleges and institutions run by the taxes paid by the common man go abroad and do not return. The Government will have to check this. The doctors who study in Government Colleges must be given a chance to serve in rural areas for at least 5 years because doctors do not want to stay in rural areas.

Madam, I hail from Bihar. Bihar Government and Hon. Chief Minister Shri Nitish Kumar are always striving for providing good healthcare services. He has done a lot of work in healthcare sector in Bihar. He is fulfilling the target of setting up of a medical college in all the districts of the state alongwith setting up of hospitals and arrangements for providing medicines free of cost. But there is not much arrangement in Bihar for the treatment of cancer. I would urge the Government to set up at least one cancer institute there.

I also demand to set up an AIIMS in my Parliamentary Constituency, Jhanjharpur. This is a flood affected area adjacent to Nepal. Due to poverty,

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people are unable to get good treatment. The people of this area will get the facility of quality treatment after setting up of AIIMS.

Madam, I would like to draw the attention of the Hon. Minister of Health and Family Welfare towards the plight of PHCs and other small health centers in the rural areas.

PHC or other health centres lack basic facilities, they do not even have their own building and the existing ones are in dilapidated condition. There is a shortage of doctors and nurses, there are no nursing staff and there are no stretchers. Rural health centres are in similar condition. If this is not streamlined, how will we be able to provide primary health care facilities to the people of the country? Therefore, there is a need to give it a thought.

Madam, we have recently faced the Covid-19 pandemic and we have also got a glimpse of the health system. The subject of health comes under the jurisdiction of the states, but they need Centre's assistance to function smoothly.

Madam, the State Government has provided adequate land for Darbhanga AIIMS and is developing it. Therefore, there should be no delay in setting up an AIIMS in Darbhanga.

Hon. Madam Chairperson, I would also like to thank the Hon. Minister of Finance as the Government has accorded approval for setting up of two new medical colleges in Bihar. It is necessary to set up a medical college in Jhanjharpur and the pace of this work must be accelerated. More money should

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be provided in this regard. Its construction will speed up development in my Parliamentary Constituency, Jhanjharpur.

Hon. Madam Chairperson, I would like to say one more thing that there is a need to keep an eye on the prices of medicines. Quality medicines are getting very expensive. The common man is unable to purchase expensive medicines. There is a need to check that too.

With these words, I would like to conclude. I express my gratitude to the Hon. Prime Minister and the Hon. Minister of Health and Family Welfare. I would also like to thank the Hon. Chief Minister of Bihar.

Thank you so much.

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[Translation]

***SHRI UJJWAL RAMAN SINGH (ALLAHABAD):** Honorable Chairperson Sir, through you, and august House, I would like to draw the attention of the Ministry of Health towards the pathetic condition of health services/health system of Uttar Pradesh, which is called the heart of the country and particularly the health services/health system of Prayagraj district.

Hon'ble Sir, Uttar Pradesh is the most populous State of the country. The heart of the State which is called Heart of the country is itself sick. The health system here is in a very pathetic condition. People go to Delhi, Mumbai and Bangalore for serious diseases. Due to which they have to face financial, physical and family problems. There are only 20 community health centres and about 70 new primary health centres in Prayagraj district, but most of the doctors are not available at these health centres. Even the doctors who get posting nearby work at the health centres for two or three days in a week and that too for two or three hours. The condition of internal health centres is such that many centres are being run by ward boys. Due to such a situation, the innocent people of the village become dependent on quack doctors. Mostly, the patients are referred to the district or divisional hospitals by the CHC and new PHC.

Hon'ble Sir, due to the negligence and indifference of the officers and doctors, there is a lot of chaos in the district and divisional hospitals. Patients are forced to take shelter in private nursing homes/hospitals. In private nursing

* Speech was laid on the Table.

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homes/hospitals, patients are exploited more financially than treated. Honorable Chairman Sir, there is only one PGI in Uttar Pradesh where there is so much of a rush that there is a crowd of patients. When people in my constituency fall ill, they come to me for better treatment with an expectation that I will help them to get admitted in PGI Lucknow. Only after a lot of recommendations, some get admission in PGI. For Uttar Pradesh with a population of 40 crores, one PGI is like a drop in the ocean.

Hon'ble Speaker Sir, Prime Minister Narendra Modi has also been elected thrice and made the Prime Minister by Uttar Pradesh, but it is the misfortune of the state of Uttar Pradesh that even after having a Prime Minister from Uttar Pradesh, there has been no improvement in the health facilities here. The expectations and aspirations with which the people of the state elected the BJP government at the center and the state, according to that there has been no improvement in the health facilities. The condition of district hospitals is pathetic, then one can imagine what will be the condition of the village health centers, they are at the mercy of God. Sometimes there is no building, sometimes there is no staff, sometimes there is staff but basic facilities are missing. In such a situation, people are forced to take the help of private nursing homes, private hospitals to save their lives where they are exploited financially.

Hon'ble Speaker, Sir, I belong to Prayagraj, which is a district with a population of about 70 lakhs but there is no big hospital. Patients from Chitrakoot, Banda, Fatehpur Khaga, Kaushambi, Pratapgarh, Bhadohi,

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Mirzapur, Sonbhadra as well as Rewa, Sidhi, Satna, Maihar etc. areas of Madhya Pradesh come to Prayagraj for treatment.

Hon'ble Speaker, Sir, through you I demand that in an important district like Prayagraj where Kumbh Mela is to be organized in the coming year, in which crores of people will come from the country and abroad, there is an urgent need to pay special attention to the health facilities here. I strongly appeal to the government to take the above facts seriously and immediately build a hospital like All India Institute of Medical Sciences (AIIMS) in Prayagraj.

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[English]

SHRI RAJABHAU PARAG PRAKASH WAJE (NASHIK): Hon. Chairperson, Madam, I thank you for the opportunity given to me to speak in this august House on Demands for Grants of the Ministry of Health and Family Welfare for 2024-25.

Madam, as the Government says, the construction of hospitals and necessary infrastructure is being done on a war footing. But what about the doctors and trained nurses in the rural and tribal areas? The Government is requested, through you, Madam, to look into the necessities and technicalities in this field.

Secondly, regarding 18 per cent GST on health policies, this GST should be abolished as early as possible. On the basis of some important points, I would like to draw the attention of the Minister and the House regarding public health services in my constituency, Nashik. Regional Referral Hospital, Nashik should be brought under the Government schemes like NHM and NCD and necessary funds should be provided for the new machinery and free treatment to benefit the patients who have exhausted their expenses under various Government schemes. There should be a provision of updated machinery and equipment. Major improvements in other facilities are also needed and those improvements should be done immediately.

Nashik Kumbh Mela will be organised in my Lok Sabha constituency in the year 2025-26. It is the largest religious and cultural human gathering in the

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world. A large number of sadhus, sadhvis and pilgrims participate in this fair. UNESCO has also included Kumbh Mela in Tangible Cultural Heritage List in 2017. The Government hospital in Nashik city is not upgraded and not enough to provide medical services. Considering the number of devotees participating in the upcoming Kumbh Mela, there is a need to take necessary steps at the Government level in terms of public health to ensure that the devotees get immediate medical care.

The management of ESIC hospital which serves about two lakh to three lakh workers and their families working in the industrial areas is very poor. The hospital should be run under the guidance of the Union Ministry of Health and Family Welfare with proper coordination of the Ministry of Labour and Employment.

The tribal population is still facing huge health challenges. Adequate funds should be made available after a real analysis of the health system in Nashik and the tribal areas in Maharashtra. Thank you, Madam.

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***SHRI D. M. KATHIR ANAND (VELLORE):** The Union Health Ministry has been allocated Rs. 7,90,958.63 crore which is too low for a country with a huge population of 140 crores.

Basically, 'Health' is a State subject. But like in education, here also the Union Government infringes upon the federal rights of the States through the regulatory bodies like the National Medical Commission. Conducting NEET is one glaring example.

The only bright spot in this year is that the Government has announced customs duty exemption on three cancer treatment drugs - Trastuzumab Deruxtecan, Osimertinib and Durvalumab to provide relief to cancer patients and also propose changes in the BCD (Basic Customs Duty) on X-Ray tubes and flat panel detectors for use in medical X-Ray machines under the Phased Manufacturing Program.

Though the National Health Mission's Budget allocation enhanced from Rs. 7,31,550 crore in 2023-24 to Rs. 7,36,000 crore in 2024-25, there are severe cash crunch crisis for implementing the health welfare schemes across the country. The Pradhan Mantri Jan Arogya Yojna (PM-JAY) Budget allocation rises from Rs. 76,800 crore to Rs. 77,300 crore. The National Tele-Mental Health Programme's budget allocation increased from Rs. 765 crore to Rs. 790 crore. But it is very less compared to the total population of the country. The budget allocation for autonomous bodies has been increased from Rs. 17,250.90 crore

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in 2023-2024 to Rs. 718,013.62 crore in 2024-25. Among these bodies, the allocation for AIIMS, New Delhi, has been increased from Rs. 4,278 crore to RS. 4,523 crore. But the Union Government has so far been showing very lethargic attitude as far as the AIIMS, Madurai, in Tamil Nadu is concerned.

The budget allocation for the Indian Council of Medical Research has been enhanced from Rs. 2295 crore to Rs. 22,732 crore. There is an urgent need to increase funds for the development of tuberculosis and thoracic medical research in ICMR. The tuberculosis and thoracic medical research centre at Chennai is a premiere institute in tuberculosis research in India. The Union Government should increase the budgetary allocation for this centre. Also, there is a need for increasing the research on nephrology and renal failures in the country.

Sir, after the COVID pandemic there is an apprehension in the minds of the people that the COVID vaccines and other medications provided to people is the cause for sudden increase of heart attacks among the younger generations in the country. There have been reports of young people in their 20's and 30's dying of sudden heart attacks. The Union Government should take a serious note on this very grave issue. Already, the people are angry with the Union Government ever since the COVID vaccine 'Covishield' was withdrawn from the market fearing the side effects on some people who had been administered with Covishield vaccine. This is ridiculous. The Union Government has to set up a High-Level Inquiry Committee to bring the truth in this issue.

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'Health is Wealth' says our ancestral wisdom. A healthy nation is a wealthy nation. Good health of the people plays a pivotal role in the all-round development of the society. Only a healthy population can contribute productively to the overall economic growth of the country. The Union Government cannot play with the life of the people by recommending such faulty vaccines. Our State of Tamil Nadu is committed to building a healthy society not only by making available quality medical care facilities and accessible to the people but also by focusing on preventive health care and adoption of healthy life styles.

. "Noi Naadi Noi Mudhal Naadi Adhu Thanikkum,
Vaai Naadi Vaaipach Seyal".

(Kural - 948)

Diagnose the illness, trace its cause, seek the proper remedy and apply it with skill. The pioneering health schemes and initiatives of the Government of Tamil Nadu have garnered appreciation not only at the national level but also at international level, serving as a model for other States to emulate. These efforts underscore the Government's dedication and determination to ensure the health and well-being of its people and serve as an inspiration for advancing healthcare systems across the country.

Implementation of special initiatives such as the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS, Innuyir Kappom Nammai

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Kakkum 48 and Makkalai Thedi Maruthuvam (MTM) for the low income group have not only improved access to healthcare but also ensured its affordability and quality.

“All those who have insurance cover under the "Inniyur Kappom - Nammai Kaakkum 48" Scheme, the poor, the people from other States, foreigners, etc. without taking into account their income, if they are injured due to road accidents taking place on the roads/highways of Tamil Nadu, they will be given treatment free of cost for the first 48 hours.”

The life of most of the accident victims can be saved if they are given appropriate medical care in the golden hours. This is a wonderful life saving scheme initiated by the Government of Tamil Nadu under the dynamic leadership of hon. Chief Minister, Thalapathy M. K. Stalin.

The launch of Innuyir Kappom - Nammai Kakkum 48 is a significant step towards addressing the mortality due to road traffic accidents in the State. The schemes provision of cashless and free emergency medical treatment for all road traffic accident victims, regardless of nationality, not only reflects the noble action for prioritizing human life and ensuring access to timely healthcare services during emergencies but also the Government's dedication in upholding the principles of equality and social justice in healthcare delivery.

By providing immediate medical assistance to accident victims without the burden of financial constraints, the scheme aims to save precious lives and

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minimize the catastrophic impacts of road traffic accidents on individuals and their families.

The Makkalai Thedi Maruthuvam (MTM) is an initiative launched by the Government of Tamil Nadu is indeed a commendable effort to address the emerging challenge of Non-Communicable Diseases (NCDs). Expanding the scope of MTM to include the screening of chronic diseases such as tuberculosis and leprosy demonstrates the continuous commitment of this Government in promoting health and well-being in the State.

The establishment of emergency departments in medical college hospitals and the implementation of the Tamil Nadu Accident and Emergency Care Initiative (TAEI) are significant steps towards strengthening emergency care services in the State. By setting up dedicated emergency facilities, Tamil Nadu aims to ensure timely and efficient response to medical emergencies, thereby reducing morbidity and mortality rates associated with critical conditions and accidents. The establishment of TAEI centres along State and National Highways is particularly crucial for providing emergency medical care to accident victims and individuals in remote or underserved areas. These centres serve as lifelines for those in need of immediate medical attention, bridging the gap between accident sites and tertiary care hospitals.

By deploying mobile healthcare units equipped with essential medical equipment and staffed by trained healthcare professionals, Tamil Nadu aims to bring medical services directly to the doorsteps of communities in need,

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especially those living in remote and tribal areas. These 'Hospital on Wheels' vehicles serve as vital lifelines for individuals who may otherwise face significant barriers to accessing healthcare, such as limited transportation options or long distances to healthcare facilities.

The Drug Budget is a critical component of healthcare financing with far-reaching implications for public health, fiscal management, equity, and healthcare delivery. The Government of Tamil Nadu has earmarked Rs. 1915 crore for the development of civil infrastructure. At present, Tamil Nadu has 36 Government Medical College Hospitals, which is the highest in the country, 62 Hospitals attached with Medical Colleges and Tamil Nadu Government Multi Super Speciality Hospital, Kalaingar Centenary Super Specialty Hospital, three Tamil Nadu Government Dental Colleges and Hospitals, 37 District Headquarters Hospitals, 256 Taluk and Non-Taluk Hospitals, 1832 Primary Health Centres (PHCs), 8713 Health Sub Centres (HSCs), 487 Urban Primary Health Centres (UPHCs), 10 ESI Hospitals and 235 ESI Dispensaries, and 1541 Indian System of Medicine Hospitals and Dispensaries.

Tamil Nadu's achievements in reducing Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) are significantly notable, and should be emulated throughout the country, especially in surpassing the targets set under the Sustainable Development Goals (SDGs) well ahead of the deadline. The State's commitment to maternal and child health is further underscored by its efforts to conduct death audits at various levels, including the community,

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institution, district, and State levels. These death audits play a crucial role in identifying the root causes of maternal and child mortality, thereby informing evidence-based interventions and strategies to reach the state of zero maternal death.

All these great things are achieved by the medical fraternity of Tamil Nadu who have done medical graduation and post-graduation in the pre-NEET era. There is no need to say that Tamil Nadu has produced great medical doctors of international standards and reputation.

That is why, we, the people of Tamil Nadu, are opposing NEET in toto.

Sir, The National Testing Agency was given the huge responsibility of conducting the nation-wide entrance examinations for various higher education institutions including the National Eligibility cum Entrance Test (NEET), Common University Entrance Test (CUET) for Central University admissions and the post-graduate admissions in medical and University Grants Commission (UGC) courses. But in reality NTA is small, lean and a thin organisation, with most of the work being outsourced. This is probably the main reason behind the recent NEET exam question paper leak fiasco leading to the arrest of perpetrators of crime in Gujarat and Bihar. This has created dismay and a complete loss of trust in the NTA's ability to conduct a fair examination. The credibility of NEET and NTA has gone hopelessly wrong due to faulty and incompetent implementation. Its flawed implementation, the widespread leakage of question papers, the arbitrary manner of awarding grace marks, conducting a re-examination for just

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a handful of students, and now tinkering with the ranking have all made the whole process murky and jeopardize the interests of genuine students. The tampering with the results has only deepened distrust and raised ubiquitous questions. In an era of high-speed connectivity, only a lame duck Government is convinced that the leaks are localized. Uncertainty of the NTA's capability to conduct NEET is giving rise to even more serious concern. This is an examination where rank is critical. Those with higher ranks get admission to Government institutions, getting quality education at lower fees. Several students with a decent rank were unable to get admission due to high capitation fees. This is shameful.

Why can the Government not restrict the testing for entry to its own institutions and decentralise whereas States fill up their own seats on the basis of their marks scored in State Board examinations? The examinations that 24 lakh students appear for to fill one lakh seats are high stake tests, bitterly contested and fraught with risk. Strong vested interests and criminal elements would want to do everything to undermine streamlined systems of merit-based entrance to professional education or to coveted universities and colleges. This would include selling examination papers for financial gain. Decentralising the examination processes in States and different governing entities could reduce the element of risk. The Central Government's role could be to mandate the standard to be followed for higher education institutions. While the integrity of an NTA examination was severely beaten, the disintegration of school education system is an unfortunate by product.

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With the emergence of national-level common entrance examinations for every professional course or university course, school-leaving examinations have become redundant and there are now 'dummy' schools. Instead, coaching centres have mushroomed with the sole purpose of preparing students for these national examinations showing scant respect to school education system and board exams. The growth of the coaching industry has damaged the schooling system insidiously and relentlessly. This trend has to be stemmed.

If we cannot safeguard good school education, our schooling system will decay even further. Standards of academic competency, hard work and good values inculcated at the school level can never be achieved at the later time. Therefore, I urge the Union Government to disband conducting of NEET exams and opt for the decentralised examination system.

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[English]

***SHRI BENNY BEHANAN (CHALAKUDY):** I would like to expressing views on the pressing health challenges that our nation faces. Since Independence, under the stewardship of our first Prime Minister, Jawaharlal Nehru, our country has made significant strides in health, augmented by the dedication of his Cabinet and advisors. Yet, despite these achievements, we continue to confront profound health crises, particularly among our most vulnerable populations.

As you may know, India struggles with a dual burden of communicable and non-communicable diseases, compounded by numerous social determinants that negatively impact our people's health. While we have progressed, the rate at which we address new and ongoing health concerns is not satisfactory. When it comes to the realm of communicable diseases, I need not narrate the exhaustive tales of COVID-19, but it is crucial to acknowledge that the Government's grasp on the post-COVID landscape is ill-defined, lacking in transparent data analysis and scientific research. Reports suggest a disproportionate rise in sickness after COVID, where the impoverished and those who do not have access to public health are compelled into exorbitant private healthcare expenditures, further worsening their financial plight.

Sir, WHO repeatedly reminds us that Tuberculosis remains a public health challenge globally. A big shame for us is that our country accounts for more than 25 per cent of the global TB incidence. In the recent years, the TB incidence has

* speech was laid on the Table.

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been increasing by a 2-3 per cent surge. More disturbing is the disruption in the free distribution of TB medicines, catalysing the spread of drug-resistant strains. Drug shortage is something that should not happen in TB control program. The current crisis in TB drugs is going to affect the image of our country that we have been building over the years.

Moreover, after years of decline, we witness a troubling increase of HIV cases, partly due to the disrupted provision of free prophylactic measures by the Government.

Sir, another growing and dangerous crisis is antibiotic resistance, created by irrational antibiotic usage and the lack of stringent regulations. In our country, antibiotics is dispensed over the counter without adherence to prescribed guidelines. Amid these challenges, we face emerging infectious diseases, underscoring the urgent need for a dedicated department and substantial funding to support afflicted individuals and spearhead research. In Kerala, a State known for its high performance in health is now facing the emergence of many diseases that we have never experienced in the past.

Sir, turning to non-communicable diseases, often termed lifestyle diseases, we see an alarming increase correlated with demographic shifts and lifestyle transformations over recent decades. India has one of the highest percentage of people with diabetes. Our health infrastructure urgently requires strengthening through enhanced facilities and increased manpower. The deterioration of Government hospital facilities on one side with mounting

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charges in private hospitals on the other side calls for standardized fees across private hospitals.

More than two per cent of our population is differently abled, each with unique and often costly healthcare needs. It is imperative that the Government devises mechanisms to provide necessary treatments and subsidize medical equipment for these individuals.

Furthermore, we have more than one lakh new patients annually who require kidney transplantation. This is due to aging population and other diseases such as diabetes and high blood pressure. It is essential to consider people who need kidney transplantation or those who have undergone kidney transplantation as differently abled people. We need to have new mechanisms to extend support to those people with kidney failure considering them as differently abled.

The rapid proliferation of medical and nursing colleges without maintaining educational standards jeopardizes the quality of our healthcare and the global reputation of our medical professionals. Strengthening our medical and nursing councils is not just necessary; it is crucial.

Lastly, our last National Health Policy was developed in 2017. There have been a lot of changes in the whole scenario due to COVID and we have new challenges. It is high time we address the evolving challenges posed by global and national shifts, particularly in the post-COVID era.

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In conclusion, as we face these escalating health challenges, the need for urgent and collective action has never been more critical. Let us come together, across aisles and ideologies, to forge robust solutions to these pressing issues, ensuring a healthier future for all Indians.

Thank you, Sir.

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[Translation]

SHRI BAJRANG MANOHAR SONWANE (BEED): Madam, I would like to thank you for giving me the opportunity to speak in the biggest temple of democracy of this country today.

Madam, I have been elected from Beed district of Maharashtra. The people of the district have elected me and sent me here considering me worthy of speaking in this temple. For this, I would like to thank the people of Beed district. I have been elected from the Nationalist Congress Party (Sharad Chandra Pawar). The person who has elected me by giving me a Lok Sabha ticket is Sharad Chandra ji Pawar Sahab. Therefore, I would like to thank him as well.

In my district, I am known as a farmer's son. The farmers have elected me and send me here, therefore, I would like to thank the farmers as well. Today, I am able to address you all, this is the power of democracy, the magic of Baba Saheb Ambedkar's Constitution. Today, I am going to speak regarding the Ministry of Health and Family Welfare in this House.

There are many new members like me in this House, who are from the ruling party and from the opposition. I personally feel that new MPs must be given some more time. If they are given a little more time, they will be able to speak, but this does not happen. Since this Session has started, I have been repeatedly submitting notices for Zero Hour, Matters under Rule 377 and

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Questions but I have not got an opportunity to speak in them. Today, I am fortunate to have received an opportunity to speak. I am grateful to you for this.

Our Hon'ble Speaker is wise and experienced and while sitting on the Chair he pays attention to the ruling party and pays special attention to the opposition. That is why I would like to thank him as well.

HON. CHAIRPERSON: Hon'ble Member, you cannot say this from here.

SHRI BAJRANG MANOHAR SONWANE: Madam, the Constituency I represent is a rural area, where Marathi is the most spoken language.
...(*Interruptions*)

HON. CHAIRPERSON: This should not come on record.

... (*Interruptions*)...*

SHRI BAJRANG MANOHAR SONWANE (BEED): Most of the people of my constituency will not be able to understand Hindi, so I am trying to speak Marathi and I will speak in Marathi.

HON. CHAIRPERSON: Hon'ble Member, you can speak in Marathi.

SHRI BAJRANG MANOHAR SONWANE (BEED): Yes.

[ENGLISH]

* Not recorded.

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* At the outset, I would like to Salute Chhatrapati Shivaji Maharaj, Dr.Babasaheb Ambedkar, Mahatma Jyotiba Phule and Annabhau Sathe. I also want to express my gratitude towards Shri Sharad Chandraji Pawar, Saheb. I am grateful to Shri Manoj Dada Jarange, who has been fighting for cause of Maratha reservation. Today I rise to participate in the discussion on Demands for grants of-health ministry.

Hon'ble Madam Chairperson, I hail from Beed district- which is known for sugarcane cutters and also for the drought affected villages. Many political leaders gained political mileage out of these issues for their benefits. But, they are not ready to share what have been done for them. There is an urgent need to serve them because they work really hard. They cut the Sugarcane even at odd hours. Hence, I demand special package for these sugarcane cutting workers.

Madam, we have first Asian medical college at Ambajogai, One District hospital at Beed, 297 Medical Sub-Centers, 83 PHCs in my Beed district but there is an acute death of doctors and staff and that needs to be taken care of.

There are very few private hospitals and hence the Government aided Medical facilities should be increased.

There is a scheme to open a Medical College in every district So, I demand to open one Government Medical college in my Beed district. There is no women Hospital available, so it should also be opened. All the vacant posts in Medical department must be filled urgently. The intake

* ... *English translation of this part of the speech was originally delivered in Marathi.

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Capacity of Ambajogai Medical College is now 150, but the numbers of the class-III and IV employees have not been changed. I demand that it should be changed and should be in proportion to the increased intake capacity.

Please give me more time, Madam. My Beed district is very backward and poor So, you should give me adequate opportunities to speak. Hon'ble

Heath Minister has declared many schemes and programs for the entire country but nothing has been given to my district. The Sex Ratio in my district is also a matter of concern and if you really want to increase it, you should look into it seriously. The CT-Scan machine at Ambajogai Medical College is 12 year old and hence it is not functioning properly. A new machine is needed to be installed there. So, I would like to request you to kindly make necessary provision for it in the budget. Ventilators should also be provided for the benefit of patients there. Civil Seyson is also not ready to sit there due to the Pathmetic condition of that hospital. Kindly take an initiative to resolve these problems faced by the Medical College and Hospital, at Ambajogai. Thank you.

[English]

***ADV. DEAN KURIAKOSE (IDUKKI):** The Ministry of Health and Family Welfare needs great budgetary support to ensure that the demographic dividend of India does not turn into a demographic disaster. Despite the advances in the field of healthcare, a large number of Indians are still outside the ambit of modern

* Speech was laid on the Table.

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healthcare. The Government expenditure must increase. The National Health Policy, 2017 recommends that Government health expenditure (State and Centre combined) should be 2.5 per cent of GDP. In 2019-20, Government health expenditure was estimated to be 1.4 per cent of GDP. This was significantly lesser than that of certain countries. In 2022-23, Government health expenditure in India was expected to be 2 per cent of GDP. These are heavily unsatisfactory numbers.

The Government has neglected the needs of ASHA and Anganwadi workers for long. Many Members of this august House, including myself, have raised their plight in this House. I have requested repeatedly that their honorariums should be increased at least to Rs. 21,000. These foot soldiers of India's healthcare are the ones who keep each one of us secure. Neglecting them is a great crime. I request the Government to give them their due share.

In 2018-19, 4 per cent Health and Education Cess on income was introduced. In 2021-22, the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) was formed to receive cess collections on health. In 2020, the Ministry of Finance declared that 25 per cent of cess collections would be utilised for health. In 2023-24 and 2024-25, transfer to health is estimated to be lesser.

The primary healthcare infrastructure in our country is still grossly insufficient. The National Health Policy, 2017 recommends a bed capacity of two beds per 1,000 persons. As of 2021, India has 0.6 beds per 1,000 persons. As of 2021-22, each level of primary healthcare covers a greater population than recommended. Coverage of PHCs has worsened since 2019-20. Each PHC is

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required to have four to six beds. As of 2021-22, 74 per cent of PHCs had a minimum of four beds. However, PHCs in certain States fell significantly short of the mark. These include Odisha where 10 per cent PHCs have at least four beds, Assam has 37 per cent, and Bihar has 41 per cent. In 2005, the Ministry aimed to have 50 per cent of PHCs to open for 24 hours. As of 2021-22, only 45 per cent PHCs were open for 24 hours. In Himachal Pradesh about 5 per cent of all PHCs opened for 24 hours, in Maharashtra, such PHCs were only 13 per cent, in Uttarakhand only 11 per cent and in West Bengal about 25 per cent fell significantly short of the target. The situation of CHCs is no different. Each CHC is required to have four kinds of specialists on-board. These are: (i) surgeon, (ii) physician, (iii) obstetrician and (iv) paediatrician. As of 2021-22, only 10 per cent of all CHCs had all four specialists on-board. As per an estimate by NITI Aayog in 2021, 72 per cent of all hospital beds were located in urban areas.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission has been allocated Rs 3,757 crore in 2024-25, which is 63 per cent higher than the revised estimates of 2023-24. Utilisation of funds under the Centrally sponsored component has been low. The under-performance of such a flagship mission, spearheaded by the Prime Minister, is indicative of the larger inefficiency of the Government. This must be highlighted in this august House.

Many key health outcomes have not been met by the Ministry. For example, the National Health Mission aims to reduce the prevalence of anaemia amongst women aged 15-49. Between 2015-16 to 2019-21, the prevalence of anaemia amongst non-pregnant women increased from 53 per cent to 57 per

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cent and amongst pregnant women increased from 50 per cent to 52 per cent. In 2010, a National Action Plan was formulated by the UPA Government, which targeted reducing mortality due to such diseases by 25 per cent by 2025. Between 1990 and 2016, share of deaths due to non-communicable diseases in the overall deaths increased from 38 per cent to 62 per cent. In 2016, over 70 per cent of deaths of persons aged 40 and above were due to non-communicable diseases. Cardiovascular diseases were the leading cause of deaths within non-communicable diseases (28 per cent). Disease burden of non-communicable diseases also rose from 31 per cent to 55 per cent between 1990 and 2016. Ischemic heart disease constituted the largest share of overall disease burden in 2016. In 2016, there was a 104 per cent rise in the number of healthy life years lost due to ischemic heart disease. The National Health Mission stresses on strengthening primary care services to screen and address non-communicable diseases. Unfortunately, this has never been prioritised by the Government to an extent that we all desire.

Central releases under the National Health Mission have stagnated since 2019-20. Its share in overall expenditure under the scheme has also consistently reduced. The Standing Committee on Health and Family Welfare (2023) had noted that despite high utilisation under the scheme, budgetary allocations to NHM are insufficient to meet its aims. According to the National Health Accounts, 2019-20, 56 per cent of Government health expenditure was directed towards primary healthcare. The National Health Policy, 2017 suggests allocating up to two-thirds or more of the budget to primary care, followed by secondary and

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tertiary care. The 15th Finance Commission also recommended that by 2022, two-thirds of the total health expenditure should be on primary healthcare. I request that the Government must pay heed to these sagacious advices.

I would like to urge upon the Government to rely on the larger aim of securing the health and well-being of all 1.4 billion Indians. The priorities of the Government fall woefully short of achieving this aim. I would like to express my disapproval of this Demand for Grants and urge upon the House to vote against this bill.

[TRANSLATION]

SHRI NARESH GANPAT MHASKE (THANE): Chairperson Madam, I thank you for giving me the opportunity to speak on the demands for grants of the Ministry of Health today.

Madam, I congratulate Health Minister Shri Nadda Ji, Minister of State Shri Prataprao Jadhav Ji and Smt. Anupriya Patel Ji for laying the foundation of 'Fit India' and 'Healthy India'. This budget makes very important provisions with the ideology of 'Healthcare for All'. In this year's budget, the biggest announcement regarding health was made by the Hon'ble Finance Minister. First of all, I thank the Hon'ble Finance Minister for announcing zero customs duty on major medicines used in the treatment of cancer. This step of the Government is going to provide great relief to cancer patients and the general public. Apart from this, she has also announced reduction in the prices of some

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machines used in the treatment of cancer. According to the ICMR, the number of cancer patients is estimated to increase from 14.61 lakh in 2022 to 15.7 lakh in 2025. This is a matter of concern and I am confident that this decision of the Government will help us reduce cancer cases.

Madam, the Corona period was perhaps the biggest medical emergency in the history for the country.

Under the leadership of the Hon'ble Prime Minister, India gave 220 crore vaccine doses. Not only India, but 30 crore vaccines were exported to more than 100 countries. I thank my Government and Pant Pradhan ji for honoring our doctors, nurses and para-medical staff.

I will give the example of Doctor Munishwar Chandra Dawar ji of Madhya Pradesh, who used to treat people by charging a fee of Rs 20. The Government honored such a dedicated doctor with the Padma Shri award. This was done by our Government. I will give an example of Thane district. Gajanan Mane ji was serving leprosy patients for more than 30 years, he was also honored with the Padma Shri award.

Madam, as far as the Ministry of Health is concerned, health insurance of Rs 5 lakh per year has been provided to poor families through Ayushman Bharat Pradhan Mantri Jan-Arogya Yojana. In this, 34.73 crore Ayushman Bharat cards have been issued. It is noteworthy that 49 percent of the beneficiaries of this scheme are women. In this budget, a provision of Rs 90,958.63 crore has been made for the Ministry of Health, which is 12.9 percent more than the budget of

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the year 2023-24. This Government has allocated a lot of money for many schemes.

[English]

*In my Maharashtra , through the Chief Ministers' Relief fund of Hon'ble Chief Minister Shri Eknath ji Shinde, around 36182 patients got the medical Aid worth Rs 301 crore during last 2 years and we disburse it within 72 hours of application. He is a role model and other chief Ministers should also follow the suit. We have started many schemes for health and health workers like doctors and paramedics too. There is a scheme named National Health Mission run by Central Government and under this, NUHM and NTEP programmes are also being implemented. All the Medical Staff like Doctors Nurses, officer etc. who are working on Contractual basis are Suffering a lot and I would like to raise this issue connected to them. They have been working for the last 15-18 years and they are getting a monthly salary of Rs 15000 only. This is a very meagre amount and it needs to be increased. They are being discriminated and exploited. We need to make provision for it in budget itself. Around 37000 employees are working under this scheme in Maharashtra. They are working for HIV and TB patients too and risk their lives. We have to do justice to them. They can avail only 15 leaves while permanent employees are given 30 days leave. Regular employees' get DA at the rate of 8% but they get it at the rate of 3% only. All the Nagar Palika, Zilla Parishad and Municipal corporations had deployed them

* ... *English translation of this part of the speech was originally delivered in Marathi.

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during Corona Pandemic at large numbers and they performed extremely well during covid-19 risking their lives.

Madam, lacs of employees are working under this scheme throughout the country and it is our duty to look at the plight of these devoted workers. Their salaries were fixed in the year 2008 and no Salary increment has been given to them till date. The number of medical colleges should be increased all over the country. All the retired officers, members and even our MPs would be benefitted through it. Thank you.*

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[Translation]

SHRIMATI VEENA DEVI (VAISHALI): Respected Chairperson sir, I rise to speak in favour of the budget presented by the Hon'ble Finance Minister. This budget is clearly a historic document towards fulfilling the resolutions of the illustrious Prime Minister for a developed India. This budget is a budget to empower the villages, the poor, the youth and the women and to connect them to the mainstream of the nation. This budget is a budget to increase training and employment opportunities for the youth. This budget clearly reflects the development of the poor, tribals, Dalits and the backward society standing at the last rung of the society.

I want to thank for the amount allocated in the budget for Bihar. This is the first budget after independence in which the concern for the development of Bihar is clearly visible. The NDA Government under the leadership of the Hon'able Chief Minister Shri Nitish Kumar is working day and night for the development of the State with the resources available in Bihar.

Sir, our respected leader late Ram Vilas Paswan also made an important contribution to the development of Bihar while being the Minister of Railways and Minister of Steel and Heavy Industries. Whether it is the headquarters of East Central Railways or the steel factory of Bettiah, they are still praising late Ram Vilas ji.

Funds have been allocated in this budget for the road network, construction of airports, flood control and expansion of health services in Bihar.

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The entire Bihar including my Parliamentary Constituency Vaishali is rejoicing. The dream of the residents of my Parliamentary Constituency to build an airport at Patahi seems to be getting fulfilled with this budget. The world's first republic Vaishali will now be connected at the international level by connecting to the new expressway for Bodhgaya Rajgir-Vaishali-Darbhanga.

Sir, a large part of my Parliamentary Constituency Minapur, Baruraj, Sahebganj, Paru and Vaishali assembly remain affected by floods every year. This budget has ignited a desire among the residents here to be free from floods.

Sir, our Hon. leader Shri Chirag Paswan Ji stepped into politics with the vision of Bihar First, Bihari First and with this vision, he is moving forward for the all-round development of Bihar.

Sir, no area and no class is untouched in the Budget presented by the Hon. Finance Minister. It is highly appreciable. Sir, the provisions made regarding health in this Budget are also important. There is a wave of happiness in Mithila region after getting approval for the construction of AIIMS in Darbhanga. Today, on this occasion, I would like to request the Hon. Minister of Health and Family Welfare, JP Nadda Ji that Shri Krishna Singh Medical College located in Muzaffarpur should also be given the status of AIIMS.

Sir, a branch of Tata Memorial Hospital is functioning in Shri Krishna Singh Medical College in Muzaffarpur. This is the only hospital in the entire North Bihar for the treatment of cancer. Patients from Nepal also go there for the treatment of cancer. This hospital has good doctors and good treatment

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facilities, but due to lack of resources, this hospital is not being able to function to its full capacity.

Through you, I would like to request the Hon. Minister of Health and Family Welfare to provide separate funds for the said cancer hospital. The Union Government has done a commendable job by reducing the price of some essential medicines for the treatment of cancer. The way cancer is spreading is a serious issue. Many villages of Sahebganj block under my Parliamentary Constituency are becoming cancer hotspots. I demand from the Government to send a central team and investigate the cancer-affected villages.

The Hon. Prime Minister has filled the hearts of the elderly with enthusiasm by announcing free treatment up to Rs. 5 lakhs for those above 70 years of age. Elderly people from all over the country are blessing the Hon. Prime Minister from their hearts.

With these words, I wholeheartedly support the Budget. Thank you very much for giving me an opportunity to speak.

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[ENGLISH]

SHRI MADDILA GURUMOORTHY (TIRUPATI): Madam, AIIMS Mangalagiri is a premier medical institution in the State of Andhra Pradesh. It was established in 2018, yet it remains starved of essential funds needed for the maintenance of the existing facilities. The lack of funds hampers the institution's ability to attract top-tier medical professionals and researchers.

The SVIMS Institute in Tirupati, Andhra Pradesh, started its services in 1993 and has established itself as an eminent apex service provider over the period of 30 years. Approximately, 95 per cent of its patients come from weak socio-economic backgrounds. The Government of Andhra Pradesh already sent proposals to the Union Ministry in August, 2023 for INI status to be given to the SVIMS University.

In this regard, I request the hon. Minister to look into this matter, give financial support, provide further 10 acres of land to AIIMS and give INI status to the SVIMS University Tirupati.

The reduction of budget allocation for PMSSY in the year 2024-25 is a significant concern. From Rs. 7,517 crore in 2022, the budgetary allocation this year has come down to Rs. 2,200 crore. The reduction in gross budgetary support compared to 2023-24 threatens to undermine the programme's primary objective of correcting regional imbalances in treasury healthcare services and medical education.

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Like the other premier institutions have been granted the INI status, if this status is also given to the SVIMS University, with the aid of the Central Government, the institute can extend its advanced healthcare services to the patient coming from weak socio-economic background like the underdeveloped Rayalaseema region, south, coastal districts of Andhra Pradesh and from Karnataka and Tamil Nadu.

The allocation for the Tele-Mental Health Programme in 2024-25 is inadequate. Only Rs. 90 crore has been allocated. The increase, compared to previous years, is marginal and it fails to address the escalating mental health crisis post-pandemic.

There is a major policy mismatch in the capital outlay of medical care, public health and family welfare. The allocation of only Rs. 3,510 crore for medical care and public health is alarmingly inadequate.

In the year 2020, approximately 8.5 lakh deaths were recorded due to cancer. The rate of death due to cancer is increasing drastically in India. Not all people have access to cancer screening. At the same time, in my Parliament segment, in collaboration with the SVIMS university, we have started two mobile cancer screening units in February 2024 and screened 60,000 people in their location. Among them, almost 850 cases were identified as positive and referred to the cancer centre at SVIMS. Cervical cancer is one of the leading cancers among women in India primarily due to HPV virus infection. There is a need to allocate sufficient resources to initiate mobile cancer screening and immunizing

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units for cancer screening and immunizing women against HPV in urban, rural, and tribal areas across the country. As SVIMS, Tirupati has been providing cancer services for the past 20 years and recently it has upgraded with a dedicated cancer centre, namely Sri Balaji Institute of Oncology International Centre for Advanced Cancer Research which has state-of-the-art infrastructure and high qualified professionals. Hence, I urge upon the Government to grant the status of National Cancer Institute to Sri Balaji Institute of Oncology.

The Government's under-funding for emergency preparedness in the health sector is deeply concerning. The allocation for health sector disaster preparedness and response has seen a significant decrease from Rs.128.14 crore to almost Rs.90 crore in this year's Budget. This reduction is alarming, especially given the frequent occurrence of health emergencies, including pandemics and natural disasters.

India is one of the world's largest exporters of pharmaceuticals, exporting nearly 50 to 55 per cent of pharmaceutical production. This high export rate highlights India's role as a major global player in the pharmaceutical industry. About 90 per cent of medical implants used in India is imported. I urge upon the Union Government to establish an Innovative Medical Hub to develop indigenous medical implants in Tirupati, Andhra Pradesh. These indigenously developed medical implants will be cost-effective and our nation will also become a global competitor.

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The Government's budgetary allocation for 2024-25 towards establishing new Government medical colleges is severely inadequate. Despite we are having the highest percentage of young population, the number of Indian medical students studying abroad has grown by 20 per cent since 2016, while the domestic growth remains a mere three per cent. We are the second largest source of international students, leading to an economic and brain drain costing the nation approximately one per cent of its GDP.

The dearth of doctors, compromising on merit, and the injustice created need to be addressed. The previous Andhra Pradesh Government led by Chief Minister Shri Jagan Mohan Reddy Garu understood this need of the nation and planned of instituting one medical college for every district in Andhra Pradesh. I request the Government to increase the number of seats in Government medical colleges as well as set up more medical colleges across the country.

Thank you, Madam.

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[Translation]

SHRI MIAN ALTAF AHMAD (ANANTNAG-RAJOURI): Madam Chairperson, today we are discussing the grants of the Health and Medical Education Departments. Someone has rightly said that – ‘Jaan Hai to Jahan Hai’. If we all remain healthy, everything will be alright. If our health is not sound, then all the blessings of the world are of no use.

Madam, the first thing I want to put before the Government is that there is a need to control the spurious medicines.

I think this may be the case in other parts of the country as well, but the people of Jammu and Kashmir are facing a lot of problems and troubles because of this. Until the Government of India, along with the State Governments, makes a clear cut policy in this regard to put a control on it, it will be useless for the Government to spend a lot of funds, build institutions and purchase equipments and machinery. The quality of medicines should be checked. The people engaged in this business should be given the harshest punishment if they make any such mistake.

Along with this, the quality of testing laboratories in villages and remote areas is also not trustworthy. Paramedical institutes have been set up everywhere. It is most important that the private sector institutes should also be checked to see what their quality is. Are the people who are getting trained from there fit for this work or not? Whether they are fit to run those laboratories or not?

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Thirdly, cancer is spreading very fast these days. A lot of money is being spent on its treatment. There are very lucky and fortunate people who survive it. Otherwise, they lose their lives and this disease also depletes any wealth they have in the house. It is very important for the Government to ensure low-cost and affordable treatment for cancer. The cost of cancer medicines also need to be reduced. A good and big hospital should be set up in Jammu and Kashmir for the treatment of cancer patients.

Diabetes is spreading these days. It is very important for the Government to conduct research to control this disease because it is going to be an epidemic. It is very important that some new treatment should be discovered in this regard at the earliest. There is a need to do something for its treatment in collaboration with the countries of the entire world.

Madam, we do not even have an assembly in our area, we get a chance to speak here only. There are two medical colleges in my Parliamentary Constituency. About six-seven years ago, two new medical colleges have been set up, but they are not fully equipped. The medical college in Anantnag covers four districts. It also covers Ramban, Doda, Kishtwar and Kulgam, but till date there are no MRI facilities there. The hospitals there are not fully functional. No new hospital has been set up.

There is a medical college in areas and hilly areas of Rajouri-Poonch border belt, there but there are no facilities there. It is necessary to consolidate

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these medical colleges. They should be made better, otherwise the issue cannot be solved by just having a medical college.

Through you, I appeal the Government of Jammu and Kashmir and Hon. Nadda ji, to personally intervene in this matter. Make these two medical colleges as good as possible. Similarly, an AIIMS has been set up in Jammu, we welcome it. Along with Jammu AIIMS, our Sher-e-Kashmir Institute of Medical Sciences is a very old institute. I have raised the issue of revocation of autonomous status of this institute earlier too.

BJP had mentioned about abrogation of Article 370 in its agenda. But it was not mentioned that the autonomy of that institute will also be revoked. Because of this, there are a lot of problems in terms of treatment, patient care and hospital management there.

Madam, there is another issue related to all the Members of Parliament. A large number of dental doctors are unemployed. The posts are lying vacant, but they are not being recruited in Jammu and Kashmir. The youth of Jammu and Kashmir are becoming over-aged. There is a big problem in this regard. Doctors are not posted in hilly and rural areas. The posts are vacant there. People are selected from those hilly areas, but they do not do duty there. For this, there is a need to make a rule and guideline that whoever comes from a hilly area, must serve there for at least four or five years. The healthcare facilities in the entire country and especially in Jammu and Kashmir doesn't reach the poor people. I would like to draw your attention towards this important issue.

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[English]

***SHRI P. P. CHAUDHARY (PALI):** Respected Speaker Sir, I express my support for the Demand for Grants presented by our Health and Family Welfare Minister, Shri J.P. Nadda. Before delving into the details, I must commend our visionary Prime Minister and our dedicated Health Minister for their unwavering commitment to improving the health and well-being of our nation. Under the astute leadership of our Prime Minister Shri Narendra Modi Ji, we have witnessed remarkable achievements in our healthcare system. The achievements in the health sector over the past years have been truly commendable. We have seen a significant increase in our health budget, rising from 1.8 per cent of the Union Budget in 2014-15 to 2.1 per cent in recent years. This demonstrates the Government's prioritization of the health sector.

One of the most laudable initiatives has been the launch of Ayushman Bharat - the world's largest health insurance scheme. As of June 2024, an impressive 34.6 crore Ayushman Bharat Cards have been issued, covering a substantial portion of our population. The scheme has already authorized 6.2 crore hospitalizations worth Rs.79,174 crore, providing critical healthcare support to millions of families.

The transformation of our primary healthcare system through the Ayushman Bharat Health and Wellness Centres is another feather in the cap of the Government. As of June 2024, 1.6 lakh Sub-Health Centres and Primary

* Speech was laid on the Table.

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Health Centres have been upgraded to Health and Wellness Centres, now aptly renamed as Ayushman Aarogya Mandir. These centers have conducted extensive screenings for various diseases, including 56 crore screenings for hypertension and 48 crores for diabetes.

The Government's commitment to expanding medical education is evident in the establishment of new AIIMS and medical colleges across the country. Since 2014, 157 new medical colleges have been approved, with 108 already functional. This expansion is crucial for addressing the shortage of healthcare professionals in our country.

The launch of the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM ABHIM) in 2021 further underscores the Government's foresight in strengthening our health infrastructure. This mission, with its focus on developing capacities across primary, secondary, and tertiary healthcare levels, will significantly enhance our preparedness for future health challenges.

These achievements, among many others, reflect the dedication and vision of our Prime Minister and Health Minister in revolutionizing India's healthcare landscape. Their efforts have not only improved access to healthcare but have also paved the way for a healthier and more prosperous India.

While we celebrate these remarkable achievements, it is crucial that we also address the challenges that persist in our healthcare system. I believe that we need to address the shortage of healthcare professionals, particularly in rural areas. While we have made commendable progress in increasing medical seats,

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we should also focus on incentivizing doctors and specialists to serve in rural areas. This could include special allowances, career progression opportunities, and improved infrastructure in rural healthcare settings.

I would like to emphasize the importance of increasing our investment in health research. As highlighted by the Standing Committee on Health and Family Welfare, our current spending on health research is 0.02 per cent of GDP, significantly lower than many other countries. Increasing this to at least 0.1 per cent of GDP, as recommended by the Committee, would boost our capacity for innovation in healthcare and help us address India-specific health challenges more effectively.

I am particularly grateful for the Ministry's dedicated efforts in my home State of Rajasthan. The establishment of new medical colleges and the upgrading of existing healthcare facilities have significantly enhanced our State's medical infrastructure. The recent inauguration of the AIIMS in Jodhpur stands as a testament to the Government's vision for world-class healthcare facilities in every corner of India.

Building on this remarkable progress, I would like to draw the hon. Health Minister's attention to two pressing needs in my constituency, Pali. These requirements, if addressed, would further strengthen our rural healthcare network and align perfectly with the Government's mission of comprehensive rural development.

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Firstly, in Netra, a Centre for Rural Health has already been approved by the Central Government, and the State Government has generously allocated land for this purpose. However, the commencement of this crucial project is pending. I humbly request the hon. Minister to kindly expedite the establishment of this center. Its completion would be a boon for Netra's substantial rural population and the surrounding areas, significantly enhancing their access to quality healthcare.

Secondly, I propose the establishment of a new Centre for Rural Health in Bhavi. This area, with its predominantly rural population of nearly 10,000, would greatly benefit from such a facility. The center would not only provide essential healthcare services but also contribute to the overall development of the region. These proposed centers, in line with our Government's visionary initiatives, would play a vital role in bridging the urban-rural healthcare divide. They would stand as shining examples of our commitment to bringing quality healthcare to the doorstep of every Indian citizen, no matter how remote their location.

I am confident that with the hon. Minister's support, we can turn these proposals into reality, further strengthening our nation's healthcare infrastructure and ensuring a healthier future for all.

In conclusion, while we have made remarkable progress in our healthcare sector, these suggestions and demands, if implemented, will further strengthen our health infrastructure and bring us closer to our goal of a healthy India. I am

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confident that under the visionary leadership of our Prime Minister Shri Narendra Modi Ji and the able guidance of our Health Minister, we will continue to make rapid advances in healthcare, ensuring a healthier and more prosperous future for all Indians.

[Translation]

***SMT. GENIBEN NAGAJI THAKOR (BANASKANTHA):** Hon. Sir, in the discussion on the Demands for Grants of the Ministry of Health and Family Welfare in the Union Budget for the year 2024-2025, I lay my statement and some demands on the Table of the House. Hon. Sir, this department discharges the most important responsibility of the country. But as the Government not paying much attention to this department, people are facing a lot of difficulties. If we talk about the Central Government's scheme Ayushman Bharat, all the hospitals empaneled under this scheme are facing difficulties in admitting patients due to non-payment of old dues. At the same time, Ayushman card is not being approved in the hospital, due to which many patients are losing their lives due to delay in treatment. And there are many CHC and PHC hospitals in Gujarat whose buildings are not ready yet, it is very important to complete the construction work of the said buildings. There is a civil hospital in my Parliamentary Constituency Banaskantha, which has been given to a private institution for operation. Therefore, through you, I would like to request the Hon'ble Health Minister that there should be a system for proper functioning of

* Speech was laid on the Table.

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Ayushman Card and all the CHC and PHC hospitals in Gujarat whose buildings are not constructed yet should be constructed. The civil hospital in my Parliamentary Constituency Banaskantha which has been given to a private institution for operation, should be operated again by the Government. Thank you.

[ENGLISH]

DR. PRABHA MALLIKARJUN (DAVANAGERE): Madam, thank you for giving me the opportunity to speak on the state of healthcare in this country. This is my maiden speech. First of all, I would like to thank the people of my Davanagera constituency.

14.00 hrs

(Shri Krishna Prasad Tenneti *in the Chair*)

And I am proud that this maiden speech is about healthcare which is close to my heart and profession.

Hon. Chairperson, I have five points to make today in the time I have been allocated.

This is an underfunded and overlooked Budget. Our healthcare Budget makes up only 2.1 per cent of our GDP. Forget comparing ourselves to the USA, which spends 17.9 per cent of its GDP on health, we are the lowest even amongst the BRICS nations. Brazil spends 10 per cent, South Africa 8.5 per cent, Russia 7.5 per cent and our neighbour China 6.6 per cent. We are not even meeting the Government's own target of 2.5 per cent. Is this how we will become Vishwaguru?

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Health Targets are not met. As on 2022, the Infant mortality rate (IMR) is 28. Our target was 25. Here, we have failed.

Anaemia prevalence amongst women has increased. It needs to be addressed with better and more comprehensive programs.

There are only token increases, token promises. I would speak plainly, clearly, and honestly about how healthcare has not been given adequate importance in this Budget.

PMJAY benefits have been extended to ASHA and Anganwadi workers, PLIs have been set up for pharmaceutical industries, custom duties have been revised on X-Ray machines and cancer drugs but these are all incremental changes. Where are the visionary steps which we need to transform the healthcare sector? We can build bridges that cost Rs. 20,000 crore. When will we get world class Government hospitals?

The HPV vaccine, a preventive measure that challenges the third most common cancer amongst women, is cervical cancer. It made headlines this year. The Interim Budget made it a priority and I want to commend Mrs. Sudha Murthy for bringing it up as a critical concern in the Rajya Sabha. But when will we see a rollout plan for this vaccine? States like Kerala, Sikkim, Delhi, Punjab, Tamil Nadu, and Himachal Pradesh have been giving free HPV vaccines since 2016. This requires your immediate attention.

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Heal in India, heal by India - but who will heal Indians? Sir, I commend the centre for focusing on medical tourism for economic growth with the ambitious Heal in India and Heal by India initiatives. But, Sir, who is going to heal the Indians first? What use is India's role as a global health leader when even today, the Indians pay more than 63 per cent of their medical expenses out-of-pocket- which has caused so many hardworking families to fall into crippling debt traps across the country?

I will now come to forgotten priorities, forgotten lessons. Not too long ago, COVID-19 ravaged the world, and we have failed to learn from it. A pandemic is not a question of if, but rather a question of when. It can be tonight, tomorrow, a week, a month, or a year from now. Our health infrastructure is inadequately prepared for such situations yet again. The first line of defense would be a healthy populace and more investment in robust health and research infrastructure, and this Budget will not get us there.

Sir, we medical professionals were looking for healthcare leadership, real Vishwaguru thinking in this Budget, but we cannot find it.

Higher allocations are needed for the National Health Mission (NHM) and Pradhan Mantri Jan Arogya Yojana (PMJAY). In PMJAY, the quality of the infrastructure, services, reimbursement of bills, need to be supervised regularly.

More funding is required for primary health infrastructure. The Standing Committee on Health and Family Welfare of 2022-23 ranked India 176th out of 196 countries in terms of current health expenditure which was spent out-of-

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pocket. Here, I would like to extend my thanks to the Centre's senior leader, Shri Nitin Gadkari ji, for urging the Finance Minister to revoke 18 per cent GST on life and health insurance.

We need more skilled professionals. We should strengthen and increase the quality standards of NMC to get more number of skilled doctors. Karnataka Government has asked for an AIIMS at Raichur, an aspirational district where the per capita income levels are still subpar compared to the other regions.

HON. CHAIRPERSON: Madam, kindly conclude.

DR. PRABHA MALLIKARJUN: It is an urgent need to establish a high-quality medical centre at Raichur under the Pradhan Mantri Swasthya Suraksha Yojana. Karnataka Government signed an MoU with Azim Premji Foundation to provide eggs to school children on all days. The foundation will give Rs.1,500 crore for three years. I want to thank them for their aid. If only the Centre knows one or two billionaires to help them out, start alphabetically with A and they may just find someone.

Sir, nearly 34 MPs sitting in this 18th Lok Sabha are medical professionals. Regardless of the aisles, we sit in together. Each one of us has taken the Hippocratic Oath long before we took oath as parliamentarians. [TRANSLATION] We don't turn global leaders (*Vishwa Guru*) merely by wishing. Our thinking must be commensurate to a global leader. Attributes necessary for becoming global leader are- corresponding thoughts, intellect and funds in budget. [ENGLISH] If we want to do it for health sector, we need to get back to the drawing room and

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I urge the Centre for visionary reforms. **[TRANSLATION]** I don't assure serving 'Halwa', **[ENGLISH]** but I promise to serve from my side – Mysore Pak at all meetings! Thank you.

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[English]

SHRIMATI DAGGUBATI PURANDESWARI (RAJAHMUNDRI): Thank you, Sir, for giving me this opportunity to take part in the discussion pertaining to the allocation made for the Ministry of Health and Family Welfare.

Initially, I would like to congratulate Shrimati Nirmala Sitharaman ji for presenting her seven Budgets consecutively in the House. I would also like to congratulate Shri Nadda ji who has very ingeniously distributed this allocation to the various departments in his own Ministry keeping in mind the challenges that the country is facing today pertaining to the health sector.

Sir, India is making great strides in terms of GDP. Where the world's GDP is about three per cent, GDP of India is estimated to be anywhere between seven and eight per cent. Today, India is in a state of economical and demographical transition. Keeping this in mind, when it comes to the health sector, there is a lot more space for us to actually manoeuvre and move around.

To achieve the set targets in our country in health sector, I think the infrastructure in our country also needs to ramp itself up. The health infrastructure has been stretched and it needs to be strengthened further. Against this background, I think there is a proposal of establishing wellness centres in large numbers. If we have to take into consideration the health concerns of the country at the tertiary level, I think our routes will have to be very strong. As has been said earlier by our ancestors, prevention is better than cure. I think the setting up of wellness centres at the ground level is a very welcome

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measure where primary health screening is done and, if required, the patient is sent to district and other higher hospitals.

Even I appreciate and welcome the setting up of the wellness centres or Arogya Kendras at the grass-root level, we will also have to introspect on the condition and situation of our CFCs and PHCs. Today, they are literally starved of infrastructure and we do not have the required number of doctors or paramedics in place. I am sure all of us have been seeing time and again in Media that even power or electricity has been cut in these CFCs and PHCs.

In the light of these torches, there have been surgeries that have been done too. So, I think, we need to work with the State Governments as well to ensure that the infrastructure at the CHCs and PHCs is strengthened.

I have been listening with rapt attention to my colleagues on the Benches on the other who have repetitively been saying that 2.5 per cent of the GDP needs to be allocated for health and the Central Government is not doing enough when it comes to allocation. Sir, I would like to remind them that the 2.5 per cent of the GDP that needs to be allocated for health is not necessarily incumbent upon the Central Government alone but the States would also have to be proactive and forthcoming to put in their allocations. We see largely that the States are not so forthcoming when it comes to their priorities or when it comes to health.

I have also been listening to my friends on the other side when they were repetitively talking about out-of-pocket expenditure which is large in our country.

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We also have to appreciate the work done by the or the interventions done by the Central Government by setting up not only the wellness centres which help in screening of the patients but also in setting up the Jan Aushadhi Kendras because largely the patients have to spend large amounts of money and the burden on the people of India is largely when it comes to medicines. So, the Jan Aushadhi Kendras, actually, help in reducing the expenditure of the patients.

The Ayushman Bharat Scheme also provides insurance coverage for 50 crore population in our country. As I speak about Ayushman Bharat, I would, definitely, have to talk about my State of Andhra Pradesh where there was a Scheme that was run in the name of AarogyaSri and the then Chief Minister, Shri Jaganmohan Reddy, applauded himself and said that he would expand Ayushman Bharat because the Ayushman Bharat Scheme covered only about a thousand and odd health initiatives whereas his own scheme covered about 2000 plus initiatives. But, in the whole scheme of things, he had not paid the private hospitals which actually shouldered the Ayushman Bharat Scheme and the AarogyaSri Scheme. They have refused to come forward and support the Ayushman Bharat Scheme and the AarogyaSri Scheme today and this is negatively impacting the Ayushman Bharat Scheme in our own State. So, I would request the hon. Minister, even as she is seated here, to kindly take note of this and ensure that the difficulties, that our State is facing, will be overcome.

Sir, having said that, the skilled workforce in our country is also a problem. Take for example the physicians. We have just about seven physicians for about

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10,000 population in our country whereas the requirement is largely more. The intent to actually increase the number of colleges and to connect them to the Government hospitals is very welcome. But, we need to keep in mind that even as we increase the number of colleges, the required number of teaching staff is also going to be an issue for us. In keeping all the good attempts or intent that the Central Government has to improve the workforce, I think, we need to keep in mind the quality also. As I had mentioned, there is a shortage of teaching staff already in the medical colleges and we have to fill this gap and this is going to be an area of concern for us.

Sir, I have been listening to my colleagues when they have been saying that very little has been allocated for mental health. Sir there has been an increase from Rs. 63 crore to Rs. 90 crore when it comes to mental health. I do agree, given the fact that there is a lot of psychological pressure on our children when it comes to nuclear families, the after effects of COVID, and also, if I may say so, the drug addiction that we see in the country, this increase in allocation is welcome though we desire that a lot more should be done in this direction.

Sir, digital U-WIN is a wonderful intervention. We have a lot of migrant force. Now, they do not have to carry their physical records at the time of their migration because these records are stored in a digital portal. Wherever they go, it would be very easy for them to access their medical records. These records are safe.

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This is assuring the entire country that it is also kept confidential. So, the digital U-WIN is really welcome.

Sir the increase of four per cent for research is very important in our country today because we see an increase in non-communicable diseases. Even as I speak, we are also hearing of new diseases that are coming in, in the form of Nipah virus and so on and so forth. Therefore, we need to really increase our allocations for research to ensure that we are able and capable to face such challenges that come up. It is needless to say that we need to increase our allocations for other interventions in the medical sector as well. Therefore, the increase in allocation for research is really welcome.

Sir, having said that, we need to also look at the provisions in the Interim Budget even as we look at the provisions in the Budget itself. In the Interim Budget, there has been a mention that Ayushman Bharat Yojana would be extended to Anganwadi workers, ASHA workers and other workers at the Anganwadis, and also the senior citizens who are 70-plus. Today, as we talk of a demographic dividend, longevity has increased in our country. Earlier, we were talking about 62-65 years and today, we are talking about 72-75 years of longevity. Geriatrics has been a very neglected section when it comes to the health sector. So, keeping that in mind, I think extending the Ayushman Bharat Cards to 70-plus senior citizens is very welcome and would support them even in their older ages.

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Sir, I was also listening to many of my colleagues who were talking about setting up of tertiary hospitals like AIIMS. While the number of AIIMS have increased, the speed at which the construction should happen has not been happening. We need to also keep in mind that the State Governments as their share would have to provide the infrastructure. Largely, when it comes to our own AIIMS in Mangalagiri in Andhra Pradesh, there had been an inordinate delay in the construction of AIIMS because the State Government would not remove the high-tension wires from this site or remove the electrical things that were existing there. So, there was an inordinate delay. Besides that, Rs. 10 crore was all that we were looking for from the State Government to provide drinking water and water facility to AIIMS. But even that was denied for a very long time, which actually delayed the construction of AIIMS. Therefore, the State Governments would have to be very forthcoming when the Central Government is willing to go all out and do everything to improve the health infrastructure in our country. I think, even the State Governments would have to come forward.

Sir, as I was talking about the Digital Mission, the ABDM, which was launched in 2021, as part of Ayushman Bharat Digital Mission, we need to keep in mind that there are 39.77 crore health records today that have been linked with ABHA cards. When you link them with ABHA cards, as I had spoken about U-WIN, it makes it very easy for them, when they travel with their ABHA cards, to access their records which are digitally saved.

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Sir, today, the Jan Aushadhi Kendras, as I had mentioned earlier, provide medicines at a much cheaper rate, almost 50 to 90 percent cheaper than what they are available at, or lesser in rate as to what they are available at, in the markets. Just recently the 10,000th Jan Aushadhi Kendra was inaugurated at AIIMS, Deoghar last year. Even as I talk about Jan Aushadhi Kendras, we also need to keep in mind the fact that today India is called the pharmacy of the world. We are not only producing our own medicines but are in a position where we are able to supply them to the entire world.

Sir, I would like to draw the attention of the Minister to the fact that we need to invest in API manufacturing. We are solely dependent on China today. Once we are successful in manufacturing our own APIs, I think medicines would be much more available.

Coming to the last point, I would like to speak about cancer which many of us are quite concerned about. The global observatory had said that India stands third after China and USA when it comes to the incidences of cancer in the world. Therefore, the three medications on which Basic Customs Duty (BCD) has been reduced is a welcome measure. It will actually make cancer treatment available to people who are in dire need of it. Also, on x-ray tubes and flat panels, the BCD is being reduced. It would actually make medical care and attention easily accessible to people who actually need it.

I would only like to conclude by saying that even as the Central Government provides for healthcare in the country, it is up to the States to also

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come forward proactively and avail of the support that the Central Government is giving. So, even as the Central Government comes up with a health policy, it would be ideal if State Governments could come up with the health policy of their own, keeping their own issues of the State in mind so that they can come up with innovative interventions to ensure that healthcare is made available and reachable to all. Thank you, Sir.

[Translation]

***DR. ALOK KUMAR SUMAN (GOPALGANJ):** Thank you, Hon'ble Speaker, I would like to thank you for giving me the opportunity to speak on the demand for grants under the 'Ministry of Health and Family Welfare'. I express my heartfelt thanks and gratitude to the Hon'ble Prime Minister Shri Narendra Modi ji, our Hon'ble Chief Minister Shri Nitish Kumar ji and our Hon'ble Health and Family Welfare Minister Shri Jagat Prakash Nadda ji for their excellent work in the field of health and family welfare. In the Union Budget for the year 2024-2025, the Government of India has allocated ₹90,658.63 crore to the Ministry of Health and Family Welfare. This is 12.59% more than the last year's revised estimate of ₹80,517.62 crore, which reflects the NDA government's commitment towards health services.

Sir, out of this total allocation, ₹87,656.90 crore has been earmarked for the Department of Health and Family Welfare, which oversees various health

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services and programmes. The Department of Health Research, which focuses on medical research and development, has received Rs.*3,301.73 crore.

The key highlights of the Budget include exemption of customs duty on three special cancer drugs (Trastuzumab Deruxtecan, Osimertinib, and Durvalumab) so as to reduce their cost and make them more accessible to patients. Additionally, changes in the Basic Custom Duty (BCD) on X-ray tubes and flat panel detectors are expected in order to boost local manufacturing and support the 'Atmanirbhar Bharat' initiative. Undoubtedly, all these policies announced by the Government reflect the Government's concern towards the health of the common man.

Hon'ble Speaker Sir, there is no doubt that we are doing better work in almost all areas under the leadership of the Hon'ble Prime Minister and the Hon'ble Chief Minister of Bihar.

Hon. Sir, India has made great progress in health sector in the last decade. Life expectancy has crossed 67 years. The mortality rate of infants and children below five years are declining and the occurrence rate of diseases has also reduced. Many diseases such as polio, guinea fowl, helminthiasis, yaws and tetanus have been eradicated.

Despite this progress, the communicable diseases are expected to remain a major public health problem in the coming decades, posing a threat to both national and international health security.

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Furthermore, non-communicable diseases are now the leading causes of death in the country, contributing to 60% of total deaths. The four major diseases are cardiovascular disease, cancer, diabetes, and chronic respiratory disease, which account for nearly 80% of all deaths due to NCDs and have four common risk factors – tobacco use, alcohol use, unhealthy diet, and lack of physical activity.

Sir, there are some suggestions to address these challenges, such as-

1. Funds should be allocated for disease prevention, health promotion and improvement in the quality of health services at the primary care level based on the region-specific problems.
2. Hon. Sir, it cannot be denied that there is still a deprived section in the country, which suffers from illiteracy and economic distress. Reforms are necessary to further improve the functioning of the existing Government health infrastructure so that health services can fulfill the health need of the community. This can be done in three steps: 1) First, assess the existing public health system and facilities; 2) bring about improvements based on the findings of the assessment, including augmentation of human and material resources; and 3) monitor performance and strive to achieve the set targets through a holistic and integrated approach, with full participation of the community. Access to Government health services, primarily by the poor and deprived sections should be improved. Although schemes like Ayushman Bharat have provided great

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relief to the poor and middle class, we still have a long way to go to achieve better health outcomes.

3. We should focus on evidence, excellence, and equity. Evidence-based policy making requires data on disease burden and related determinants. We should focus on strengthening research and innovation culture across the country and these data should be used for policy and strategy development, priority setting and impact assessment.

4. We should leverage technology to transform public healthcare sector. Modern technology has great potential in bringing efficiency in service delivery and increasing access to health services. For example, remote areas can be connected to national centres of excellence or patients in the rural areas can be connected to doctors in urban areas through audio or video conferencing.

5. It is now clear that most health risk factors lie outside of health sector. Therefore, an inter-sectoral and multi-disciplinary approach is required to tackle these risk factors. A country that has a vibrant civil society, private health sector and an advanced pharmaceutical and biotechnology research capability, these attributes should be leveraged for the benefit of public health.

(i) Approval and allotment of 50 bedded AYUSH hospital has been received, it may please be implemented.

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(ii) Approval and allotment of medical college has been given by our Hon'ble Chief Minister. Ministry of Health, Government of India should approve its share of funds and get it recognized from NMC.

(iii) In the end, I strongly support the long-term demand for AIIMS in Gopalganj through this House. Hon'ble Minister Sir, please take necessary steps in this regard at the earliest.

In the context of Gopalganj Parliamentary Constituency and Bihar, these initiatives are necessary for the overall development of the area. I urge the Hon'ble Minister to consider these requests sympathetically, as this will significantly contribute to the educational and socio-economic development of Gopalganj and Bihar. Thank you.

***SHRI SUNIL KUMAR (VALMIKI NAGAR):** Sir, today I rise to speak in support of the demands and grants of the Ministry of Health and Family Welfare in the general budget for the financial year 2024-25 presented by the Finance Minister.

Sir, in this year's budget, 4.64% more funds have been provided for health services in this financial year as compared to the last year, which is a commendable step. This will greatly help the middle and lower class people in treatment. The budget for health education has also been increased for this financial year.

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Sir, one of the ambitious schemes of the Hon'ble Prime Minister, Ayushman Bharat Yojana, has helped a lot in the treatment of patients of the middle and lower class of the country.

Medicines are imported from abroad for the treatment of cancer in the country, the prices of which have been reduced considerably by abolishing the duty, which is a panacea for the treatment of cancer patients.

Sir, my Lok Sabha constituency Valmikinagar is located on the border of Nepal and Uttar Pradesh. Due to the lack of a good hospital, patients of these remote districts have to go to Gorakhpur, Darbhanga, Patna, Lucknow and Delhi for treatment. Therefore, by opening a branch of AIIMS in West Champaran district of my parliamentary constituency, apart from this district, patients of East Champaran, Gopalganj, Sheohar etc. districts will also be able to get better medical facilities. For this, patients of these remote districts have to go to Gorakhpur, Darbhanga, Patna, Lucknow and Delhi. Due to the presence of medicinal plants in Valmiki Tiger Reserve, an Ayush Medical College should be established here by the Center. Also, Para Medical and Nursing Colleges should be established in Bagaha and Narkatiaganj sub-divisions.

Sir, a research centre should also be established in my parliamentary constituency through the Indian Council of Medical Research.

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[English]

***SHRIMATI SUPRIYA SULE (BARAMATI):** The negligible increase of about 2 per cent in the budgetary allocation of the Ministry of Health and Family Welfare from 2023-24 to 2024-15 is woefully inadequate to cover the needs of India's growing and evolving healthcare sector, which is already under severe strain. We have also failed to move any closer to the National Health Policy of raising the Government's healthcare expenditure to 2.5 per cent of GDP. This neglect of the sector manifests in the dysfunctionality of healthcare services in India, including those under some of the Government's most celebrated schemes, such as the Rashtriya Swasthya Suraksha Yojana and the Pradhan Mantri Jan Arogya Yojana.

Another result of this underspending is that the out-of-pocket health expenditure for Indians, i.e. expenditure on healthcare that is not provided free of cost through a Government health facility or covered under any public or private insurance or social protection scheme, is about 48.2 per cent of total health expenditure. This is a staggeringly high figure compared to the global average of 17.05 per cent, and it is evident that the Government's meagre increase in public healthcare expenditure is insufficient to cover the needs of our population.

The BJP boasts of having constructed 23 AIIMS in its tenure, as opposed to 7 built by previous Governments. What it fails to mention, however, is that

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only 6 of these colleges are fully functional, while the remaining are in various stages of completion. For instance, only about Rs 18 crore of Rs 1977 crore approved for the construction of AIIMS, Madurai in 2021 had been released by February 2024, out of which Rs 6 crore has been payment for consultancy services. Other new AIIMS like the one in Jammu are operating out of the campuses of other medical colleges, as they do not have infrastructure of their own. Moreover, even many of the new AIIMS that the Government claims are fully completed are in varying states of dysfunction. At AIIMS Patna, which began operating nearly a decade ago in 2014, more than 50 per cent of sanctioned posts remained empty, as of 2023. In fact, about 43 per cent of faculty positions at all 23 new AIIMS remain unfulfilled. These vacancies have led to serious deficiencies in both patient care and the education of the nation's future doctors, nearly defeating the purpose of constructing these institutions in the first place. According to a report by the Comptroller and Auditor General of India (CAG), these AIIMS also face a serious shortage of various kinds of medical equipment, further impeding their functioning. This negligence is clearly reflected in the budgetary allocations of the Rashtriya Swasthya Suraksha Yojana, under which these colleges have been built, which was estimated to be underutilized by nearly 45 per cent in the 2023-24. In 2024-25, the funding for the scheme has been further reduced by Rs 1165 crore.

ASHA workers and block invigilators are the backbone of our nation's primary healthcare framework, especially in rural areas. Their crucial role, particularly during the pandemic, was recognized internationally when they were

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awarded the World Health Organization's Global Leaders Award 2022. Despite this, these essential workers' demands for a living wage and secure employment continue to be ignored.

While ASHAs are ostensibly part-time workers, each of them is expected to cater to about 1000 people in rural areas and more than double that in urban areas, as per the National Health Mission's norms, meaning that they are forced to work long hours. Yet, they continue to be considered merely "honorary volunteers" and are paid a low honorarium of Rs 13,000 that is grossly inadequate for their work. ASHA workers' salaries must be increased, and their status must be revised to that of permanent Government employees who receive the corresponding benefits, including coverage under the Provident Fund and ESI scheme.

Meanwhile, ASHA block invigilators receive a salary of just Rs 13,475, the majority of which they must spend on travelling from village to village to carry out their work supervising the delivery of health services by ASHAs. In November 2023, the Government promised to raise their salaries by Rs 10,000, but it has only been increased by Rs 1000. I urge the Government to fulfil its promise to these facilitators and increase their salaries and include them as contractual employees under the NHM.

The Pradhan Mantri Jan Arogya Yojana aimed to provide a cover of up to Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 60 crore eligible persons. Even this target is based on the outdated results of

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the 2011 Socio Economic and Caste Census. As of last year, only 21.9 crore beneficiaries had been verified.

Moreover, even the beneficiaries, who have been registered, often face significant hurdles and delays when utilizing the scheme, with both private and Government hospitals refusing to admit them or demanding bribes in exchange for doing so. This is because not only are the reimbursement rates provided by PMJAY much lower than the actual costs of the procedures, payments under it are often delayed, placing a significant financial burden on hospitals. It is likely due to these obstructions that even the consistently low budget of the scheme remains underutilized each year. Additionally, it has become evident that despite the fact that the funding for the scheme is to be split in a 60:40 ratio between the Centre and the states, a far greater burden is actually borne by the latter. This is because the Central Government defines a ceiling rate for insurance premiums paid per family which sets a maximum limit to the Central share of contribution. If insurance companies or state agencies charge higher premiums than the cap in their respective territories, the extra amount is borne by the states and UTs. As a result, about 72 per cent of the total of Rs 80,000 crore spent on the scheme until March 2024 was borne by the states, while the Centre covered only 28 per cent.

The strategy for improving the implementation of the PMJAY must be three-pronged: first, its budgetary allocation must be substantially increase to ensure hospitals receive adequate and timely reimbursements; second, the cap

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on the Centre's contributions must be removed or substantially increased; and third, the Government must set up a grievance redressal mechanism to allow patients to report hospitals that turn away PMJAY beneficiaries.

Also, the Government must look into expanding the scope of PMJAY to cover middle-income groups, as recommended by NITI Aayog. About 20 per cent of the population is covered through social health insurance and private voluntary health insurance designed for high-income groups, while PMJAY currently aims to fulfil the healthcare needs of the bottom 50 per cent. The remaining 30 per cent of Indians, however, which includes the self-employed, informal sector workers in rural areas, and various kinds of workers in urban areas, do not receive any coverage. The PMJAY must be expanded to provide low-cost, comprehensive coverage to this segment of the population.

According to the National Mental Health Survey (NMHS) 2015-16, 10.6 per cent of Indian adults suffered from mental disorders, with the rates of mental morbidity being highest in urban metro areas, followed by rural areas and then urban non-metro areas. The treatment gap for mental disorders ranged between 70 to 92 per cent for different disorders. Given the 27.6 per cent increase in major depressive disorders and 25.6 per cent increase in anxiety disorders worldwide in the aftermath of the COVID-19 pandemic, it is inevitable that the NMHS's figures would have surged significantly since 2016. This is corroborated by the NCERT's Mental Health and Well-being of School Students Survey, which showed an increasing prevalence of poor mental health among adolescents,

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exacerbated by the COVID-19 pandemic. In this context, it becomes clear that mental health care must be a subject of central concern to the Government, given its social and economic impact on both individuals and society at large. In particular, the continued imposition of 18 per cent GST on mental health services is unconscionable.

Also, despite raising serious concerns about mental health issues in India, the Economic Survey 2023-24 goes on to state that India's "strict" labour laws have allegedly had adverse impacts on the country's prosperity and productivity. Among these laws it critiques are overtime regulation, despite the fact that Indians already work the seventh-longest hours per week in the world, and the longest hours among the countries with the ten largest economies. The Government must reaffirm its commitment to the protection of its citizens wellbeing, rather than allowing their quality of life to be chipped away at in exchange for higher productivity.

[Translation]

SHRI RAJEEV RAI (GHOSI): Hon. Sir, I would like to thank you for giving me the opportunity to speak on an important issue as Health. Going by the definition given by WHO *[English]* – “Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” Forget about mental and social well-being, *[Translation]* when I came to know that we are not providing resources for treatment of diseases *[English]* I was amazed. *[Translation]* Dr. Prabha pointed out that we are not spending funds on health

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sector commensurate to our GDP. The Government replied that it is human nature. Until we accept our shortcomings, we won't even try to rectify them. To this point, the Government replied that it is not the sole responsibility of the Union Government, State Governments also owe responsibility.

Sir, as per the surveys of Health Services conducted during the year 2017, amount equal to 2.5 percent of GDP, which equals to Rs. 8.2 Lakh crore. This amount was to be allocated. Out of this, 40 percent i.e. Rs. 3.3 lakh crore was to be provided by the Government. The Government has not provided that fund.

[English] Water flows from top to bottom. It does not flow from bottom to top.

[Translation] It is very unfortunate situation that the Government allocates 73 percent less budget than the actual requirement, does not care for treatment of patients in the country and still claim to be '*Vishwa Guru*'. Only 37 percent of actual requirement of beds is available in the country. We do not have doctors in our country as per the mandate of WHO. If I talk about my Parliamentary Constituency and the area I hail from, the development works initiated under the guidance of Hon'ble Chief Minister when the Samajwadi Party in power for five years, include, 100 bed hospitals at Majhwara and Neemdah, 100 bed MCH Wing in the Women's Hospital apart from providing budget for Kanjaan, Gotha and other places such as Reni. But there was no progress after that. There are 18 districts in my Parliamentary Constituency. You will be surprised to learn that the acceptable level of Arsenic in water is 10 microgram per litre but it has been found in the survey to be exceeding the limit due to which five crore people are living under the threat of serious diseases such as Cancer. All the Members

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were speaking about Cancer. I would like to mention a fact that more people die due to shock of snake bite than actual snake bite. If some poor person contracts Cancer, he dies of shock.

I would like to request the Hon'ble Minister of Health and Family Welfare to visit the districts under Poorvanchal region. Varanasi is the Lok Sabha Constituency represented by the Hon'ble Prime Minister where BHU and Tata Memorial Hospital are located. You should see the condition of Cancer patients lying there on floor for yourself. The Cancer patients in those hospitals do not get appointments nor do they get time of the doctors nor medicines.

Sir, diseases do not have consideration of people's caste, religion, sect, or political party such as the Bharatiya Janata Party, Samajwadi Party or Congress. A disease can contract any one. That is why, discussion on the subject of health and disease should be held rising above party line. We all should stress this point. Dr. Prabha Ji mentioned about the issue of 2.5 percent of GDP. This was not a major issue as she compared by giving data of those countries which are making such allocations. The decision to spend 2.5 percent of GDP was taken by the Government itself. If the Government does not spend even that much and feel offended when we remind it, only God can help us.

Sir, only 37 percent of the total number of beds required in our country are available. We have only 1.3 beds available per thousand people while it is 2.6 beds the world over. The Government provided only Rs. 91 lakh in place of the requirement of Rs. 3.3 lakh crore. Through you, I would like to request the

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Government that Late Shri Kalpnath Rai ji had provided funds for everything in our district and no one, except Samajwadi Party, has provided anything after that. Our district is the house of weavers. I would like to request the Government to consider the conditions in which the weavers are living including the diseases they are suffering from and the condition of hygiene. I would like to request the Government to pay attention to find out ways to reduce the Arsenic levels in water in Poorvanchal and to get poor people rid of the serious diseases.

The construction work of four lane road from Varanasi to Gorakhpur and the Poorvanchal Expressway has been completed in my Parliamentary Constituency due to the attention paid by Hon'ble Gadkari ji. Frequent accidents take place on these roads. People die in the absence of medical aid. There is no trauma centre there. We had attempted to start a Trauma Centre in the Hospital in our area, but the Government has expressed its inability to post doctors and specialists there.

There is Government land in Mau. I had said it previously also that the spinning mills in our city have closed down. People are talking of plots on the 25 acres of land situated in Pardaha. The said land should be utilized for setting up Multi-speciality Hospital and Cancer Hospital. The district of Mau is well connected to all major cities such as Ballia, Azamgarh, Gazipur, Gorakhpur and Deoria etc. Poorvanchal Expressway also passes through it. People have the option to go to bigger towns if they do not get proper treatment there. But ignoring it in such a way is not good.

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What is the condition of Medical Colleges in the country today? I do not know, whether the Hon'ble Prime Minister is informed of the facts on ground or not, but the fact is that the Hon'ble Prime Minister merely goes and makes announcement and even the construction of buildings is not completed. Going by the parameters set by the Government itself, certain number of professors, Assistant Professors and beds are required in a Medical College. Buildings get inaugurated even before their construction is completed.

Hon. Minister of Health and Family Welfare should visit there. All the medical colleges that have been inaugurated on the directions of the Hon'ble Prime Minister have either been done by himself or got it done by someone else. Minister of Health and Family Welfare should have an inspection done there, then he will know the situation there.

You can visit any district of Eastern Uttar Pradesh. We are afraid that whether it is Ballia, Mau, Ghazipur, Deoria, if you visit the hospitals to see the patients, you will see the pile of filth and dirt and overcrowd, you will be vulnerable to the diseases there.

I through you, demand from the Government that a special package should be given to Uttar Pradesh. Some factories for medicines and medical instruments should be opened, and hospitals should be set up by creating special economic zones. Unless we are concerned about the health of the country, we do not talk about the health services of the areas of the country, we

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will not come out of this blame game,... ...(*Interruptions*)... I would like to make my last point.

You said that the state government should also do it. Even the state government is yours. We should stop blame game. If the health of common man improves, the country's health will automatically improve.

I demand for opening of a cancer and multi-speciality hospital in the name of Kalpanath Rai ji in Mau.

Thank you.

[English]

SHRI DAGGUMALLA PRASADA RAO (CHITTOOR): Thank you, Chairperson Sir, for giving me an opportunity to speak on this visionary Budget. I am Prasada Rao from Chittoor Constituency, Andhra Pradesh.

On behalf of the people of Andhra Pradesh, I thank the hon. Prime Minister, Shri Narendra Modi ji and the hon. Union Finance Minister, Shrimati Nirmala Sitharaman ji for recognizing the needs of our State and focusing on a capital, Polavaram, industrial nodes and development of backward areas in Andhra Pradesh in the Union Budget of Financial Year 2024-2025. This support from the Centre will go a long way towards rebuilding Andhra Pradesh under our visionary leader Shri Chandrababu Naidu Garu ji. I congratulate you on the presentation of this progressive and confidence-boosting Budget.

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Hon. Chairperson, Sir, I would like to highlight the budgetary allocation for the Ministry of Health and Family Welfare. Healthcare is critical for economic growth and development. A healthy population is more productive and able to participate in the workforce. Access to quality healthcare is essential for reducing the burden of disease and improving overall health outcomes. The budget allotted to the Department of Health and Family Welfare for the financial year 2024-25 is Rs 87,656.90 crore, reflecting a 12.93 per cent rise from the revised allocation of Rs 77,624.79 crore for the previous year. This increase is intended to enhance funding for health services and infrastructure.

Sir, this will be a potential impact on research and development with the operationalisation of the Anusandhan National Research Fund and the pool of Rs. 21 lakh crore which may aid India's transition to value manufacturing. Additionally, customs duty rates on X-ray tubes and flat panel detectors have been revised. This adjustment is expected to positively impact the X-ray machine industry by improving component availability and reducing costs. This change is anticipated to support the domestic medical device sector, enhance component availability at reduced costs, and make advanced medical imaging more accessible and affordable.

The Centre's flagship scheme, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM JAY), has got an allocation of Rs .27,300 crore as compared to the previous allocation of Rs .26,800 crore .The budget allocation for the Indian Council of Medical Research (ICMR) has been raised from Rs.

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2295.12 crore to Rs. 22,732.13 crore. The budget allocation for the National Tele-Mental Health Programme has been increased from Rs. 765 crore to Rs. 290 crore. The hon. Minister has allocated Rs. 218,013.62 crore for autonomous bodies. However, for the All India Institute of Medical Sciences (AIIMS), Delhi, the budget allocation has been increased from Rs. 24,278 crore to Rs. 24,523 crore.

Also, the significant boost in fund allocation for health, including AYUSH, underscores the Government's commitment to health promotion, disease elimination and strengthening public healthcare services. The customs duty exemption on three additional cancer medicines is much needed and is a welcome step. This will give relief to lakhs of cancer patients in the country. The first cancer medicine is for breast cancer, second is for lung cancer, and the third is for biliary tract cancer.

The budget expenditure for the financial year 2024-25 under the National Health Mission (NHM) has also been increased by approximately Rs. 4000 crore from Rs. 31,550 crore to Rs. 36,000 crore. The NHM is a Centrally Sponsored Scheme which primarily caters to the primary and secondary healthcare service delivery in the nation. This clearly shows that the focus of the Government is to invest in the primary and secondary public healthcare facilities for implementing the preventive and curative aspects of health to reduce the out-of-pocket expenditure of the public at large.

I am grateful that the Central Government has allocated approximately Rs. 50,475 crore for Andhra Pradesh in the Union Budget for the financial year

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2024-25, which was about four per cent of the total budget, including Rs. 15,000 crore for the construction of the capital city Amaravati. The Central Government is also fully committed to financing and early completion of the Polavaram project which was Andhra Pradesh's lifeline. They have made substantial allocations for the Capital and the Polavaram Project, and it has been resolute in fulfilling the commitments given to the State under the AP Reorganization Act of 2014, with due priority to the development of infrastructure in the Kopparthy and Orvakal nodes in Visakhapatnam-Chennai and Hyderabad-Bangalore industrial corridors respectively. The Centre also pledged financial support for the development of the backward regions of Rayalaseema and the north coastal districts (Uttarandhra).

These and other significant budgetary allocations by the Central Government were intended to catapult Andhra Pradesh to a higher growth trajectory by leveraging its strengths. Top priority has been accorded to the development of the seaports, and fisheries and aquaculture sectors in which Andhra Pradesh was a dominant player. I also welcome that the Centre will be coming up with a plan named 'Purvodaya' for the overall development of the States including Andhra Pradesh. I request the hon. Minister to consider establishing a comprehensive cancer hospital in Andhra Pradesh as cancer cases are increasing day by day.

Once again, I would like to thank the hon. Prime Minister and the hon. Finance Minister for this visionary Budget. I am sure that under our beloved CM leadership, our State will re-emerge as a powerhouse among States.

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SHRIMATI APARAJITA SARANGI (BHUBANESWAR): Sir, I rise today to express my deep appreciation for the remarkable endeavour of the hon. Finance Minister and her wonderful team towards preparing and presenting the country's Budget for the Financial Year 2024-25.

This is the 11th Budget of Prime Minister Modi's Government and the seventh Budget of Madam Nirmala Sitharaman. This follows a specific pattern if we actually very carefully analyze it. It focuses on very high capital expenditure with heavy welfare spending, keeping the growth targets robust and fiscal deficit in check.

[Translation] 'Aarogyam paramam bhagyam swasthyam sarvarthsadhnam', *[English]* good health is the ultimate goal and anybody who has good health can accomplish any task given to him or her. At the cost of being repetitive, I would like to inform the House that Madam Nirmala Sitharaman came here and presented a very well-structured Health Budget of approximately Rs. 91,000 crore which aims at boosting the robust health system of our country of 1.4 billion people.

The hon. Prime Minister Modi's Government in all these 10 years has put in very sincere efforts all through to ensure affordable, accessible and quality medical services to the people of the country.

Now, here I would like to inform the august House, I would like to inform them, and I would definitely request them to appreciate whatever I am saying. The figures will speak for themselves. In 2012-13, the country's Budget prepared by the then Government and presented in the Lok Sabha was a meagre Rs. 25,133 crore. In 2023-24, this figure went up to Rs. 80,517 crore. I am very

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happy to inform this august House that during the last one year, we have done remarkable work and there is a 13-per cent increase in the Budget this time. At the cost of being repetitive again, I would say that Madam Nirmala Sitharaman came here with a Rs. 91,000 crore budget which is remarkable. This budget will go to two Departments of the Ministry - Department of Health and Family Welfare with an allocation of Rs. 87,656 crore; and Department of Medical Research with an allocation of Rs. 3,301 crore. So, there is a very interesting dimension of this Health Budget.

I would request all my esteemed colleagues to kindly understand and appreciate. To enhance the domestic capability of the Indian pharma industry, the Finance Minister exempted three cancer medicines from Customs Duty and reduced the duty on crucial medical equipment including X-ray tubes and flat panel detector used in the medical X-ray machines. The notable shift in the Budget lies in its potential to stimulate domestic manufacturing. This point has not been mentioned by any of my colleagues. I would definitely like to put forth that point before this august House, and from this angle, we need to appreciate the Budget. So by doing this, the Government is laying the groundwork for a very self-reliant healthcare ecosystem in the country.

The Budget allocation for the National Health Mission has also been significantly increased by Rs. 4,000 crore from Rs. 31,550 crore to Rs. 36,000 crore in 2024-25.

I come to a sector of which I did not hear since morning. If we speak about the Production Linked Incentive Scheme, the Government has given a boost to

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the Indian pharma industry by more than doubling the allocation of the Production Linked Incentive Scheme from Rs.1,200 crore to Rs.2,143 crore aiming to accelerate the growth in domestic manufacturing, which is commendable.

The establishment of Anusandhan National Research Foundation underscores this Government's commitment, Prime Minister Modi Government's commitment to promote innovation in the health sector.

I come to a couple of positive outcomes. I will not take much time. In all these 10 years, right from 26th May, 2014, the day the hon. Prime Minister became the Prime Minister of the country for the first time, many things have been done in the health sector and the results are for all to see. First, the infant mortality rate has declined from 39 per 1000 live births in 2014 to 28 per 1000 live births in 2020. The maternal mortality rate has come down from 167 per lakh live births to 97 per lakh live births in 2020, which is commendable. I think, the data, the statistics, the fact and the figures speak about the wonderful work that the Government under the leadership of Prime Minister Modi has done in the health sector in the country.

The Government has increased the number of medical colleges as well as the number of MBBS seats. I have come with the figures. The number of medical colleges has gone up by 88 per cent from 387 medical colleges to 731 medical colleges. The medical seats, the MBBS seats, have gone up by a whopping 118 per cent which is again, I would say, worth appreciation. It takes a lot of effort on the part of the Government to get into things, to plan out things

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and to execute things on the ground. The number of MBBS seats were 51,348 before 2014, before the hon. Prime Minister took over the reins of the country as the Prime Minister, and now it is 1,12,112, which is commendable. We started with seven AIIMS, and now we have 23 AIIMS.

We are aware of the Ayushman Bharat Yojana. It is one of the largest health insurance, health assurance schemes. Here, I would like to mention – I come from Odisha – the Biju Janata Dal Government in 25 years never appreciated the benefits of the Ayushman Bharat Yojana. Now, I would request, through you, the Ministry of Health and Family Welfare to start the Ayushman Bharat Yojana in Odisha in association with the BJP State Government. This is my earnest appeal to the Ministry of Health and Family Welfare. There is also the PM Ayushman Bharat Health Infrastructure Mission. I am delighted to say that the budget allocation has increased from Rs. 2,100 crore to Rs. 4,108 crore.

I was associated with the Government for 24 years. I know that it is very easy to formulate budgets; it is very easy to formulate schemes, to draft schemes, to get them ratified in different bodies, the competent authorities, but it is extremely difficult to implement the schemes in the right earnest on the ground and ensure the last-mile delivery. *[Translation]* Sir, we talk about Antyodaya. Last person in the queue has to be benefited. The government under the leadership of Hon'ble Prime Minister has been working on the Antyodaya Scheme for the last ten years. *[English]* In 2010-11, I must tell you, the Budget was Rs.23,530 crore with 82 per cent spending. It all boils down to spending.

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Now, from 2010-11 to 2014-15, it was between 82 per cent to 87 per cent spending, and lo and behold, from 2015-16 onwards till date, never ever, in no year the expenditure, the spending has been less than 103 per cent to 114 per cent.

[Translation]

Sir, I would like to present my views, but before that I would like to say something. Prime Minister's dream is to build a healthy India, a developed India, an India where every citizen has access to quality healthcare services. A lot has been done, a lot remains to be done.

[English]

As I conclude, I am reminded of the words of Robert Frost
...(*Interruptions*)

PROF. SOUGATA RAY (DUM DUM): You can quote the words of Shri Jawaharlal Nehru. ... (*Interruptions*)

SHRIMATI APARAJITA SARANGI: Sorry ... (*Interruptions*) My dear friend, you are a very senior Member. ... (*Interruptions*)

With all regards to you, I am quoting the words of Robert Frost, and I quote:

“The woods are lovely, dark and deep,

But I have promises to keep,

And miles to go before I sleep,

And miles to go before I sleep.”

Thank you very much.

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***SHRI RAJU BISTA (DARJEELING):** On behalf of the people from Darjeeling hills, Terai and Dooars, I share my gratitude to hon. Prime Minister Shri Narendra Modi Ji and hon. Finance Minister Shrimati Nirmala Sitharaman Ji for prioritizing the development of our health sector.

In the past 12 years the Central budget allocation for health has almost tripled from Rs. 37,330 crore in 2013-14 to Rs. 90960 crore in 2024-25.

Along with this, the budget allocation for the AYUSH Ministry has been increased from Rs. 3,000 crore to Rs. 3,712.49 crore. There is increase in allocations for - Ayushman Bharat Pradhan Mantri Jan Arogya Yojana; Ayushman Bharat Digital Mission; National Health Mission; Indian Council of Medical Research (ICMR); National Tele Mental Health Programme; All India Institute of Medical Sciences (AIIMS). This shows our Government's commitment to ensuring the health and well-being of the people.

Full exemption of customs duty on three key cancer drugs is going to go a long way in providing relief to cancer patients. Significant cuts in customs duty on components of X-ray tubes and digital detectors will ensure the rapid growth of diagnostic health sector, and lower the cost of diagnostics for the patients. Even the World Health Organization has applauded the health allocation in the budget and said, "the significant boost in fund allocation for health, including

* Speech was laid on the Table.

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AYUSH, underscores the Government's commitment to health promotion, disease elimination and strengthening public healthcare services".

This budget puts due emphasis on tribal health focused attention. Coming from a tribal region, I am thanking the Finance Minister for focusing on a much-neglected area of public health.

In the past 10 years, our Government has established 15 New AIIMS and 70 Medical Colleges.

Under PM Modi Ji, Bio-economy has emerged as India's 'sunrise sector' In the past 10-years, India's Bio Economy has grown by 1300% from USD 10 billion in 2014 to over USD 130 billion in 2024.

Indian pharma exports witnessed a phenomenal growth of Rs 90415 crore in 2013-14 to Rs2.35 Lakh crores in 2021-22. I believe that the budget 2024-25 will be a game changer for our nation.

Here I would like to put forth my demands for my constituency. AIIMS in North Bengal, North Bengal comprises of 8 districts out of the 23 districts of West Bengal - Darjeeling, Kalimpong, Alipurduar, Jalpaiguri, Cooch Behar, North Dinajpur, South Dinajpur and Malda. Our region is home to around 3 crore people. Majority of the people are dependent on working for the tea estates, cinchona plantation or are engaged in farming for their sustenance. The average monthly income of a family in our region is only around Rs. 7000 per month. Due to low income, people here cannot afford treatment in private hospitals.

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Government run facilities are inadequately staffed, and lack even the most basic equipment. Most of the hospitals, especially in hill region offer only referral service - every patient is referred to hospitals in the plains. Hundreds of patients from our region die, due to the lack of proper healthcare facility. Patients who need specialized care like pregnant women and children are dying due to lack of proper facilities. Our region and people continue to suffer due to the lack of health facilities. North Bengal Medical College, severely lacks doctors, equipment facilities for medical students, and poses risk for the patients to. So, given the circumstances, there is an urgent need to establish AIIMS in North Bengal. I therefore request the Ministry of Education to work with the Ministry of Health to Establish AIIMS in Siliguri.

Medical facilities in the hills of Darjeeling and Kalimpong districts are non-existent. They have to travel to Siliguri which takes anywhere from three hours to 15 hours to avail medical services This happens due to the lack of specialist doctors and hospitals in the region. The Union Health Ministry has initiated PMSSY scheme under which District Hospitals are upgraded to medical colleges. Sir, I am requesting for Kalimpong District Hospital and Darjeeling District Hospital to be upgraded to Medical College. Doing so will ensure that we produce more doctors, and specialists who can cater to the hill people

Given the difficult terrain and geographic fragility, which remains cut-off during monsoon, we are in need of Primary health Centres to be set up in different part of the hill regions like upgradation of Jaldhaka PHC to 80 bedded

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hospital; health centre at Majuwa Gram Panchayat; Health Centre at Kumai Gram Panchayat – Kalimpong; Health Centre at Today-Tangta; Health Centre at Sittong – 1; Health Centre at Duptin GP; Health Centre at Rungpoo; Health Centre at Santuk; Health Centre at Mongpong; Health Centre at Pacheng, Sonada; Health Centre at Dabai Pani, Darjeeling; Health Centre at Shiva Khola.

Sir, Naturopathy is simple and affordable as advocated & practised by Mahatma Gandhi Ji. Naturopathy brings self-health reliance, prevention of disease, preservation and promotion of health without use of costly drugs, hospitalization, and surgeries. Naturopathy, being easily accessible and cost effective, also brings down the cost of budget in health sector, both in Government and Private sectors. I would like to bring to your kind notice that there are some major issues for the development of Naturopathy and the following factors may kindly be considered for further development of Naturopathy.

To include Yoga and Naturopathy courses in Skill Development, there is scarcity of trained Naturopathy Therapists (Female & Male), Yoga Teachers, Yoga Therapists all over India. Therefore, there is an urgent need to train skilled manpower with courses of about 6 to 12 months. Thousands of youths could get their livelihood throughout India and serve in various hospitals, health resorts, spas etc. These youths could be self-employed and self-reliant.

The then hon. Union Minister of Ayush had given assurance on the floor of the Parliament more than three times that a separate Yoga & Naturopathy

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Bill/ Act will be introduced at the earliest which is pending since 3 years. In the interest of regulation, standardization, furtherance of Naturopathy & Yoga, the establishment of separate Indian Commission for Yoga & Naturopathy is essential. It is, therefore, requested that the Bill be enacted at the earliest.

We appreciate Ministry's efforts to start functioning of the new Campus - Nisarga Gram of National Institute of Naturopathy, Pune. We request you to expedite the completion of the project and make it fully functional for the public use and declare it as to be Deemed University for fulfilling dream of Mahatma Gandhi.

We have many state-run hospitals for Allopathy and Ayurveda. We sincerely request you to take necessary steps to establish at least one State-run Naturopathy Hospital in each state and Union Territory.

About 300 Naturopathy Hospitals are serving all over India since 60 years in private sector. These Hospitals are not commercially viable as we do not deal with any medicines. We require large space of 1 to 50 acres of land, huge building, treatment sections (Male & Female), diet centre, Yoga Hall, different accommodation for therapies etc. The Central Council for Research in Yoga and Naturopathy (CCRYN), Ministry of AYUSH use to financially support marginally by releasing small grant to about 300 hospitals, which was stopped in 2019 for no valid reasons. It is earnestly requested to review the same scheme and restart at the earliest.

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Medical Insurance companies are required to be apprised and make them to understand the necessity to cover medical insurance of naturopathy treatment. Such an endeavour would reduce the cost of health expenses of the community. Naturopathy Treatment expenses should also be covered under Ayushman Bharat scheme. This in turn reduces the load on the mainstream medical care system.

At present reimbursement of expenses by the State & Central Government Employees is permissible for Allopathy & Ayurveda treatments only. We recommend that the same provisions should also be made for reimbursement of expenses under Naturopathy treatments.

As on date the Degree and Diploma holders (4 and 4½ years) are getting the Central Registration of Naturopathy to practice this system. However, there are about 2000 genuine senior Naturopathy practitioners serving all over India for the last 50 years and they are waiting for due recognition of medical registration. The Ministry of Ayush (the then Department of AYUSH) has notified the guidelines vide dated 4-9-2006 for due Registration of Practicing Naturopaths, who are having more than 15 years' experience. The guidelines elaborated to provide the Class A registration to institutionally qualified practitioners and Class B registration to self-educated practitioners. Based on these guidelines the traditional Naturopathy practitioners may also be given the Naturopathy registration, as one-time measure. Further, the Diploma holders

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may be given the accreditation based on the skill test, on the lines of YCB, which provides certifies the Yoga teachers.

This post was created in 2017, which is lying vacant since then. A senior officer of Yoga & Naturopathy Organisations under the Ministry of Ayush may be given additional charge of Advisor on ad-hoc basis, till this post is filled up on regular basis, who can technically advise and monitor the functions and progress of Morarji Desai National Institute of Yoga; Central Council for Research in Yoga & Naturopathy; National Institute of Naturopathy. In the absence of Advisor, Yoga & Naturopathy are suffering a lot due to hindrances and obstacles for its furtherance.

On availing free land of 20 acres from the State Governments in 2009-10, two Central Research Institutes (CRIs) have been established in District Jhajjar of Haryana state and Nagmangala, Mandya District in Karnataka State. Since the inception of these two Naturopathy campuses for the last 3 years, these Units could not be made fully functional till date for no valid reasons. Keeping in view the need of time and urgent welfare measure, it is requested to make these Units fully functional at the earliest. Thanks.

HON. CHAIRPERSON: Respected Dr. Bachhav Shobha Dinesh.

***DR. BACHHAV SHOBHA DINESH (DHULE):** Hon. Chairman, thank you very much for giving me this maiden opportunity to speak in this august House. I would also like to thank the voters of my Dhule Lok Sabha constituency along

* English translation of the speech originally delivered in Marathi.

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with my party leaders Shri Rahulji and Smt. Soniaji Gandhi. First of all, I salute Dhanvantari, God of Health. Today, I rise to participate in the discussion on Demands for Grants of Ministry of Health. In this year's budget, nothing has been given to my State Maharashtra. It was expected that the health sector would be given priority in this budget, but we are completely disappointed. Hon. Finance Minister has talked about 9 key focus areas in her budget speech. Sir, I am really sorry to say that health sector has not been included in it. On the contrary, budget allocation has been decreased by 73% considering the need. The budget for health should be around Rs. 3.3 lac crore but only Rs. 91,000 crore has been allocated. It is only 27% of overall need. All the Central Government hospitals in Maharashtra like G.T. Hospital, KEM Hospital, St. George Hospital, J.J. Group Hospital, Cama Hospital lack the basic infrastructure. The patients have to face many difficulties due to lack of instruments and medical staff. At least Rs. 10,000 crore should be given to Maharashtra immediately to ensure its availability.

Hon. Sir, around 18000 posts are lying vacant in Health Department in Maharashtra including 1600 post of doctors and 16400 posts of paramedics. I demand to fill these posts immediately. There is only one AIIMS at Nagpur. But, considering the population of Maharashtra, AIIMS like institutions should also be opened at Mumbai, Pune, Nashik and Dhule and this should be included in the budget.

Asha workers who provide medical services in rural areas work in harsh climate conditions receive only Rs. 6000 a month from Maharashtra Government.

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I demand to increase their salary to Rs. 20000 per month and transport allowance should also be increased. Ostomy is a serious and incurable disease and it is spreading very rapidly in India too. Ministry of Social Justice and Empowerment should bring a bill to include it in physical disability category. The overall information regarding this illness is available with Health Ministry and in some other nations, it has been recognized as a physical disability.

Sir, only Rs. 7500 crore has been allocated under Ayushman Bharat Yojana and PMJAY and moreover no medical treatment is available for patients under these Schemes. I would like to demand that this Scheme should be implemented in Government as well as private hospitals. Around 3.2% of total GDP is being spent on health in all the western countries and it is around 16% in America. India's neighbouring countries like Nepal, Bhutan and China are spending more on health than India. India is lagging far behind and it is only 1.9% of GDP in this year's budget. Government should take serious note of it. We had to suffer a lot during Covid-19 pandemic and Government should make sufficient provision of funds to face this kind of situation if it occurs once again.

At least one 100 bedded Govt. specialty Medical Centre should be set up at Tehsil and District level to provide super specialty medical services to the poor and needy patients. All the specialties like physician, surgeon, Pediatrician, Gynecologist, Anesthetist, Ophthalmologist, Orthopedician, ENT etc. should be made available there. Many posts of specialist doctors are still vacant and it should be filled immediately with enhanced salary package. There is dearth of facilities in PHC and Rural hospitals and needs to be improved. All the essential

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medical services should be made available to the people residing in rural and tribal areas.

One super specialty hospital for my constituency Dhule and a cancer hospital at Malegaon should be sanctioned. Trauma care and dialysis facility should be provided in all the Government hospitals at Tehsil and District level.

Dr. Jaiswal ji has referred to this issue. College of physicians and Surgeons, Mumbai is a 112 year old reputed institution which award PG Diploma and fellowship in medical field but the admission to this institute are stopped for the past two years. Around 1100 PG doctors per year are being produced by this institute which serve the patients in rural, periphery area. It is pertinent to mention here that health is wealth.

Thank you.

[Translation]

SHRI RAJA RAM SINGH (KARAKAT):- Hon'ble Chairperson, I would like to put forth my views on the health budget. I am a little confused. Should I believe the way the Minister of Health was presenting the rosy picture and the applause that was coming from the Treasury benches or should I believe the recommendations that I write every day for the treatment of a poor person suffering from cancer. Should I believe the applauses I am hearing now or should I believe the way the health facilities were lacking during the Corona period and lakhs of people died in the country? I am a little confused as to what is true. We

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have to avoid the habit of patting ourselves on the back. The truth is that we still have a lot of work to do in the area of healthcare. The poor people are not getting treated and they are dying due to the high cost of medicines and treatments.

Even for the treatment of minor ailments, private hospitals charge exorbitant fees ranging from fifty thousand to two lakh rupees, which the poor people are unable to afford. The PHCs at the lower level and health services will have to be decentralized and strengthened. There should be competent doctors who attend to the patients, district hospitals will have to be strengthened, in which there should be people from all departments and specialties. Centres for every department should be opened there. Emphasis will have to be laid on these things.

The population is increasing now. So, there should be arrangement of 500 additional beds. Heart and kidney diseases should be treated at the district level. By doing this, we can manage the increased load on the big hospitals in the metro cities. Modular OT, modular IT, OT of Eye, modern machines, need to be established at the lower level. Bihar has a dense population, even today a large number of patients from Bihar come to Delhi AIIMS. AIIMS was announced in Darbhanga but it has not started till date. Along with this, we would like to demand that an AIIMS be built in Gaya, Purnea, Rohtas and Shahabad Hills. Facilities should be restored at the block level.

What have we done for the ASHA workers whom we called Corona Warriors? How much salary and honorarium do we give them? Don't do it just

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like this, they work hard day and night at the lower level. So, their honorarium should be increased so that their interest in work may increase. The health system is running only on the strength of the lower level health workers. The honorarium for nurses and ASHA workers should be increased.

There are hospitals in Dehri, Daudnagar, Haspura, but there is a shortage of doctors there too. We are seeing lack of other facilities, which should be addressed.

There is a drain around Aarah Hospital. Water does not drain out and the hospital gets flooded. I don't know why in most places the hospitals are built below the ground level, making them susceptible for waterlogging. We see the same condition at Nalanda Medical College in Patna. When it rains, the hospital gets flooded. The patients are left on bed with water logged floors, this is also unhygienic.

When we are talking about a heavy budget, monitoring is also necessary. I would say that instead of patting ourselves on the back, the health department should focus on these things. It is obvious that when we increase facilities in government hospitals, the load on private hospitals will decrease. We should put more and more emphasis on this. Thank you.

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***SHRI ARUN KUMAR SAGAR (SHAHJAHANPUR):** Hon'ble Speaker, Sir, thank you for giving me the opportunity to present my views on the Budget of the Ministry of Health and Family Welfare. I also express my heartfelt gratitude to the Finance Minister Hon'ble Smt. Nirmala Sitharaman Ji and the Health Minister Hon'ble Shri J.P. Nadda Ji that under the leadership of the Hon'ble Prime Minister Shri Narendra Modi Ji, they have made important provisions in the Budget of the Ministry of Health and Family Welfare for the year 2024-25 in the interest of the country.

Hon. Sir, after food, clothing and shelter, education and health are counted among the basic needs. The Hon'ble Finance Minister has increased the outlay of the Ministry of Health and Family Welfare by 12.92 percent for the year 2024-25, it has been allocated Rs 90,958 crore in the Union Budget, while the revised estimate for the Ministry of Health in 2023-24 was Rs. 80,517.62 crore.

The Budget Estimates for FY 2024-2025 include the combined outlay for two departments under the Ministry of Health and Family Welfare - Department of Health and Family Welfare and Department of Health Research.

The estimated outlay of the Department of Health and Family Welfare is Rs 87,656 crore, which is 12.92 per cent higher than Rs 77,625 crore allocated in the Revised Estimates for the year 2023-24. The Department of Health

* Speech was laid on the Table.

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Research has received an outlay of Rs 3,302 crore, which is 14 per cent higher than Rs 2,893 crore allocated in the Revised Estimates for the year 2023-24.

The outlay of the Government's universal health coverage scheme, Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, increased from Rs 6,800 to Rs. 7,300 crore with an increase of 10 per cent in the Revised Estimates for the year 2023-24.

This increase has been effected after the announcement of bringing ASHA and Anganwadi Workers under this scheme in the Interim Budget presented by the Ministry of Finance at the beginning of this year..

Similarly, the outlay for strengthening the Drug Regulatory Systems has been earmarked as Rs. 75 Crore, which is 44 percent higher than the Revised Estimates of last year at Rs. 52 crore.

The Government has reduced the Customs Duty, on three important medicines for treatment of deadly disease Cancer to zero. This means the import of these drugs will not attract any tax now. This will lead to affordable treatment of Cancer.

Apart from this, the Customs Duty on the X-Ray Tubes and Flat Panel Detectors used in Medical X-Ray machines has also been revised.

Health signifies the physical, mental and social wellbeing of an individual. A person is said to be enjoying good health when he is free from any physical

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ailments and mental stress. In the holy scriptures, health has been said to be the prime wealth of all types of wealth.

The Hon'ble Minister of Finance, Shrimati Nirmala Sitharaman, under the leadership of popular Prime Minister Hon'ble Shri Narendra Modi ji has also made provisions to open new Medical Colleges and Hospitals.

Sir, our country is progressing at a fast pace and is on the path of becoming the third largest economy in the world during the third term of NDA Government.

As many as 25 crore people have been pulled out of the Below Poverty Line bracket during the past few years which has spurred economic reforms and development in the country. The country is fast progressing on the path of development and the dedicated policies and schemes of the Government have a major say in this.

India has maintained its pace of development despite the prevailing atmosphere of uncertainties across the world. The country has faced several major problems since the year 2014, but the Indian economy has emerged stronger every time. These problems tried to affect the economic and social structure of the country but the proactiveness and steady policies of the Government helped tide over these challenges successfully.

The claim of the celebrated Hon'ble Prime Minister Shri Narendra Modi ji of taking the Indian economy to third place in the world soon, does not seem

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farfetched. At fifth place, the size of Indian economy is 3.42 Trillion Dollar at present. Germany with 4.08 Trillion Dollar size of economy occupies fourth place and Japan with 4.23 Trillion Dollar is at third place. In terms of Growth Rates, it is around two percent for Germany and below one percent for Japan. Compared to these two countries, the rate of growth of our country is around 8 percent. Our country is progressing at a fast pace under the leadership of Hon'ble Prime Minister Shri Narendra Modi ji. But the Opposition Parties including the Leader of Opposition Shri Rahul Gandhi do not like this fast paced progress. They are indulging in petty politics which does not behove well. Sir, in the end, I reiterate my support to the Budget pertaining to the Ministry of Health Affairs and thank you for giving me an opportunity to speak. Thank you.

[English]

***SHRI NAVASKANI K. (RAMANATHAPURAM):** Hon. Chairman Sir, Vanakkam. I thank you for allowing me to take part in the discussion on Demands for Grants pertaining to the Health Ministry. Even after 75 years of Independence, some States in our country have not achieved self-sufficiency in the field of Health infrastructure. The amount of allocation made by the Union Government for the Health sector in India is insufficient. In Tamil Nadu, we have a better health infrastructure as compared to other States of the country. Dravidian parties which ruled Tamil Nadu have brought so many positive developments in the health infrastructure. As compared to the Western countries

* English translation of the speech originally delivered in Tamil.

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and other developing countries, Tamil Nadu has reached self-sufficiency in the field of health care. Tamil Nadu has the highest number of Medical Colleges in our country. We have now 36 Government Medical College Hospitals in Tamil Nadu. Tamil Nadu Multi-speciality Hospitals, Kalaignar Centenary Super Speciality Hospital, 3 Government Dental College Hospitals, 37 District Government General Hospitals, 256 Government Hospitals in Tehsil level and below Tehsil level, 1832 Primary Health Centres, 8713 Secondary Health Centres, 457 Urban Health Centres, 10 ESI Hospitals and several ESI Dispensaries. Besides that, we have all these Hospitals equipped with all modern medical equipment and infrastructure.

15.00 hrs.

Tamil Nadu is far head and beyond comparison with other States in the field of Health care and infrastructure. Makkalai Thedi Maruthuvam (Health care reaching the people at their doorstep), Innuyir Kaappom (Let us Save the precious lives) and several other large scale health care programmes are being implemented effectively in Tamil Nadu by our hon. Chief Minister of Tamil Shri *Thalapathy* M.K. Stalin. Tamil Nadu is in the forefront of our country in providing better health care. But the Union Government the Union Government has brought this NEET with a view to destroy the dreams of our medical aspirants. We have been organizing several agitations against the conduct of NEET. We have even passed a resolution in the State Legislative Assembly of Tamil Nadu seeking exemption from NEET. I urge that Tamil Nadu should be given exemption from NEET. Similarly, it was announced in the 2016 Union Budget

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that AIIMS will be set up in Madurai. Till now the construction work of AIIMS in Madurai has not been completed. The preliminary work is said to be in progress. Our Hon Prime Minister visited this place and laid the foundation stone before 2019 elections. Laying of Foundation stone was done for several AIIMS institutions at the same time and those have reached completion of construction work and medical classes have thus begun. But for AIIMS in Madurai, the construction work is delayed and classes for students are held in Ramanathapuram Medical College. Students of AIIMS Madurai are studying in some other Medical College as the construction work of their own institution is not taking place. Other AIIMS like institutions were constructed and completed well in time by the active participation and fund allocation by the Union Government. But the construction work of AIIMS in Madurai was delayed as the financial support from JICA, a Japanese Company got delayed. The way how other States got AIIMS with the financial support from Union Government, Madurai AIIMS should also get funds immediately from the Union and work should be expedited and completed soon. Since Tamil Nadu is a State excelling in Health care infrastructure and systems and creating more number of medical professionals. It is also a State having more number of medical seats. Therefore, the Union Government brought NEET with a view to bring down this number of medical aspirants in Tamil Nadu and to make other States to get such opportunities. Because of NEET, the students of Tamil Nadu are affected due to only less number of seats available for them and their future is made a question mark. That is why we want exemption from NEET for Tamil Nadu. We urge that

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the Union Government should ponder over this. In my Ramanathapuram district, through the National Health mission, funds should be allocated for setting up a Head Injury treatment Centre. People with head injuries had to travel from Rameswaram to Madurai Rajaji Government Hospital and it sometimes results in deaths. I therefore urge that a Centre for Head Injury treatment should be set up in Ramanathapuram through the National Health Mission with adequate allocation of funds. Thank you.

DR. C. N. MANJUNATH (BANGALORE RURAL): My respects to the hon. Chairperson for giving me this opportunity to participate in the debate on the Demands for Grants under the control of Ministry of Health and Family Welfare for 2024-25. I am very thankful to the people of my constituency for putting me here in this heart of democracy.

The hon. Finance Minister, Shrimati Nirmala Sitharaman ji has presented the Budget. The financial balance sheet of the Union Budget is healthy. But unfortunately, the genetic balance sheet and the health balance sheet of Indians are not that healthy. The young and middle-aged Indians are becoming vulnerable to various non-communicable diseases. Today, 60 per cent of the deaths in India are due to non-communicable diseases, the number one killer of which is heart attack and its cardiovascular related diseases. Most importantly, heart attacks are occurring among young people. In fact, earlier, children used to bring their parents for the treatment of heart attack and its various cardiovascular related diseases. But today, parents are bringing their children in

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the age group of 25 to 45 for the treatment of heart attack as well as brain stroke. So, in order to address this very important issue, our hon. Prime Minister, Shri Narendra Modi ji has brought in one of the biggest public health schemes in the name of 'Ayushman Bharat'. Otherwise, to get treated for all these problems, our poor people had to sell their jewellery and lands. In fact, the treatment is so much expensive in private/corporate hospitals, and what they spend in corporate hospitals are their lifetime earnings. To address this issue, the Ayushman Bharat scheme is in place ever since September 23rd, 2018. Till now, more than 6 lakh crore beneficiaries have been treated under this scheme, and the total number of beneficiaries of Ayushman Bharat Scheme amounts to 65 crore.

I am addressing this issue of heart attack because today, heart attack is no more a disease of the elite class and the rich people. It is equally increasing among poor people, farmers, villagers, labourers, and even underprivileged. And, the treatment of heart attack is time-driven. For every 30 minutes of delay in initiating treatment for heart attack, the risk of death increases by 7 per cent. So, the time has come when we have to adopt what is called the hub-and-spoke model for treating heart attacks. The spoke hospitals have to be the taluk hospitals, and hub hospitals have to be the tertiary-care hospitals in nearby bigger cities. So, initial treatment has to be given in taluk hospitals under the hub-and-spoke model.

We have the one-minute injection of clot dissolving drug. That is a simple injection which an ordinary MBBS doctor can give with a little bit of awareness. If it is given within first three to six hours of heart attack, the risk of death comes

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down by 20 per cent to 5 per cent. Otherwise, what is happening in semi-urban and rural areas today is that the heart attack and stroke patients have to travel hundreds of kilometres to bigger cities for getting the treatment done, thereby losing their precious time. So, as a result, today, the Ayushman Bharat Scheme covers all these expenses.

I was a part of this hub-and-spoke model of heart attack treatment in our State of Karnataka. We have implemented this in 45 taluks, and now, it is being expanded to 90 taluks. It is in place in some other States also like Tamil Nadu, Goa, Maharashtra, Odisha, etc. So, India should adopt this hub-and-spoke model of treating heart attack patients across the country so that the patients with heart attacks can have the treatment at their doorsteps, in taluk hospitals, within that golden hour.

Now, I will tell you how this model works. The initial treatment is given at the peripheral rural hospital, where an injection is given which costs about Rs. 18,000. It is covered under this Scheme. As its usage goes up, it would be available even for a lesser cost. Then after three to six hours of giving this injection, they are shifted to nearby bigger hospitals where angioplasty and stent procedures are available. The economic impact of life lost due to heart attack and brain stroke has been estimated by the Harvard School of Public Health Policy and the World Economic Forum. If the same trend continues over a period of 13 years, they have estimated that the economic loss to the country probably will be almost around 2.17 trillion dollars. So, it can happen to that extent.

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Sir, I would like to inform this august House that the cost of stent that is used for fixing the blockage of the arteries in the heart, which was Rs.70,000 to Rs.80,000, has now reduced to Rs.25,000 after the intervention of the hon. Prime Minister and the hon. Health Minister. This is a great boon to the poor patients of India across all States.

Sir, I want to talk about the Jan Aushadhi Kendra. Some of the hon. Members have already spoken about it. There are about 10 crore diabetic patients in India. Another 10 crore people are on the verge of becoming diabetic. It requires lifelong medication. Keeping this in view, the hon. Prime Minister has opened nearly 12,000 Jan Aushadhi Kendras, which are going to be of great help.

There was a criticism of the Aayushman Bharat Programme that the package rates are not very remunerative, and as a result, private hospitals are not getting empanelled in it. But the latest package revision that occurred in 2022 has offered very decent rates.

Then, Sir, health and medical education is a State Subject. The time has come when we have to strengthen our existing hospitals. We have to strengthen our existing medical colleges with manpower, technicians and staff nurses. That is where we are lacking. We are only talking about construction of hospitals, construction of medical colleges, construction of AIIMS, etc. So, the theme should be changed now. It should be from construction to creation of posts, and from creation of posts, you should move on to recruitment because India has got a great talent pool.

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Today, we have close to 14 lakh allopathic doctors and 5 lakh AYUSH ush doctors. About three lakh more doctors are required. In the last 10 years, there has been an exponential increase in the number of medical colleges. I wish to extend my heartiest congratulations to the hon. Prime Minister and the hon. Health Minister because we are going to reach about 386 Government medical colleges, which is a strategic number, in about two years.

Sir, I have a suggestion in this regard. There is no doubt that we should have more medical colleges in India. But the number of seats should not exceed more than 150 because today in many medical colleges the number of medical students is more than the number of patients. As a result, they are not getting hands on experience. Undercooked and undertrained doctors are more harmful than the disease itself. That is a thing that we need to take care of.

Sir, the recruitment in medical colleges is purely a State Subject. That is where the State has to TAKE a lot of interest. The Government of India sanctions grant for the construction of medical colleges. But recruitment in medical colleges apart from the Central institutions is purely a State's responsibility. That is very, very important.

Now, we are giving admissions of about 1,07,000 MBBS seats every year, which 10 years ago were about 40,000. Then, today we have about 75,000 post graduate seats which 10 years ago were just 30,000. So, there is a phenomenal increase in the number of both MD and MS seats.

Sir, many district hospitals have a strength of about 200 beds. I think that we have to be innovative in this regard. Rather than starting a conventional or

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traditional medical college, we can start a post graduate medical college in those district hospitals. That means, there will be no MBBS training. We would provide only MD and MS training because faculty requirement is small and so would be our initial expenditure. With this, we would be able to provide better care to the patients, to the common man. So, that is one of the important things I wanted to say.

Sir, the hon. Finance Minister has waived off customs duty on a couple of cancer drugs. I would submit that cervical cancer is third common cancer. My suggestion would be that the vaccine for cervical cancer should be a part of our immunisation programme and all our high school girls should be vaccinated because this vaccine can bring down the incidence of cancer by 90 per cent. That is one of the biggest advantages.

Today, under the Ayushman Bharat Scheme, organ transplantations are done, the facility which was never dreamt of by the common man. You can have a liver transplantation; you can have a heart transplantation; and you can have a bone marrow transplantation. Probably, we have to create an awareness among the common man that these facilities are also available under the Ayushman Bharat Scheme. This is one of the important things I wanted to mention.

Going back to COVID-19, the pandemic caused a wide-spread menace. We salute our hon. Prime Minister for the way he handled it and we salute his leadership. He became the chief warrior of COVID-19 management. Although we imported this virus from China, the WHO has gone on record and said that

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'the way India has managed COVID-19 pandemic is really exemplary'. More than two hundred crore vaccines were given free of cost. Had it not been given, we do not know how many of us were to be here or not. That is one of the greatest service the leadership of the hon. Prime Minister has done to our countrymen.

Sir, we have to adopt artificial intelligence and machine learning in those areas where specialists are not available, where the speciality tertiary care is not available. Certainly, we can invoke and adopt artificial intelligence.

Today, 13 per cent of deaths in India are due to road accidents. This number is bigger than the number of deaths caused by cancer. So, there is a need to have poly-trauma centres because 90 per cent of these accident victims will have multiple injuries involving head, abdomen and fractures. All of them need to be treated and fixed under one roof. Again, treatment to these accident victims also needs to be given within the golden hour. Probably, for every 125 or 150 kilometres of national highway, there is a need to establish a small poly-trauma centre, not a big hospital, where at least initial treatment can be delivered during the golden hour. This is one of the biggest things that can be done.

Sir, there are two States that have been left out for establishing AIIMS. Karnataka is one of them. I hope, the hon. Finance Minister and the hon. Health Minister will consider granting one AIIMS to Karnataka State. It is a long pending desire of the people of Karnataka.

Under the National Health Mission, we are appointing staff nurses and doctors on contractual basis whose salary is funded by NHM. Their salaries need to be increased. At present, a staff nurse is getting Rs. 13,000, which is

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less than even the wage prescribed under the Minimum Wages Act, and a doctor is getting only Rs. 50,000 on contractual basis. There is no dearth of doctors in India at this time, but there is mal-distribution of doctors. More doctors are there in the cities and lesser number of doctors is there in the villages. So, we have to increase the salaries of doctors as well as staff nurses who are working on contractual basis.

Sir, Health for All is the desire of this nation. One thing is that we have to improve services in the hospitals and the second thing is to provide timely services. Of course, we can achieve Health for All through other means also, apart from our healthcare services, by providing clean air, clean water and timely medical services. Certainly, we are looking for all these things.

I thank the Chair for giving me this wonderful opportunity to speak. Thank you.

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DR. KADIYAM KAVYA (WARANGAL): Hon. Chairman, Sir, thank you for giving me this opportunity to speak in the august House today.

I owe respects to Dr. B. R. Ambedkar and I thank LoP, Rahul Ji; Telangana CM, Mr. Revanth Reddy; my father Kadiyam Srihari, ex-Deputy CM of Telangana and present MLA; all MLAs; and constituency people for making me stand in front of you as a first-time MP.

Coming to the Demands for Grants, as a doctor myself, I have seen many schemes by the name 'PM Ayushman Bharat'. I feel mere application of the word 'Ayushman', which means longevity, is not enough. Even the funds allocated also speak the same. For instance, PM Ayushman Bharat Health Infrastructure Mission has witnessed a dip of Rs. 1,000 crore; PMSSY, a dip of Rs. 1,165 crore; National Digital Health Mission, a dip of Rs. 140 crore; and Tele Mental Health Programme is reduced by Rs. 43 crore when compared to the previous Budget.

The Health Ministry should understand that the health care personnel, infrastructure, lab and medical equipment, sanitation together bring about better-quality patient care. But we have seen a decrease in the allocated budget in all these crucial areas of health. Our MPs on the other side are thumping the tables about the NDA's COVID-19 management where our PM had directed the people of the country to bang the vessels and light the candles and mobile torches. But we, the doctors, wondered how this aspect helped in our disease management productivity matter. I myself as a frontline warrior, pathologist diagnosed thousands of COVID-19 tests and acquired COVID-19 twice while I was pregnant. This is just to say how as doctors we risked our lives.

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Now, I would like to speak about mental health. I have seen a reduction in the allocation for the Mental Health Mission from Rs. 133 crore to Rs. 90 crore. Even as doctors, we faced many anxiety problems looking at the plight of the patients during COVID-19. It is true that mental health disorders were on the rise as one of the post-COVID-19 complications. So, this mental health programme should be given a thrust.

Coming to Digital Health Mission, while the entire world is moving towards health digitalisation, the much-needed allocation for this scheme has also been reduced. There is a saying in Telugu: "Gangigovu paalu garitedainanu chaalu kadivedainanemi kharamu paalu". It means that quality is always important than quantity. So, I request the Health Minister to concentrate on providing quality health care in primary, secondary, and territory levels.

Changing the nomenclatures has been the order of the day in the NDA regime. The then Congress-led UPA Government had initiated the National Health Mission. The ICDS is now POSHAN Abhiyan. The National Girl Child Programme is now Beti Bachao, Beti Padhao Yojana. All these schemes were first initiated by the Congress Government.

I would like to know what you have done for the health of women. I as a woman, mother, and a medical doctor request the Health and Family Welfare Minister to provide free sanitary napkins to the girl children from VI to X standard in Government schools because these girls come from a poor background and they lack menstrual hygiene awareness and there is non-affordability and non-availability of sanitary napkins to these sections. Through surveys, it is also

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noted that there is a 23 per cent dropout rate of girl child in the education sector when they attain their first menarche and these girls are also anaemic. So, proper nutrition should be given for healthy adolescents.

When my father was the Education Minister of Telangana, a scheme of providing free sanitary napkins was implemented. Right now, the Karnataka Congress Government is implementing 'Shuchi Programme' in a similar fashion. I request the Health Minister to consider the implementation of this kind of a concept and help the girl child relieve from physical, mental, and emotional trauma during their periods. One more thing that I have noticed is that even in the new Parliament there is no sanitary napkin vending machine. So, I request the hon. Minister to provide one.

Now, I would like to talk about the tax reduction for three cancer drugs. As a doctor, I know cancer patients are much derailed, devastated as many of them are diagnosed during the advanced stages. So, it is not just about the reduction of tax of cancer drugs but the early detection and intervention programmes should be done profusely. So, more budgetary allocations for cancer are needed for diagnosing and detection in early stages so that many patients can be saved. More allocation for research for advanced therapy should be done, like CAR-T.

NEET exam is not just a leak exam. It is reflected as a 'neat' leak. This Government has got so much of experience in exam leakages. There is also our new Parliament building rainwater leakages, that is 'PM Leakage Yojana'. So, this NEET exam should be cancelled to prevent the seepage of pseudo doctors from that leaking tunnel.

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15.25 hrs(Shri Dilip Saikia *in the Chair*)

Our Government of Telangana has increased Arogyasree from Rs. 5 lakh to Rs. 10 lakh and being a Warangalite, I feel proud as we have a medical hub comprising a state-of-the-art 24-storied super-specialty hospital, MCH and Regional Eye Hospital and this is to provide a healthcare facility in the rural and remote parts. This is all because of the concerted efforts of Chief Minister Revanth Reddy Garu.

There is no Wellness Centre in Warangal. Beneficiaries need to travel 350 kilometres to get the treatment under CGHS. So, I would request to have a Wellness Centre in my place, that is Warangal. Even the Kazipet Railway Hospital, which is the main hospital that caters to the needs of around 54 railway stations is running short of human resource and secondary healthcare. Kindly allow budget for it and upgrade it to a tertiary care hospital.

I request the hon. Health and Family Welfare Minister to release our NHM dues Rs. 333 crore for the year 2023, Rs. 138 crore for 2024 and Rs. 231 crore, which the State Government spent on infrastructure, maintenance components under NHM, on a priority basis. This requisition is reasserted as our hon. Chief Minister has submitted a representation to the Health Minister and sought the release of the dues pending to the State of Telangana. I request the Health Minister to concentrate more on rural and most importantly tribal and agency areas for better healthcare because all these are poor people, and they need better medical care.

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The BJP Government chokes funds for AIIMS in Telangana while other States get full funds. The Union Government has so far released Rs. 156 crore for the project out of Rs. 1,365 crore considering the Centre's propensity to turn a negligent eye towards the Opposition ruled States. But I request the Health Minister to speed up the process by releasing more funds to AIIMS and also to CGHS hospitals.

As we all know, our Prime Minister is non-biological as claimed by himself. Everyone else in India is biological and mortal. So, I request the Minister for Health and Family Welfare to consider health as prime priority and allocate more funds in the Budget for a healthy India.

I also come from a SC sub-caste and feel privileged to be in this House today aided by reservation provided through the Constitution written by Dr. B. R. Ambedkar. I take this opportunity to laud the direction of Supreme Court Constitutional Bench for upholding demand of categorisation of SC and ST. I wholeheartedly congratulate all those people who worked relentlessly to achieve the same and all beneficiaries of this historical judgement. Jai Bhim.

Thank you.

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***SHRIMATI MALVIKA DEVI (KALAHANDI):** Thank you for giving me an opportunity to speak on the Demands for Grants under the Ministry of Health and Family Welfare.

I would like to first of all thank our hon. Prime Minister Shri Narendra Modi ji for the excellent work done during the COVID period. When the whole world was thinking that India will be hit the worst, Modi ji made sure to tell the world where we stand today. Not only did he protect our country people with the free COVID vaccinations in time, but also, exported and helped the other countries during this difficult and most challenging phase of all our lives. During the COVID-19 pandemic, our hon. Prime Minister Narendra Modi's Government implemented various measures to mitigate its impact on India, and launched the world's largest vaccination drive (Covaxin and Covishield). He announced several economic relief packages, including Rs. 20 lakh crore 'Atmanirbhar Bharat Abhiyan' package. The PM CARES Fund has also been established to support COVID-19 relief programmes.

I would like to thank our hon. Prime Minister and our hon. Finance Minister for the excellent Budget of 2024-25. The last ten years have seen exemplary work done by our BJP Government and the Health Ministry. Bharat is now known as, 'The Pharmacy of the World', supplying affordable medicines to 200 countries. The Union Health Ministry has been allocated Rs. 90,958.63 crore in the 2024-25 Budget, which is an increase of 12.5 per cent from the previous

* Speech was laid on the Table.

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year. Out of the same, the Health and Family Welfare Department has been allocated Rs. 87,656.90 crore; the Health Research Department has been allocated Rs. 3,301.73 crore; and the National Tele Mental Health Programme has been allocated Rs. 90 crore.

Now, I come to the other key highlights of the Budget. The budget allocation for the Pradhan Mantri Jan Arogya Yojana (PM-JAY) has been increased from Rs. 6,800 crore to Rs. 7,300 crore. The budget allocation for the National Health Mission has been increased from Rs. 31,550 crore to Rs. 36,000 crore. The budget allocation for AYUSH Ministry has been increased from Rs. 3000 crore to Rs. 3,712 crore. The most important part in this Budget is the customs duty exemptions, which were announced on three cancer treatment drugs – Trastuzumab Deruxtecan, Osimertinib, and Durvalumab. I come from Kalahandi/Nuapada district of Odisha, which is a backward area, especially where health is a mahout issue and needs a lot of work to be done in the coming years. Health is the basis of any development in any area. Health is the greatest fortune and the essential means to achieve all life's goals. People of my constituency have to travel to different areas and States for treatment and this is a big problem which needs to be taken care of and sorted out on an immediate basis. Hence, I would like to request our hon. Minister of Health and Family Welfare Shri Jagat Prakash Nadda for the following:

1. Establishment of a new medical college in my aspirational district, Naupada, under the scheme sponsored by the Central Government named

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Establishment of New Medical Colleges attached with existing District/Referral Hospitals.

2. Modernisation of all the block hospitals to be done with improved and latest medical equipment.

3. Nursing training centre in Junagarh and Kharlar blocks of my constituency.

4. Once a year medical camps in Kalahandi and Nuapada for free check-ups for people of my area which is basic and very important need of the people of my area.

5. There is a huge shortage of doctors and nurses in my constituency. Hence, I would request our hon. Minister to appoint and send necessary and sufficient staff in our area.

6. There is a big problem of electricity back up in the hospitals which needs to be taken care of.

7. Sir there should be subsidy scheme for oxygen manufacturing units and the Government should encourage investors in this field.

8. Establishment of an AIIMS in Bhawanipatna, Kalahandi is needed to provide people there with proper treatment.

To conclude I would like to express my deepest gratitude to our hon. Prime Minister and our hon. Minister of Health and Family Welfare Shri Jagat Prakash Nadda ji for their unwavering commitment to improving health care across our

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nation. Their visionary leadership will be instrumental in developing our health care system.

[Translation]

SHRI SUDHAKAR SINGH (BUXAR): Honorable Chairperson Sir, I have to say with great regret that the budget for health sector is grossly inadequate considering the ever-increasing needs of the health sector of the country this time also. Even more unfortunate is that a look at the trend of budget allocation of the past few years and the state of health facilities in the country clearly shows that increasing the budget for health sector is not a priority of the Government.

We all have witnessed the helpless state of the country during the time of COVID. It seemed that the entire system of health infrastructure had surrendered in front of the horrors of COVID and as a result India had the highest number of people losing their lives due to COVID. It is unfortunate that even a dreaded pandemic like Covid also could not wake us up and this budget allocation is as if we are trying to treat a cancer patient lying in the ICU with paracetamol.

In the most populous country in the world, with more than half of its population living below the poverty line, we will never be able to capitalise on our demographic dividend and will continue to lag behind globally in the absence of excellent and technically advanced healthcare facilities.

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How is it possible for the country to make its strong presence felt at the global level, if the world's most populous country spends only 2 percent of its budget and merely 0.28 percent of its total GDP on health?

The Budget allocation for the Ministry of Health and Family Welfare is Rs 87,657 crore, which may seem a little higher than the previous year, but is in fact lower than the previous year after accommodating the inflation. This Budget is like putting a band-aid on a big wound. The actual allocation for key health programmes, such as the National Health Mission and Ayushman Bharat, has decreased after factoring in the inflation. The current allocations seem to suggest that we are content with a dying health system.

As an MP from Bihar, I would like to draw attention of the House to the pathetic condition of health infrastructure in Bihar and the constant neglect of Bihar in the Union Budget. Bihar is the State with the poorest people and is the most densely populated State in the country. Union Health Minister Shri J P Nadda ji has had a long and old relationship with Bihar. In view of this, I was particularly hopeful this time that special attention would be paid towards improving the health system of Bihar and towards the grants being provided to Bihar from the Union Government. But Bihar has been disappointed this time too.

The provision of only one AIIMS in a densely populated and poor state like Bihar tells the story of insensitive neglect. The way, the construction of AIIMS at Darbhanga has progressed so far, only makes the date of its completion uncertain. Bihar requires at least three more AIIMS apart from Patna and

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Darbhanga AIIMS; otherwise the people of Bihar will continue to be doomed to go to Delhi AIIMS. About Four lakh people from Bihar alone come to Delhi AIIMS for treatment every year, while I am not able to present the number of patients coming for treatment in other hospitals.

Bihar has the poorest doctor-patient ratio in the country. The time to correct this imbalance has arrived. People have to go to Patna even for minor operations in the absence of any anaesthetist in any of the district hospitals. While the Primary Health Centres and sub-centres in Bihar tell the story of lack of basic facilities and adequate number of staff, superspeciality health facilities are non-existent as well. If a hole is diagnosed in the heart of a newborn or an infant, the family members keep making rounds of Delhi or Bangalore.

Facilities for the treatment of heart or kidney diseases are also almost non-existent. The entire health system of Bihar is completely incapable of tackling any infectious disease like COVID. The system of health facilities and treatment for women is also in a pathetic state. Anemia continues to remain a serious problem among women in Bihar. A prompt and continuous anemia screening program is quite essential. The condition of Bihar is worrying in terms of infant mortality rate, maternal-infant mortality rate and cases of malnutrition found in mother and new borns. Doctors do not want to serve in rural areas. This weakens our health system in rural areas and the rural people have to rush to the city for availing medical services. In Bihar, everyone rushes to Patna in case of need of medical services

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The Government should make it mandatory for all Medical Graduates to serve in rural areas for a few years after completing their studies to address this problem. Only then, can we hope for improvement in health facilities in rural areas. A law may also be enacted by the Parliament if needed. The shortage of doctors and specialists in Bihar has increased from 46 percent to 79 percent between 2005 and 2022. The Union Government will also have to pay attention towards this. The health infrastructure in Bihar is in severe crisis. The number of hospital beds per lakh people in Bihar is the lowest in the country at six.

Important aspects have also not been given attention in the Budget. It is required to cover old age people from of all income groups under Ayushman Yojana. Therefore, rules should be relaxed particularly for the senior citizen, divyangjan and people from weaker sections..... (Interruptions)

I demand the establishment of an AIIMS for Bihar so that the people of Bihar do not have to travel to Delhi and Mumbai for better treatment facilities. The construction work of the Medical College approved in Aurangabad has not been started yet due to lack of funds. A big hospital should be built at a tourist place like Deo. Payment of minimum honorarium of Rs 20,000 to rural health workers like ASHA and Mamta should be ensured.

Hon. Chairperson Sir, through you, I demand this from the Government. With these words, I end my speech. Thank you.

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SHRIMATI HARSIMRAT KAUR BADAL: Sir, there is a saying that if there is life, there is the world, Health is wealth. Life is only enjoyable if someone is healthy. Today, If I would like to talk about 140 crore people, health is the most important segment of the Budget, and accordingly a sufficient allocation should be made under this head. As ours is a young country so investment in health sector can increase its productivity. It is unfortunate that the Budget for this sector has not been increased as per expectation. I feel that all of you would agree that there is a huge requirement of doctors in every area. There is an urgent need to increase the number of doctors in all the areas, from villages to cities. This requirement can be fulfilled only when more Medical Colleges and institutes are built and the number of allied services is increased.

I would like to emphasis that thousands of crores of rupees are wasted to build a gigantic statue and an bullet train. This is a good thing. The Government has built many AIIMS or higher institutions but why the Government is acting miserly here? The Government does not release the entire amount of sanctioned grant. The funds have been withheld. The Government should expand the AIIMS network and should sanction thousands of crores of rupees for these institutes rather than withholding the amount of sanctioned grants. Through you, I request the Honorable Minister in this regard. I think the AIIMS Bhatinda was announced in the year 2016. This 750 bedded AIIMS was built within three years. More than 2500 people from the states of Rajasthan, Haryana and Punjab visit the OPD there every day. This AIIMS handles approximately 40 emergencies every day. This hospital is situated between two major National Highways, three State

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Highways and two Expressways. Sir, you will be surprised that this is a 750-bed super specialty hospital situated in the centre of so many highways there. Do you know how many beds are there in the emergency ward? There are only 28 beds. Whether 28 beds could fulfil the operational requirements of that hospital or could these many beds cater to the 40 emergencies? I have been demanding for many years that a 300-bed trauma center be sanctioned. I have also asked for this facility for AIIMS Bhatinda, but the Government is not even paying attention to it. I don't know the reason for setting up such a huge hospital. You should establish a trauma center of 300 beds there for the optimum utilization of the same. People from that area are demanding a hospital.

Secondly, why does the Government withheld one or two crore rupees for small pending dues, whether it is DPR cost or non-DPR? The Government Should release it. Sir, you will be surprised to know that even the sufficient manpower has not been provided there. More than 150 authorized posts of faculty members and about a thousand posts in the non-faculty section are lying vacant there. There is such a huge infrastructure there. The most important thing is that the requirement of machinery procurement should not be kept pending there. My Constituency has large number of cancer patients. When I became an MP, there was a train which was used to run between Punjab and Bikaner and was carrying cancer patients only. When my Government came into existence, we built cancer hospitals etc. and cancer treatment was started there. Till date, PET scan machine has not been provided to this AIIMS. There are large numbers of cancer patients which may fill a complete train with cancer patients.

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I have written so many letters to provide at least a PET scan machine. In Punjab, cancer cases are increasing by 7% every year. The Government has exempted the medicines from tax, this is a welcome move. The Government should provide the PET Scan machine there. This will be a great help to the poor. Women are the most affected, among whom the cases of breast and cervical cancer are very common. Around twenty three thousand deaths cases are recorded there every year.

Sir, I demand high-end ICU ventilators from the Government. You will be surprised that in my entire constituency, no hospital has even an ambulance with a ventilator, which can carry patients to the nearest health care center. **(English)** A high-end ventilator in the hospital as is there in the AIIMS and an ambulance with a ventilator.

(Translation)

Secondly, I am proud of the fact that this hospital has already started a live donor kidney transplant facility. The hospital administration has written that it should be provided to them. The State Organ and Tissue Transplant Organization (SOTTO) gives permission in this regard. The Heart Transplant facility should be started there. This matter is pending for a long time. I request the Hon'ble Minister to get this matter cleared.

As for the other things, the accommodation for doctors and staff has not been constructed yet. There are insufficient rooms in the hostel. If doctors do not stay inside the campus, how will they be available for emergencies? Due to

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this matter, patients have to suffer. I request the Government that instead of spending money here and there, at least release the funds of the premier institutes built by them.

My second demand is that in order to shine its politics, the tussle is going on between the Government of Punjab and the Union Government. Today the Hon'ble Minister has announced that many crores of rupees have been withheld under the National Health Mission, because the State Government has not contributed its due share under Ayushman Bharat Yojana. Due to this, the people are being deprived of its benefits. Similarly, in the branding tussle, the central Government say that the scheme should be in our name and the State Government say that they will name it Mohalla Clinic. In this tussle of naming, people's health facilities are getting ruined. I request the Government to make sure that people do not face any problems. The Aam Aadmi Party government has started Mohalla Clinics as a PR exercise to shine its politics.

They have posted doctors from all health infrastructure here and blood tests are done here. The doctor gets Rs 50 for one test. If we see their tests, we will feel that the whole of Punjab is sick because it has become such a big center for corruption.

I request the Government to not hold such funds, which cause loss to the people. These funds must be granted to Punjab because ultimately people should not suffer in their fight. Today, in the whole country, Punjab is far ahead in spending the most from its own pocket on health services. In this, Punjab's

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expenditure is double the national average because in their fight, all the health services and doctors have been put in Aam Aadmi Clinic and all the government structures are getting ruined.

Sir, I would like to talk about Asha workers in the end. Asha workers have been working since 2008. What can one or two thousand rupees buy today? Their pay grades must be normalized, DC rate should be given and their age limit should be increased to 65 years.

It was said in the Government's manifesto that a Medical college will be opened in every district, but no provision has been made for this in the budget. By the way, the Government had also said that after Covid, a Medical college will be set-up in every district, but it has been four-five years since Covid happened and not a single Medical college has been set-up in Punjab.

Sir, I request that an AIIMS center should be opened in Mansa, which is in my district. The PGI Satellite Centre in Ferozepur was sanctioned in the year 2013. Its foundation stone has been laid twice, but even after 10 years, its building has not been constructed till date. Therefore, I also request the Government to at least complete the projects that you had sanctioned, all of these are approved in health sector.

I would also like to talk about medical insurance and life insurance that a good insurance scheme must be introduced for the small shopkeepers, small business people, those who contribute to GST because if they get diagnosed even with one disease, all their earnings are spent.

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Therefore, through you, I would request and definitely like to say that everything is due for Bathinda AIIMS. I have been demanding a trauma center for the last seven years. I hope that its work will be done soon.

Thank you.

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[English]

DR. HEMANG JOSHI (VADODARA): Thank you, hon. Chairperson, Sir for allowing me to speak on the Demands for Grants under the control of the Ministry of Health and Family Welfare. Before I start, since it is my maiden speech, I would like to thank my party, Bharatiya Janata Party, their leaders, their karyakartas and my beloved people of Vadodara for giving me the responsibility and opportunity to serve as an MP under the able leadership of hon. Pradhan Sevak Shri Narendra Modi ji.

Aarogyam Param Bhagyam, Swasthyam Sarwaarth Sadhanam. Health is the biggest wealth in one's life. It is the only thing with which all the other things can be achieved in life.

The hon. Finance Minister just presented the Union Budget as a roadmap of Viksit Bharat, 2047. There are many important things being focussed on the health and family welfare of our country. I would like to draw your kind attention towards it. As per my analysis, there is a 14-per cent increase in the allocation for the Health Research Department, which is Rs.3,301 crore. There is a 7.4-per cent increase in the allocation for Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, which is Rs.7,300 crore. There is a 19-per cent increase in the allocation for the Indian Council of Medical Research which has played a crucial role - the hon. Minister has just mentioned it in his speech during the Covid time, which is Rs.2,732 crore. There is a 38.5-per cent increase in the National Tele Mental Health Programme.

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When we talk about providing health care experts to Bharat, creating medical education ecosystem is one of the major tasks on which since the last 10 years the NDA Government under the leadership of hon. PM Sir, has worked tremendously. In 2014, the number of medical colleges in Bharat was 387, which has been increased to 706 till the first quarter of 2024, which is a total increase of 82 per cent. In 2014, the number of UG seats in medical education in Bharat was 51,348 which has been increased to 1,08,940, which is a total increase of 112 per cent

Similarly, in 2014, the number of PG seats was 31,185, which has now been increased to 70,674. It is a total increase of 127 per cent. Out of the 157 new colleges that are being opened under the Centrally-sponsored scheme, 40 are coming up in the aspirational districts. A total of three crore and twenty-four thousand plus Ayushman cards have been issued to the beneficiaries. The hon. Pradhan Sevak ji's Antyodaya ideology-based schemes like PM Ayushman Bharat Health Infrastructure Mission, Ayushman Arogya Mandir, PM Jan Arogya Yojana, etc., are significantly benefitting in the improvisation of healthcare in Bharat.

Hon. Chairperson, Sir, this Government has also thought to regularise the allied healthcare professionals' conditions and benefits by passing the National Commission for Allied and Healthcare Professions Act, 2021. With this, I would also like to urge the hon. Minister to provide support under the PM Ayushman Bharat Health Infrastructure Mission to my constituency, Vadodara, as it is

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located in the central Gujarat and is catering to more than five districts for the healthcare services.

Hon. Chairperson, Sir, Bharat's competitive advantage lies in its large pool of well-trained medical professionals. Bharat is also cost competitive as compared to its peers in Asian and western countries. The cost of surgery in Bharat is about one-tenth of that in the US or Western Europe. Bharat has all the essential components for the growth in this sector, including a large population, a robust pharma and medical supply chain. Sir, we have the world's third-largest start-up pool globally with access to venture capital funding and innovative tech entrepreneurs looking to solve the global healthcare problems with AI and machine learning. Industry-wise, Bhartiya health sector is one of the Bharat's largest employers, as it employs a total of more than 4.7 million people. This is the proof that we are going ahead for Viksit Bharat under the leadership of hon. Pradhan Mantri Shriman Narendra Modi ji.

Hon. Chairperson, Sir, along with voicing out the representation of our people, I would also like to speak for some healthcare professionals. Many things have been said about the settlement issue coming in Ayushman Bharat Yojana. There is one technical thing through which we can improve this. During the pre-COVID period, there was an 'x' settlement agency for the Ayushman Bharat scheme, and post-COVID, it has been changed to the agency 'y'. Due to the change of the settlement agency, many dues are pending to our healthcare providers. If we keep it constant, or if we keep the transition smooth, then this problem can be solved. This is just my humble appeal to the hon. Minister.

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Thank you so much for providing me the opportunity to speak.

***SHRI GURJEET SINGH AUJLA (AMRITSAR):** I thank you, Sir, for giving me the opportunity to speak on Demands for Grants under the control of Ministry of Health and Family Welfare.

Sir, the Hon. Prime Minister talks about our country becoming 'Vishwaguru'. However, the Health Ministry Budget is self-revealing. A sound mind resides in the sound body. Sir, just 2.5% have been given in this Budget to the Ministry which is a pittance. The Government must look in this matter. Sir, at international level, physician workforce of India is 7 per one thousand people. However, at international level, it is 17 per one thousand people. We must improve this ratio. Only then can our future generations and children's interests be safeguarded. Only then can their health be taken care of.

Sir, Amritsar is a border area. But, it is connected by air internationally and also by road and trains. Medical tourism can get a boost here. Pakistan is our next-door neighbor. Earlier, people from Pakistan used to visit India, especially Amritsar for getting good treatment of their illness. Treatment is very expensive in Pakistan and economical in India. It will help humanity. All human beings belong to the same species. So, they should be helped. Our people will get employment if we allow Pakistanis to come to Amritsar for treatment of their illnesses. So, we should grant medical visas to Pakistanis.

* English translation of the speech originally delivered in Punjabi.

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Amritsar can become a medical hub. 1 to 1.5 lakh people visit Amritsar. All MPs want to visit Golden Temple. They want to pay obeisance there. Amritsar is a large city. If it becomes a medical hub, it will help one and all.

An AIIMS should be set up in Amritsar. It is a long standing demand of the people of this area. Late Shri Arun Jaitley ji had contested elections from Amritsar. He had promised that an AIIMS will be set up here. An AIIMS was announced for Amritsar. But, the then Akali-BJP Government shifted its location to Bathinda. I demand the Government to accede to my demand. Amritsar caters to Gurdaspur, Pathankot and even Jammu region geographically. 80 lakh people reside in Amritsar. But, there is no institute of the level of PGI or AIIMS. I urge upon the Government to set-up an AIIMS at Amritsar so that people may gain out of this.

Sir, we have Amritsar medical college and Guru Nanak Dev hospital. It is hundred years old. World class doctors have been their alumni and they have made a name for themselves in the world. Their condition has improved a little. When I became an MP for the first time, I contacted the concerned agencies and tried to improve their lot under the National Health Mission. But, a lot more needs to be done in this matter. Earlier, there were 600 posts of Group D employees in the hospital. At present, only 200 such posts are there. There is an acute shortage of Class IV employees there. Cleanliness and hygiene is a casualty. Specialist doctors have to get repaired faulty things. Things are dismal over there. A Committee should go there and probe this matter. An administrator should be posted in Guru Nanak hospital. It should have a civil and an electrical

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wing. We have reputed doctors there. They should concentrate on treating their patients only, not getting faulty things repaired.

There is an acute shortage of gynecologists in Bebe Nanaki ward. Annually, 6500 to 7000 such cases come to the hospital. In the pediatric ward, over 2000 cases are reported. But, there is acute shortage of pediatricians.

A State Cancer Institute is being made. It should be handed over to us so that treatment of cancer patients can begin there. Sir, 75 years ago, the first T.B. hospital of North India had been set up in Amritsar. Its condition is dismal nowadays. Its building needs to be renovated. Sir, a mafia works at a hospital for workers. They refer the patients to private hospitals instead of Guru Nanak Hospital. People are fleeced in private hospitals. If they are referred to Guru Nanak hospital, patients will get free and proper treatment.

Sir, in rural areas, we have one civil hospital, two sub-divisions, CSC are eight, PSC are 44, and health wellness centres are 179. Asha workers are very hard-working. They get meager honorarium. Asha workers are doing hard work so that medical facilities can reach at the ground level. Their pay should be increased substantially.

HON. CHAIRPERSON: Please wind up.

SHRI GURJEET SINGH AUJLA: Sir, I am making very important points.

Sir, doctors are more dedicated towards private practice and less inclined to work in Government sector. Their salaries should be increased.

Sir, nowadays, most of the diseases are due to adulterated foods, and fake medicines. In Punjab, drug menace is also there. Moreover, environment

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degradation is also one of the reasons of illnesses. No action is taken regarding these problems. DHO is not suspended. We must take action against erring officials. Administrators are responsible for the root cause of these problems. Postings of doctors should be done in a wise manner, not to please them.

I will wind up soon. Sir, we have a filthy drain in Amritsar. You will say, this is the matter of pollution. I had asked a question on this matter and the hon. Minister had replied. I am concluding, Sir...

Cleaning/rejuvenation of rivers and lakes is an on-going activity. It is the responsibility of the States, UTs and local bodies to ensure required treatment of sewage and industrial effluents to the prescribed norms before discharging them into the rivers and other water bodies, land or coastal waters for prevention and control of pollution therein.

[TRANSLATION]

Sir, the question is who will punish them? People have fallen sick. If someone says that this is a matter of pollution, then I would like to request the Government to send a Committee to Amritsar. This is very much needed and that Committee should visit Guru Nanak Dev Hospital and submit a report on the water belts in rural areas. Grant budget wherever there is a need, because the State does not have any funds. The Government should release the budget for NRHM and it must also give us a special budget for Amritsar.

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SHRI MALVINDER SINGH KANG (ANANDPUR SAHIB): Hon'ble Chairperson sir, first of all I thank you for giving me the opportunity to speak on the Demands for Grants of the Ministry of Health and Family Welfare.

Sir, as far as the health sector is concerned, today there is immense potential in this sector in the country, and there is also a need for it, because our country has a very large population. The way pesticides and many medicines are being mixed with food grains and food, many diseases are born every day in new ways. Therefore, I feel that a lot of work needs to be done in this sector.

Honourable Chairperson Sir, ever since Bhagwant Mann ji has become the Hon'ble Chief Minister of Punjab, we have made many efforts. We implemented the 'Farishte' scheme, under which there is a vehicle of the Road Safety Force at every 30 kilometres, so that if someone meets with an accident on the highway or road, its job is to immediately take them to the hospital and provide them immediate 'first aid' treatment. Similarly, if any unknown citizen, any common man takes an accidental patient to the hospital, no action is taken against him. Even the Government of Punjab awards that person with a prize of rupees two thousand and no investigation or inquiry is conducted against him. So that people gets encouraged to help others. Under this 'Farishte' scheme, the Government of Punjab has stationed 325 ambulances on all the roads, so that 'first aid' can be given to the people.

Sir, similarly, Bhagwant Mann ji's government has opened about 825 'Aam Aadmi Clinics' during the last two and a half years, in which nearly two crore

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people have got free treatment. 38 types of blood and urine tests are free in these clinics. In this, if there are symptoms of malnutrition or dengue or any other disease in children, then we also diagnose them. As a result, symptoms are identified at an early stage and this leads to early curability. This is a very good model. Recently a global summit was held in Kenya. The Punjab model was appreciated and praised there. I feel that such models should be replicated in the entire country.

Sir, the hon. Minister of the Government of India is also present here. I would like to make one more request to him. Chandigarh, which is the capital of Punjab, has a PGI since a long time. There is a lot of rush there. Patients from Himachal Pradesh, Haryana, Punjab and even Jammu and Kashmir visit there for treatment.

16.00 hrs

If one visits the hospital there, he/she will find that there are long queues in the emergency. I also request the Government of India to set up a medical institute in Sri Anandpur Sahib, which is adjacent to Himachal Pradesh as the majority of patients are coming to Punjab from Himachal Pradesh. If the Government of India establishes a medical institute there, it will serve Himachal Pradesh as well as Punjab too. I would like to urge the Government of India to set up a big medical institute in Sri Anandpur Sahib and initiate the work of setting up the same.

Hon. Chairperson sir, an amount of approximately Rs 1100 crore of Punjab Government is lying pending with the Government of India under

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National Health Mission. Through you, I would like to request the Government to release that amount to the Government of Punjab as soon as possible. The way we are continuously working in the health sector and as people expects it today, the pending amount of Rs 1100 crore under National Health Mission should be released by the Government of India immediately so that the Bhagwant Mann Government can provide better health facilities to the common people.

Sir, similarly, today we see that a lot of youth are going to Russia and other countries for medical education. Our effort should be to establish as many medical institutes and research centers as possible for our youth who wish to pursue medical education and I would like that Punjab should definitely be considered for the purpose.

Sir, my last point is that Punjab is a border State, and a lot of anti-national activities taken place from across the border, particularly the problem of drugs is alarming there. Nowadays they use drones. Hon. Chief Minister Mann Saheb has written to the hon. Minister of Home Affairs that drones should also be registered. Today the Government of Punjab is making efforts to provide treatment as well as employment to the youths arrested on the charge of drug addiction. The Government of India, keeping in view the situation of Punjab, a border state, and the work done by Punjab, should consider an extra grant for the health sector so that the youths should not be decriminalized and they should be taken care of.

I thank you for giving me an opportunity to speak.

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[ENGLISH]

***CAPTAIN VIRIATO FERNANDES (SOUTH GOA):** India has a growing population and health of the people becomes a primary factor in determining the health of the country at large.

The National Health Policy, 2017 recommends Government health expenditure (State and Centre combined) to be 2.5 per cent of GDP. However, the Budget indicates that the allocation of funds in the present Budget of 2024-25 is far short of the target set in the policy of 2017, thereby severely affecting the preparedness of the Government in tackling any untoward health crisis or ensuring the good health of the people and its country. The decline in allocation of funds with respect to the GDP is far below the allocation of funds vis-à-vis the GDP of other countries like China, USA, Korea, UK etc.

Government should put thrust on PHCs and CHCs so that the pressure on the district hospitals is reduced. The PHCs and CHCs in Goa are ill equipped and hence in most cases, the patients have to be referred to district hospitals, thus, putting additional avoidable pressure on the staff at the district hospitals.

There have to be sufficient number of ambulances for each village/town so that the immediate attention is accorded to the patients in case of emergency. The ambulances should be armed with CARDIAC facilities/equipment. The doctors and staff, both medical and non-medical should be provided with

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protection by posting police personnel, and this is warranted because many at times relatives get excited and unruly and can cause harm to the medical and non-medical staff. There should be a policy of a canteen facility being provided/set up in hospital premises to cater for the needs of attendants/relatives who have to stay in the hospitals to attend to the patients. There should be a cancer testing facility at every district hospital to ensure that the disease is detected at an early stage and the patient can be referred to treatment as soon as possible. Each district and sub-district hospital should have basic medical facilities/equipment like X-Ray machines, ECG machines, Radiography, Sonography, etc and also trained staff to man the equipment and offer facilities for the patients. Every PHC, CHC and district hospital should have a pathology fat and blood testing facility. Additionally, there should be a collection centre to ensure that the blood testing facility is extended to the remotest places.

The Ministry of Health and Family Welfare should think of commencing a facility of sending doctors to each village once a month for a health check-up, thereby collecting data on health issues for ensuring preventive care in health sector. The Government, instead of trying to set up institutes like AIIMS, should concentrate in upgrading the existing health facilities like PHCs, CHCs, district hospitals, etc. so that the medical facility standards available to the people in each village, town/district is brought to a commendable high level before allocating funds for new facilities like AIMS. The Ministry for Health and Family welfare should seek information from the State Governments regarding manning plans and their fulfilment to ensure that there is no shortage of staff.

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*** DR. MOHAMMAD JAWED (KISHANGANJ):** Insufficient investment in public health infrastructure can have negative consequences on access to healthcare, and consequently on health indicators. The National Health Policy, 2017 recommended that government expenditure on public health should be at 2.5% of GDP. However, the Economic Survey 2022-23, showed that the public health expenditure was at an estimated 2.1% of GDP.

There are 245 government medical colleges and hospitals in the country. According to the National Health Profile 2021, India has 825,235 hospital beds, which is 0.6 beds per 1,000 people. A report states that India needs an additional 2.4 million beds to reach the WHO recommended ratio of 3 beds per 1,000 people. The 75% Round of the National Sample Survey revealed that there is a significant gap in out-of-pocket treatment costs between the private and public sectors. In 2017-18, the average medical cost of hospitalization was Rs 4,452 in government hospitals. In rural areas, the average out-of-pocket cost for non-childbirth hospitalisations was Rs 4,290 in government hospitals.

Pradhan Mantri Swasthya Suraksha Yojana aims to do the creation of new AIIMS and upgrading the Government Medical Colleges. Under the Scheme, 22 new AIIMS are to be established, of which only six are operational. The budget allocation from 2021-2024 for PMSSY (Pradhan Mantri Swasthya Suraksha Yojana) has seen a steady reduction from 2021-2024. From an estimated Rs. 9270 crores to Rs. 8,270 to Rs. 3,365, causing an overall decline of 59%

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- Out of Pocket Expenditure (OOPE) is significantly higher for secondary and tertiary care, especially for cancer treatment. The Standing Committee on Health (2022-23) noted that patients resort to cancer treatment in private hospitals despite their high cost because there are only 50 public tertiary government hospitals offering cancer treatment. Further, radiotherapy treatment is also expensive.
- The Central Ground Water Board (CGWB) and Geological Survey of India, released a report in 2022 saying that the amount of uranium in groundwater has been detected to be more than the WHO-prescribed limit in 9 districts of Bihar including Kishanganj. The consumption of uranium water can cause thyroid cancer, blood cancer, bone marrow depression, and kidney disease.
- According to the chairman of the Bihar State Pollution Control Board, uranium is a chemo-toxic and nephrotoxic heavy metal and affects the kidneys and bones in particular.
- In a study of the elderly in Kishanganj, Bihar, it was observed that the prevalence of anaemia, cataracts and hypertension were quite high, 63.75%, 61.25%, and 50.63% respectively
- Types of Addiction like Alcohol Consumption, Tobacco Smoking, and Opium are leading to disability and premature death.

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- Labor Institute in Bombay, a unit of the Labor Ministry of India researched that a total of 59.1% of Bidi workers are suffering from respiratory morbidity.
- The International Labor Organization (ILO) cites ailments such as tuberculosis, asthma, anaemia, giddiness, eye problems, and gynaecological difficulties among bidi workers.
- A 2015 study, found the presence of heavy metal ions like chromium, copper, and fluoride contamination in the drinking water of Kishanganj, which has lead to dental fluorosis in 53.6% and skeletal fluorosis in 11.2% population.
- The NITI Aayog Report showed that on average, a district hospital in Bihar has just six beds per 1 lakh population the lowest among all the states and Union territories, the NITI Aayog Report showed
- There are 12 medical colleges in Bihar, none in Kishanganj. According to the 2021 Multidimensional Poverty Index (MPI), Kishanganj is the poorest district in Bihar, with 64.75% of its population living in poverty. In the absence of any government-run hospitals, only private hospitals remain an ultimate option further exacerbating poverty due to medical expenses.

Health in India failed due to a lack of planning guidelines, delays of up to five years, shortages in faculty posts, and shortages of hospital beds. Investment in Health Research in 2023-24 has been allocated Rs 2,980 crore, which is only

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3% of the budget whereas the recommended is 5%. The allocation towards infrastructure development for health research has decreased from Rs 152 crore in the 2022-23 Revised Estimate to Rs 150 crore in the 2023-24 Budget Estimate.

- People often rush to different AIIMS for terminal illnesses like cancer.

These aforementioned issues can be dealt with by a government-backed health and research institute like AIIMS in Kishanganj and other government medical colleges for better research and health facilities. A few suggestions for the Kishanganj district in Bihar could be the following:

- A Dental College in Baisi block, Purnia district
- Oncology Institute in Thakurganj, Kishanganj district
- Nephrology and Urology in Pothia, Kishanganj district
- Institute for Liver and Biliary in Bahadurgarh, Kishanganj district
- Nursing college, Bahadurganj

[Translation]

SHRI DILESHWAR KAMAIT (SUPAUL): Speaker Sir, thank you for allowing me to participate in the discussion on the Demands for Grants for the year 2024-25 related to the Ministry of Health and Family Welfare. Thank you.

Sir, I would like to express my sincere gratitude to the Hon. Prime Minister and the Minister of Health and Family Welfare that keeping in mind the global

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standards in the health sector, a provision of about Rs.90 thousand 659 crore has been made in the budget. Out of the said fund, about three thousand two crore rupees have been earmarked for research work, which will play an important role in bringing fundamental changes in the health sector.

Sir, it is the duty of the Department of Health Research to conduct medical research. There is a need to pay more attention to research on health in the country today. The progress of any country depends only on research. Therefore, the Government is emphasizing on research work, which is a welcome step.

Sir, the main job of the Ministry of Health and Family Welfare is to regulate the health system and to implement the Government schemes as well as medical education. Today, there is a need to lay more emphasis on the public health system in proportion to the population of the country and the number of people living below the poverty line, so that the best medical care can be provided to the common people. In addition to the hospitals, the shortage of doctors is being addressed.

16.04 hrs

[Shri Jagdambika Pal *in the Chair*]

Sir, the doctors studying in Government medical colleges and institutions, running on public fund through the tax of the common people, mostly go abroad and do not return. My opinion is that the Government should stop them and doctors who have studied in Government colleges should be mandated to work in the rural areas for at least five years, because doctors do not want to serve in the rural areas. AIIMS has proved to be a boon for their respective areas.

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Hon. Chairperson Sir, we have faced the COVID-19 pandemic recently and our health system has been praised across the world. The most backward States like Bihar needs special attention.

Bihar has limited resources. It needs the Centre's help to do more for its people. I request the Hon. Minister to help Bihar by providing a special package.

Sir, with the opening of Jan Aushadhi Kendras, the poor people are getting a lot of benefits of medicines at low prices. With the receipt of the Pradhan Mantri Ayushman Bharat card, free treatment facility up to Rs 5 lakh is being provided for incurable and major diseases. Ayushman cards are being prepared for the people under the ' Aapke Dwar Ayushman ' programme, which is very commendable.

Sir, I belong to Bihar. The Government of Bihar and our Hon. Chief Minister Shri Nitish Kumar ji have done and are doing a lot of works in the health sector and are fulfilling the goal of setting up a medical college in all the districts of the state. A medical college has also been approved and work has been started in Pipra under my parliamentary constituency. For this, I express my gratitude to the Hon. Energy Minister Shri Bijendra Prasad Yadav and Hon. Chief Minister Shri Nitish Kumar ji.

Sir, through this House, I would like to put up some important demands of my constituency. An Ayurvedic hospital should be opened in my border Parliamentary Constituency Supaul. Secondly, an AIIMS should be established in Supaul or Birpur in Kosi region, so that the people of North Bihar can avail the proper benefits of treatment. The number of cancer patients in Bihar is

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increasing significantly. There is not much facility for cancer treatment. I request the Government to sanction at least, one cancer hospital there.

With these words, I conclude my points.

***SHRI BIDYUT BARAN MAHATO (JAMSHEDPUR):** I would like to express my gratitude to our Hon'ble Prime Minister and Hon'ble Minister of Finance who have presented the Budget 2024-2025. This Budget would ensure the development of every sector of the country and would fulfill all the needs of the public.

In this Budget we have got a glimpse of special attention and serious efforts towards the health sector, which is not only an indication of strengthening the health infrastructure of our country, but it is also an important step towards improving the standard of living of our citizens. In this year's Budget, a total of Rs 87,656.90 crore has been allocated for the health sector of the country, which will be used entirely to strengthen the health sector of the country. We all know that a healthy society is the foundation of a prosperous society. This new initiative and investment being extended to the health sector is a positive step in this direction. The priority given to the health sector in this Budget not only meets the needs of today but also lays a strong foundation for the future.

The way Hon'ble Prime Minister has prioritized the healthcare system of the country is truly commendable. The significant increase made in the Budget Allocation for the development of healthcare services shows that the

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Government considers the well-being of its citizens as the top priority. This Budget is a revolutionary step towards ensuring better healthcare services, high quality medical facilities and a strong health infrastructure to every citizen of our country.

I would like to put up before the House following demands related to the development of my Parliamentary Constituency:-

1. My Parliamentary Constituency is bordering West Bengal, Odisha and Jharkhand. Due to the absence of any AIIMS hospital or any hospital with facilities like AIIMS in the vicinity, not only the people of Jharkhand but also the people living in the border areas of West Bengal and Odisha have to face health related problems. An AIIMS hospital or a hospital with facilities like AIIMS must be established in Jamshedpur.
2. The problem of hygiene and cleanliness in MGM Hospital in Jamshedpur is increasing day by day. There is an acute lack of management inside the hospital. There is also a lack of state of the art equipment due to which the common man has to face lack of facilities in getting treatment. Sir, proper arrangements must be made for staff availability and medical equipment for this hospital.
3. There is a need to convert the ESIC Hospital located in Jamshedpur into a Medical College as at present there is no medical college available in this area due to which students desirous of medical education have to go to far-off cities for getting medical education.

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So in the end, I would like to thank the Hon'ble Prime Minister and the Hon'ble Minister of Finance for their vision and dedication and hope that the Hon'ble Minister of Health and Family Welfare would fulfill my above demands by making Budgetary provisions so that the health services in my Parliamentary Constituency can be improved. Thank you.

DR. LATA WANKHEDE (SAGAR): Sir, I am extremely proud to have this opportunity to present my views before this House on the Demands for Grants for the Ministry of Health and Family Welfare. The subject we are discussing today is not only the foundation of our country's future, but also directly affects the quality of life of our citizens. The health sector is extremely important for the prosperity and progress of any nation, because only a healthy citizen can build a strong nation.

Sir, this Budget for the year 2024-25 will write a new chapter for New India. Under the leadership of our illustrious Prime Minister Shri Narendra Modi ji and as a result of the vision of Hon'ble Finance Minister Smt. Nirmala Sitharaman ji, Health Minister Hon'ble Shri Jagat Prakash Nadda ji, the health budget has increased significantly. This budget is commendable. The developed picture of a developed India, which our visionary Prime Minister has seen, will definitely take shape very soon.

Sir, the Central Government is very sensitive and serious about health services. For the poor and middle class, who are unable to get treatment for incurable diseases, for their better treatment, the Hon'ble Prime Minister has

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launched the most ambitious scheme Ayushman Bharat, in which the government has borne the cost of treatment of crores of people. This scheme has proved to be a boon for the poor and middle class people. I would like to congratulate and thank the Hon'ble Prime Minister for the successful implementation of this scheme.

Sir, our opposition colleague Hon'ble Member had made a comment in a few lines while discussing the budget. He had said:

“tumane chaaha nahin haalaat badal sakate the,
mere aansoo teree aankhon se nikal sakate the.
tum to thahare rahe jheel ke paanee kee tarah,
dariya banate to bahut door nikal sakate the.”

Sir, through you, I would like to reply to this. You can look at the statistics, the picture of the last 60 years and the achievements of the NDA government led by the Honorable Prime Minister in the last 10 years, they will come to know who is the right person and who is the wrong person. After seeing their attitude in this House, I have started feeling that:

“ham laakh chaahen log haalaat nahin badalane denge,
par peeda ka dard simatane nahin denge.
jheel jharane hain varadaan eeshvar ka,
ham dariya to hain par ise bahane nahin denge.”

Now, I would like to place certain demands of my constituency before the hon'ble Minister. Where there is illness, there is treatment. In my Lok Sabha Constituency Sagar, 72.40 percent of the population lives in rural areas. The Lok Sabha constituency I represent comes in Bundelkhand region and the source of

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income of the people living in this region is agriculture. Most of the population lives in rural areas. It has been observed that in the rural areas, there is a shortage of doctors and nursing staff and basic health system in the primary health centers, due to which the natives of the villages have to depend on urban health units for treatment, which is very expensive and painful. Considering this, I demand improvement in the health system in the primary health centers. Sagar is the headquarters of the entire Bundelkhand, which covers about 12 districts. I demand AIIMS and PGI for there. This will benefit a very large population of the entire Bundelkhand with health facilities. AIIMS Bundelkhand will benefit the population of 10 Lok Sabha constituencies and more than 50 assembly constituencies, including Damoh, Tikamgarh, Chhatarpur, Panna, Newari and nearby districts Lalitpur, Jhansi, Khajuraho, Narsinghpur, Vidisha and Datia. Along with this, Sagar Lok Sabha's Sagar Narayavali, Surkhi, Rahli, Banda, Khurai, Sironlateri, Shambasabad, Kurwai and Veena assembly constituencies will also benefit from it.

I would also like to draw the attention of the House to the fact that the total sanctioned posts of first class specialist doctors in the medical cadre posted in Sagar district of Madhya Pradesh are 116, but only 41 of these posts are filled, the remaining 75 posts are vacant. The total sanctioned posts of third class specialist doctors in the medical cadre are 159, but only 89 of these posts are filled, the remaining 70 posts are vacant and there is also a shortage of nursing staff. Recruitment is expected on these very soon. In light of this, I request the

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Hon'ble Health Minister to allocate budget under the appropriate head and scheme in this direction.

Keeping in mind the social, geographical and financial situation of Madhya Pradesh, the Bundelkhand region is backward in comparison to mainstream health services prevalent in the state. I hope that the benefit of 123 percent increase in PM ABHIM scheme will also reach all the areas of my Lok Sabha constituency Sagar and Bundelkhand. Not only hope, but I have full confidence. The health sector has also been given priority in the upcoming budget. A provision of Rs 1680 crore has been made for district and civil hospitals and dispensaries.

There is a provision of Rs 1413 crore for the establishment and operation of primary health centers. A provision of Rs 981 crore has been made for the Prime Minister Jan Arogya Yojana Ayushman Bharat. For this, I want to congratulate the government. I appeal to the House to support these grants by approving them so that we can make our country and state a leader in the field of health and provide a healthy, safe and happy life to our citizens.

The entire nation is grateful for the vision of the Hon'ble Prime Minister, Hon'ble Finance Minister and Hon'ble Health Minister, who have brought about significant improvements in the health services through various schemes and benefited everyone. Thank you.

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***SHRI DILIP SAIKIA (DARRANG- UDALGURI):** Thank you for giving me opportunity to present my views in the House during the discussion on the Demands for Grants pertaining to the Ministry of Health and Family Welfare.

Under the able leadership of Hon'ble Prime Minister Shri Narendra Modi ji, the Minister of Finance Shrimati Nirmala Sitharaman ji has made a historic allocation of Rs. 87,657 crore for the Ministry of Health and Family Welfare in the Budget for the year 2024-25 and Rs. 3,301 crore has also been allocated for the Department of Health Research.

The UPA Government had allocated only Rs. 37,330 crore to the Ministry of Health in the year 2013-14. The current Government led by Shri Modi ji has made an unprecedented increase in this allocation during the last 10 years and has allocated 134 percent more funds this year as compared to the year 2013-14.

The Government led by Hon'ble Modi ji has undertaken historic works in the health sector in the country during the last 10 years and today a strong healthcare infrastructure is in place in India. The Union Government has worked to create a health model with various policies and schemes, which embodies the spirit of '*Sarva Jan Hitaya, Sarva Jan Sukhaya*' i.e. the welfare and wellbeing of all. The Infant Mortality Rate, which was 39 per 1000 live births in the year 2013-14, has reduced to 28 per 1000 live births by the year 2022-23. The Maternal

* Speech was laid on the Table.

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Mortality Rate which was 167 per one lakh pregnant women in the year 2011-13, has reduced to 97 per one lakh pregnant women by the year 2020. The number of medical colleges in the country was 387 in the year 2014, which has increased to 731 during the last 10 years.

Since independence till the year 2014, the number of All India Institutes of Medical Sciences in the country was only seven, which has increased to twenty five during the last ten years, out of which four are still under construction. Bringing an unprecedented revolution in the field of health services, more than eleven thousand Jan Aushadhi Kendras have been opened across the country under the leadership of Hon'ble Modi. More than one lakh sixty thousand Ayushman Bharat health centers have also been opened. Under Mission Indradhanush, more than five crore mothers and children of the country have been vaccinated and they have been immunized from serious diseases. During the last ten years, there has been an unprecedented increase in health services in the Northeastern States of the country as well. Institutes like RIMS, RIPANS, NEIGRIHMS and Assam AIIMS have been developed. In the Northeastern States 23 new Medical Colleges have also been opened. Bringing a revolutionary change in the cancer treatment field, the Hon'ble Minister of Finance has exempted three major cancer drugs from customs duty resulting in their price reduction and providing relief to cancer patients. The Budget has also announced reduction in customs duty on components of X-ray tubes and digital detectors.

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This Budget reflects the commitment of the Government towards promotion of health sector, eradication of disease and strengthening of public health services in the country. I once again express my gratitude to the Hon'ble Prime Minister Shri Narendra Modi, Hon'ble Minister of Finance Shrimati Nirmala Sitharaman and Hon'ble Minister of Health and Family Welfare Shri Jagat Prakash Nadda for the historic reforms made in the health systems and services of the country and for the unprecedented upgradation in the infrastructure during the last ten years. I support this Budget. My demands for my Parliamentary Constituency from the Government is that a 100 bed Ayushman Hospital must be set up in Udalguri district under my Parliamentary Constituency. One Ayush Wellness Center each must be opened in Sipajhar, Rangia, Kamalpur, Goreswar, Majbat, Tamulpur, Bhergaon, Tangla, Mangaldoi, Dalgaon and Udalguri Assembly constituencies under my Parliamentary Constituency. Assam State is a flood prone area so as many mobile medical units as possible must be provided to all the districts here.

[English]

***SHRI RAO RAJENDRA SINGH (JAIPUR RURAL):** I would firstly like to express our sincere commendation to the Ministry of Health and Family Welfare (MoHFW) for its outstanding and unprecedented achievements under the able stewardship of hon. PM Shri Narendra Modi Ji. By the means of this demand, I

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seek to address to you a few matters of immense public importance that have been brought to my attention.

The National Health Mission (NHM) Rajasthan has rolled out the National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Diseases and Stroke (NP-NCD). In 2022-24, sanction of Rs. 420 crore has been received for Human Papilloma Virus (HPV) Vaccine procurement of prevention of cervical cancer. It has been informed that the Government of India is launching the HPV vaccination through Universal Immunization Programme (UIP) in selected States in a phased manner. IPV vaccines are not available in the State Government hospitals, even though the health department conducts screening for cervical cancer to detect it in early stages. For initiation of IPV vaccine in the State of Rajasthan, we would like more information on if the HPV vaccine is to be provided by Gol or it is to be procured by the State Government directly. By the means of this demand, however, we would request that the state of Rajasthan be included in the first phase of Human Papillomavirus (HPV) vaccine campaign against cervical cancer

The National Board of Examination (NBE) has approved 496 Post MBBS Diploma seats in various Government Hospitals of the State Government in 08 different specialities. As per a National Board of Examination (NBE) letter dated 02.06.2022, up to 50 per cent seats of the Post-Diploma Courses can be filled up by in-service doctors (reserved). It has been also stipulated that if seats for in-service candidates remain vacant after counselling, then also State cannot

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fill-up these seats by non-service candidates. Counselling for admission to PG and Post Diploma courses in various Medical Colleges and Hospitals for academic year 2021-22 was recently held. In this counselling, out of 248 seats reserved for in-service candidates of the State of Rajasthan, 90 seats were left vacant. The State Government has wanted to fill up the seats from the residents of Rajasthan who will likely serve Rajasthan State after completion of the course. Out of 248 seats filled up through Central Counselling, only 13 candidates of Rajasthan State were selected, and remaining candidates are from outside Rajasthan. In this Scenario, the State Government does not find it appropriate to reduce the number of seats filled up by State counselling giving more seats to the Central Pool. Therefore, it is requested that provisions for in-service doctor's seats in the present policy may be reconsidered and leave it to the State Government to decide the reservation policy for NBE Post MBBS Diploma seats to be filled through State counselling as per the practice of PG seats. NBE is requested to allow the State Government to fill up State quota seats from non-service candidates during the second round if these seats are not filled up by in-service candidates

The state of Rajasthan has been implementing the Community Health Integrated Platform (CHIP) to facilitate a digital health census and longitudinal tracking of multiple national health program verticals. ASHA, ANMS and Medical Officers who use the CHIP platform could benefit from sharing the data collected directly with various portals and applications i.e., HWC E-sanjeevani NCD & Nikshay, etc. in order to perform further follow-ups and leverage solutions to

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support adherence. The integration with softwares/portals will be helpful to develop the auto calculation mechanism for TBI & PBI (team based incentives & performance based incentives) directly based on the collected line list. Therefore, I would like to urge the Government of India to provide the necessary API documentation to facilitate integration interoperability between CHIP and the HWC E-sanjeevani NCD softwares/portals.

Among some larger issues that we would like to draw your attention to, is the Primary Healthcare Infrastructure (PHI) in the country. Each PHC is required to have four to six beds. As of 2021-22, 74 per cent of PHCs had a minimum of four beds. However, PHCs in certain States fell significantly short of the mark. These include: Odisha (10% PHCs having at least four beds). Assam (37%), Bihar (41%). In 2005, the Ministry aimed to have 50% of PHCs open 24 hours by 2010. Each CHC is required to have four kinds of specialists on-board. As of 2021-22, only 10% of all CHCs had all four specialists on-board. According to NITI Aayog (2021), 72% of all hospital beds were located in urban areas. Another is a suggestion in relation to the establishment of Mobile Surgical Units (MSUs) in areas proximate to any AIIMS in the State of Rajasthan or any other State. This will help address the issue of a lack of doctors in some PHCs and CHCs in our country most importantly in far-flung areas of the nation which are lacking in the presence of such facilities. These MSUs have existed in multiple States prior to being shut down by their respective Governments due to paucity of funds. A facility like this would be instrumental in providing “surgery at the doorstep” to the most deprived sections of the society and with help surgical

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facilities to penetrate the most far-flung areas in the country. Therefore, a financial grant by the Government of India or the local AIIMS for such a facility would be deeply appreciated.

Therefore, by the means of this demand, I request you to take the matters into cognizance and provide redressal to essential grievances of citizens of my constituency and the Bharat at large.

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Hon. Chairperson, Sir, first of all, I would like to thank you for giving me an opportunity to speak on behalf of the people of Nandurbar Lok Sabha constituency in the discussion on Demands for Grants pertaining to the Ministry of Health and Family Welfare.

Sir, this is a subject which needs to be reflected upon and I would like to use this opportunity to highlight the status of the budget allocation of the Ministry of Health and Family Welfare, its effectiveness and its shortcomings. In the financial year 2023-24, out of the budget of Rs. 89,155 crore, only Rs. 80,517 crore were spent. This means that the unspent amount was around Rs. 8,600 crore, which amounts to around 9.7 per cent and shows that there is an inability in fund allocation and utilisation thereof. This issue needs to be addressed at the earliest.

The budget this year for the Ministry of Health and Family Welfare is down by three per cent. The decline is in keeping with consistent cuts in health spends by the Government despite the claims made after the COVID-19 pandemic that

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shook the system. This is more than what the Finance Minister, Shrimati Nirmala Sitharaman, allocated as establishment expenditure of all new 16 AIIMS-like institutions, which was around Rs. 6,800 crore. Instead of letting the budget going unspent, the hon. Minister should have allotted at least one AIIMS to North Maharashtra or any part of the State of Maharashtra.

Hon. Chairperson, Sir, I would like to directly come to the demands for my constituency. A super speciality hospital like AIIMS is needed in tribal areas to provide quality healthcare facilities in the State and the country. Nandurbar district is in the border region, between Gujarat and Madhya Pradesh, and there are tribals living in Gujarat as well as Madhya Pradesh. This area is dominated by tribals and there are many health problems faced by the people of these areas. If an AIIMS is established for quality healthcare facilities in this area, these three States will benefit immensely.

Sir, I would also like to state that there is sickle cell disease in tribal areas. When I say 'tribal areas', I do not talk only of my Nandurbar Lok Sabha constituency; it also includes Dhule, Nashik, Thane, Melghat and Gadchiroli in the State of Maharashtra. The sickle cell disease is a genetic disorder disease.

This is an inherited blood disease and it causes your blood platelets count to drop significantly. This kind of disease takes a heavy toll on many lives of the tribal people. So, I will request the Central Government that it should provide at

* ... *English translation of this part of the speech was originally delivered in Marathi.

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least a certain amount of fund for setting up up-to-date hospitals, research centres as well as treatment centres.

Sir, I would also like to state certain points about the national highways. A lot of road accidents take place on the national highways which run through my constituency and other constituencies of Maharashtra as well.

HON. CHAIRPERSON: You want to mention regarding the Ministry of Road Transport and Highways, but you are supposed to speak on the Demands for Grants relating to the Ministry of Health and Family Welfare.

ADV. GOWAAL KAGADA PADAVI: Yes, I mentioned that.

I thought there is a constraint of time. Therefore, I was speaking on behalf of my constituency.

HON. CHAIRPERSON: Here, I think, the Minister will take a note of what you talk about health-related affairs.

ADV. GOWAAL KAGADA PADAVI: Yes Sir, I was mentioning about the national highways because there should be a trauma centre at the national highways as lot of accidents happen on national highways which result in head injuries, leg impairments etc. That is why, these issues are related to health.

Sir, I would also like to speak about the cardiac care ambulance which is an advanced life-support ambulance and has lot of facilities, which will definitely be helpful to the tribal people because these tribal areas have mountainous areas also and it is very difficult to reach certain patients. If such cardiac care ambulances are there, definitely the lives of these patients could be saved.

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Also, I would like to submit that the Central Government has started '108' Ambulance Facility in Maharashtra. In Nandurbar Lok Sabha constituency, many of the ambulances have completed 2.5 lakh kilometres by now. The ambulances are allocated and made available, but they are not maintained. If they are not maintained, they are simply lying over there. For that very reason, I request the hon. Minister that the maintenance of these ambulances should be taken into consideration urgently.

There is one very important request. In Nandurbar Lok Sabha constituency, and also many other districts, there is no facility of MRI and CT scans. I would request, through you Sir, the Government that MRI and CT scan facility should be made available in every district because certain patients have to travel long distances for getting these facilities. From Nandurbar, they have to travel all the way to Nashik or Mumbai for CT scans and MRI facility.

Sir, I come to my last request. The number of cases of malnutrition is very huge in tribal areas. Under NRHM Scheme, mothers in tribal areas are paid a certain amount, pre-delivery and post-delivery. That is not enough because post-delivery, there is hardly any employment opportunity in tribal areas and the mother works till the delivery date. The physical exertion affects the health of the baby, and she goes to work immediately after delivery. So, the baby cannot be taken care of. Some provision needs to be given for that.

I would also like to say that mental health issue is a very important issue. There is an 18 per cent GST for mental health services. I would request the Government to reconsider this and remove the GST rates on this. A colleague

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of mine also mentioned about high out-of-pocket expenditure which has reached 50 per cent. As per survey, it should be 30 per cent. As per WHO standards, the health sector should receive around five per cent of the GDP. America has 17 per cent; China also has a higher percentage; and Turkey also has more than five per cent. India should reconsider that. There is a saying: "Health is Wealth". But apparently, in this Government, there is no wealth for health in the Budget.

Thank you, Sir.

[Translation]

SHRIMATI RUCHI VIRA (MORADABAD): Hon. Chairperson Sir, thank you for giving me the opportunity to speak on the important topic of Health Budget. I would also like to thank the respected voters of my constituency for giving me the opportunity to represent them to the august House of the country. In the budget, the Government has not allocated enough funds as per the requirements of a large state like Uttar Pradesh.

In Uttar Pradesh, the Government has set a record of distributing 4.83 crore Ayushman cards. Under the Ayushman Bharat Yojana, advanced quality treatment technology should also have been inducted for the poor class, so that the poor people could avail the full benefit of this scheme in hospitals. There is a proposal to have 18 per cent GST on the premium amount of the health insurance scheme, which needs to be reduced. 18 per cent GST is too high. There is financial stress on the public. I demand that the Government should consider reducing the GST rate.

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Sir, the health coverage under the Ayushman Bharat Yojana is Rs. 5 Lakh. It should be increased to Rs.10 lakh. If infertility treatment is included in the Ayushman Bharat Yojana, then childless couples will be able to avail the benefit of IVF facilities. It should be contemplated to be incorporated to the Ayushman Bharat Yojana.

I would like to draw the attention of the Government to the health system of my Lok Sabha constituency Moradabad which has a population of about 36 lakhs. In the name of Government health system against 36 lakh population, there are a total of 768 beds in the district and a total of 113 doctors. There are 3 ICUs, one of which is non-functional. There are neither MRI nor CT scan or the ventilator facilities available. When patients are referred to hospitals in Delhi, many patients die on the way. Most of the patients suffering from serious ailments neither get admission, nor beds, nor do they get the treatment in Delhi Hospitals. I would like to request the Government to formulate a concrete policy so that the referred patients may be admitted and treated. According to the NSS survey, we are able to provide Government health services to only 27% of the patients in Uttar Pradesh, whereas the treatment in private hospitals is 7 times more expensive. Due to the poor public health system, 73 percent of the population is compelled to get treatment in seven times more expensive hospitals. Under the Rajiv Gandhi Shilpi Swasthya Bima Yojana, every artisan and his family were given free treatment worth Rs 37,500. After 2014, this beneficial scheme was discontinued.

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Sir, my request to the Government is that my constituency, which is popularly known as Brass City, has lakhs of artisans. Discontinuation of the said scheme has caused them to lead a miserable life.

Therefore, I demand that this scheme or any other similar scheme should be launched for artisans and craftsmen, so that they may get concession in any kind of treatment. In the year 2014, the Hon. Prime Minister had talked about setting up AIIMS in every division. My constituency Moradabad is the centre of western Uttar Pradesh and generates the highest corpus of foreign exchange in Uttar Pradesh. I would like to request you to kindly set up an AIIMS in Moradabad. With the setting up of AIIMS, many nearby Divisions and the people of Uttarakhand will get the benefit of the health services. Thank you.

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[English]

DR. PRADEEP KUMAR PANIGRAHY (BERHAMPUR): Thank you, Sir. It is a rare opportunity for me that you have given me permission to speak in this august House on the Health Budget presented by the hon. Minister.

Health is a very touchy, sensitive and a very important subject. Health is considered the first wealth of the nation. We also consider health as the greatest wealth of the nation. If health of the nation is of the highest order, then the nation's growth, progress, and prosperity lie in the health of the nation.

On this basis, since Independence India has seen three health policies, and the latest health policy was brought in 2017 under the able Prime Ministership of Yashasvi Narendra Modi ji, which covers universal healthcare, accessibility to quality health services and also health access to the remotest part and all sections in our society. On that basis, in the last 10 years, we have seen a sea change in health policy and health services across India.

The health policy has given ample opportunity to create good health infrastructure across the nation by different Budgets in phase-I between 2014-2019, 2019-2024 and in the second half of 2024 as part of the Modi Government. The Budget has increased considerably from that of the UPA Government in 2012-2014. Rs. 36,0000 crore was the last Budget by the UPA Government. Now, under the NDA Government, the Budget has increased 250 per cent to Rs. 91,000 crore. This shows the intention of the Government and intention of the

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hon. Prime Minister, Health Minister and Finance Minister to show how much priority is given to the health sector.

Looking at the health aspect, people are benefited with Rs. 35,000 crore given under the Ayushman Bharat Scheme. 1.5 lakh Health and Wellness Centres have been established throughout India for well-being of the nation's citizens. Another important scheme introduced is for the senior citizens, that is those above 70 years of age. They are covered under the Ayushman Bharat Scheme to reduce health burden on their families.

As regards medical colleges, it has already been revealed by our hon. friends and colleagues that health institutions, particular medical colleges have increased in post-Modi period that started from 2014 onwards. At present, the number of medical colleges has increased to 731 as compared to the UPA regime which had only 387 medical colleges. The number of MBBS seats has increased to 1.08 lakh which is a 100-per cent increase. This means, the Government is serious about the health issues of the people of the nation.

In this connection, the Union Budget of 2024 stands as a beacon of hope and progress in our nation's journey towards a healthy and prosperous future. It signifies the commitment of our Government to prioritise the health and welfare of every citizen. The Government recognises that health is not just a basic human right but also a cornerstone for a thriving society.

Let us get into specifics of this transformative Budget. This budget allocation exemplifies the comprehensive approach to deal with the healthcare

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challenges faced by our nation. The focus on increasing healthcare expenditure, bolstering AYUSH and health research, and implementing critical initiatives such as the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana underscores the Government's commitment to enhancing the healthcare infrastructure and services. Furthermore, the establishment of health and wellness centres signifies the proactive role of the Government. There are certain sections which are already in support of this Budget. I have grassroot experience as a politician. The terminal illnesses, which the poor people are suffering from, have expensive treatment that the people cannot afford. I request the hon. Prime Minister, who is a Prime Minister of the common man, and the hon. Health Minister, who is also a common man, who represents the entire mass of India, to do something about it.

I would also request the hon. Finance Minister for the same. I belong to the State of Odisha. There are two schemes. One of them is Biju Swasthya Kalyan Yojna which has the provision of Rs. 5 lakh for a male and Rs. 10 lakh for a female. For terminal illnesses like kidney failure, heart diseases, or liver problem, the treatment cost is approximately Rs. 10 lakh or Rs. 30 lakh. The common man is unable to bear this cost. I hope the Government will consider this proposal to increase the limit under the Ayushman Bharat Yojana from Rs. 5 lakh to Rs. 10 lakh.

HON. CHAIRPERSON: Please conclude.

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DR. PRADEEP KUMAR PANIGRAHY: There should be an umbrella approach in every constituency like we have in the district of Ganjam. All the facilities are there under that umbrella yojana like trauma care centre, child care, paediatric care, preventive diseases care, geriatric care, and thalassemia care.

HON. CHAIRPERSON: Please conclude. This is your maiden speech. You have already taken seven minutes. Please conclude in one minute.

DR. PRADEEP KUMAR PANIGRAHY: I have one suggestion. My constituency consists of two districts, Ganjam and Gajapati. Gajapati is a tribal district and there is no medical college. The people of Gajapati have a long-pending demand for a medical college. Ganjam has the largest population compared to other districts in Odisha. Ganjam has about 42 lakh population. They do not have super-specialty hospitals. Most of them go to Andhra Pradesh or Bhubaneswar for treatment. I request the hon. Minister to consider a super-specialty hospital at Ganjam and a medical college at Gajapati.

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[Translation]

DR. SHIVAJI BANDAPPA KALGE (LATUR): Hon. Chairperson Sir, first of all, I thank you and through you, I also thank the people of Latur constituency for sending me here with their blessings.

I rise here today to speak on the discussion on the demand for grants of the Ministry of Health. It was expected from the budget presented by the Hon. Minister of Finance that this time the focus would be on health, but it is sad that, health has no place among the nine priorities that were announced in it. The Government has allocated 73 percent less budget than the requirements for health and health services.

Hon. Chairman Sir, this budget was expected to bring a big relief to the Ayushman Bharat Yojana, but no such big announcement has been made in this budget. Through you, I would like to tell that in the National Health Policy of 2017, there was a target set for spending 2.5 percent of GDP on health. This included both the Central and State Government expenditures, but in the year 2024, only 1.9 percent of GDP was spent on health, which is much lower than the other countries. Poor countries like Bhutan and Nepal are also spending more than India on health. The Centre's health budget should have been Rs 3.3 lakh crore, while Rs 91,000 crore has been allocated in this budget. This is only 27 percent of the requirement. In India, the common people spend 53 percent of the total expenditure on health from their own pockets.

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Sir, the health infrastructure is severely affected due to the lack of funds allocated through the Budget. I would like to present some figures before you. There are 44,000 private hospitals and 26,000 Government hospitals in the country. The number of beds per 1,000 people is 1.3, compared to 2.6 globally, and as per WHO, this number should be 3.5. No provision has been made for this purpose in this Budget. The India's health industry is worth about Rs 31 lakh crore, while the Government spends Rs 91 thousand crore, the rest of the burden is being borne by the State Governments and the common people. The Government's work in providing treatment facilities to the people of India is least visible compared to the rest of the country. The budget figures do not match with those of inflation.

Hon. Chairperson Sir, as per the 2024 data, the number of Primary Health Centres in the country is 25,308. It is very low. It needs to be increased. There is acute shortage of manpower in the health sector. I demand from the Government that instead of two medical officers in primary health centers, three medical officers should be appointed, due to which every PHC can have the availability of a doctor for 24 hours. It is sad that in many places only one medical officer is working. The payment of doctors, paramedical staff, ASHA workers, Anganwadi workers and nurses should be given according to the working hours. There is an acute shortage of specialist doctors all around our country. Despite that, the College of Physicians and Surgeons like PG Examination Body, has been working for the last 112 years. This is popular all over the country by the name of CPS Mumbai. The work of awarding their PG diploma and fellowship

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has been going on for years. Under this, admissions are offered by the Government on the basis of merit in PG NEET examination. Its admissions have been closed since two years. These admissions were also started by the Modi Government in Gujarat, but they are closed now. Through you, I demand to activate them and to enable it. It is a matter of happiness that the Government has exempted three medicines from tax, but waiving tax of only three medicines is not going to work, along with this, there is a need to exempt medical equipments and medical implants, so that the burden of expenditure of the general public may be reduced.

Hon. Chairman, Sir, I wish to put forth through you some demands related to my constituency. A regional AYUSH Institute should be set up in my constituency. The Ministry of AYUSH is considering to set up some regional institutes. It should be initiated from my constituency as Latur is an educational hub of Maharashtra. Several students from Maharashtra, Karnataka, Telangana come to Latur for education. A regional institute should be started there. We do not have a district hospital in Latur for the last 16-17 years. I demand through you a fully equipped 500 beds hospital. I also hope that this demand will be fulfilled by you. Thank you.

HON. CHAIRPERSON: Hon. Members, there is a long list of participants for the discussion. Members are requested to please put forth your suggestions and demands in three minutes.

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, there is a junction in Miraj under my Sangli district and it is the gateway to the South and the Central

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Railway. There are many good medical institutes here, but these institutes are private. It is my request on behalf of my constituency that the government considers to set up a good institute like AIIMS there. It will function properly there because there are four medical colleges in our district. These medical colleges produce good doctors and seek employment there. The basic infrastructure is good there. The technical staff are also good there. My constituency is situated on the boundaries of Karnataka and Maharashtra. Both states can reap benefit out of it. We have some difficult areas like Jath, Atpadi, Kotumkan, Khanapur in my constituency. It is very difficult for people from small villages here to approach the PHCs. The number of PHCs should be increased in our district. This is my demand to the Minister. A district hospital should be set up there. I also demand that an institute of AYUSH should be set up.

Sir, the Government has taken good steps regarding medical colleges. As many as 157 new colleges have been set up. This is a good thing, but mere hospital buildings will not be enough. These hospitals have no good staff and faculty members. Colleges are opening and closing. Whether salaries are less or training is not being imparted properly or whether they are not willing to teach, the government should make some good provisions for the same. Good schemes are being announced by the government, whether it is PMJAY or Ayushman Bharat, but whether their implementation is being done properly or not, it also needs to be seen. For the empanelment, Ayushman Bharat has not been covered and it has become paralyzed. Money is demanded for empanelment, many complaints have come from many such places. The

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minister should also pay attention to that. Very poor service is being provided through ESI Hospital. I believe that there is a need to improve that too.

Sir, the government did a good job during the time of Corona, people were given vaccines, we know that. But, at that time Asha workers were on the frontline in fight against Corona. Asha workers had helped all the people a lot in that difficult time. Their monthly allowance is very less. They are not able to run the house with such little money. They are working by putting their own lives at risk. Asha workers get very little money. I would request the central government to do something for them. Sir, the Asha workers got appreciation for their efforts through “Taali, Thali Bajao” appeal but they didn’t get any monetary benefit, their plate is empty. I would request you to do something for them. Thank you.

***SUSHRI IQRA CHOUDHARY (KAIRANA):** I would like to bring to the notice of the Government some facts on the Demands for Grants of the Ministry of Health and Family Welfare. The condition of health services in our country is very bad. There is a huge shortage of Government hospitals and super specialty hospitals. Recently, in reply to a question in the Lok Sabha, the Health Ministry has replied that the posts of doctors, nurses and technicians are lying vacant in all the Central Government hospitals located in Delhi. In our country, 0.9 beds are available per thousand people. The condition is even worse in rural areas.

* Speech was laid on the Table.

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There are no standards set for hospitals and concerned healthcare services. In our country, the doctor: patient ratio is around 1:11000, while the WHO standard is 1:1000. This ratio itself is very worrisome and reveals what kind of medical facilities are being made available to a common man here. Only 2.1 percent of GDP is being spent on healthcare in our country. The state of mental health in India is also very bad. Moreover, most of our population does not have medical insurance cover.

The Government needs to pay a lot of attention to this. There is a need to open hospitals like AIIMS and super specialty hospitals. State Governments need more central grants to improve their health infrastructures.

I make the following demands. District Shamli is located at the tri-junction of National Highway, due to which a lot of accidents taken place here. There is no trauma centre or super speciality hospital nearby, so, the golden hour often passes before an accident victim can receive specialized care. Therefore, a trauma centre should be set up in Shamli district. District Shamli is a newly created district. There is no facility in the district hospital. With central assistance, special grant should be provided to improve the district hospital so that doctors, equipment and other needs can be fulfilled. In rural areas of my constituency Kairana, CHCs and PHCs should be established as per the need and the condition of already existing Government hospitals should be improved. A medical college should be opened in my constituency Kairana.

Thank you.

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SHRI MUKESH RAJPUT (FARRUKHABAD): Chairman Sir, I am very grateful to you for giving me time to speak on the demands for grants of Ministry of Health and Family Welfare.

Sir, I have risen to speak on demands for grants of Ministry of Health and Family Welfare in the first budget of the 18th Lok Sabha. For this, I express my gratitude to the God-like voters of my Farrukhabad Lok Sabha constituency. With their blessings, I am standing here today.

Sir, a provision of Rs 80517 crore was made by the Ministry of Health for the year 2023-24, but for the year 2024-25, an increase of about 12.96 percent has been made. This time, a provision of Rs 90958 crore has been made. For this, I express my gratitude to the Honorable Prime Minister and the Finance Minister. The budget that was presented in the year 2013-14 was Rs. 37,330 crore and today, at present, it has increased by about 300 percent. I express my gratitude to the country's successful Prime Minister that the poor people are getting cheap medicines and surgical equipment through the Jan Aushadhi Kendras operating in the country.

Today poor people are getting themselves treated by taking cheap medicines. Earlier, due to expensive medicines, people were not able to get themselves treated and died prematurely. Today these medicines have become cheaper by 30 percent to 90 percent. Today we can see that the common man is taking medicines from Jan Aushadhi Kendras and getting health benefits.

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Secondly, the Honorable Prime Minister has benefited the poor people through the Ayushman Bharat Insurance Scheme. Through the scheme, today about 40 crore people in the country are getting healthcare benefits and not only that, I have also seen that when a poor person falls ill or meets with an accident, due to the lack of money and medicines, their family member often dies. This leads to lifelong regret over their inability to provide medical care for their family members. Earlier, people used to regret throughout their life but through Ayushman Bharat Yojana, they can take the Golden Card anywhere and show it, show their thumb impression to get treatment in the best hospital in their district or in India saving their family members. They will never regret.

Third, the health services available in the villages today are running well. Even before the year 2014, one thing I had observed in the health services is that in the hospitals located in villages and cities, people used to go to the health center to avail government benefits in case of fights or accidents, but later they used to get their treatment done in private hospitals. Today, I have seen that people go to the government hospital to get good treatment. Today you must be seeing that the government hospitals in every district have all the facilities.

HON. CHAIRPERSON: Now you give your suggestions.

SHRI MUKESH RAJPUT: OK Sir. You have rung the bell, so I will also give my suggestions. I am witnessing the smooth operation of health services in the country, but a medical college has not been opened in Farrukhabad district. Under the leadership of Hon'ble Modi ji, our Health Minister has made

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arrangements to open a medical college in every district of the country, but a medical college has not been opened in Farrukhabad district.

Chairman Sir, I request the Hon'ble Minister through you to either open a medical college or a trauma center there, so that if someone falls ill here, they can get their treatment done. Since our area is backward, I request that a trauma center or medical college may be opened there.

Sir, I have another request. Ayushman cards were made for people of six units.... (*Interruptions*)

HON. CHAIRPERSON: Shri Mukesh Rajput, your speech is recorded.

... (*Interruptions*)

SHRI MUKESH RAJPUT: No, Sir. This point of mine is important. I want to say that Ayushman cards were made for people of six units.

Through you, I request the Hon'ble Minister that instead of six units, these cards should be made for those who have four units in their family. Those with six units should be stopped for once and those with four units should be given more priority. We often say that 'hum do hamare do'. When we talk about family planning, such people will also get benefit from it.... (*Interruptions*)

Hon'ble Chairman sir, my request to the Health Minister is that Ayushman Bharat Yojana...(Interruptions)

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HON. CHAIRPERSON: Shri Mukesh, your speech has come on record. Please conclude your speech by saying one line.

...(Interruptions)

SHRI MUKESH RAJPUT : Sir, I have one more request.

HON. CHAIRPERSON: No more requests rather this is your last request.

SHRI MUKESH RAJPUT : If doctors do not go to some places, then salary or some amount should be deducted from them so that doctors may go to rural areas also. Doctors do not go to rural areas....(Interruptions)

[English]

***DR. M. K. VISHNU PRASAD (CUDDALORE):** Hon. Chairman Sir, Vanakkam. I would first of all like to thank Hon Leader of Opposition Shri Rahul Gandhi Ji for giving me an opportunity to speak on Health and Family Welfare. Most of the time, when I was observing the Treasury Bench is always proud in saying that this time more funds are allocated, more percentage of funds are allocated. I would like to bring to the kind attention of this august House, what was the fund allocated earlier what was the tax that time what is the tax you are squeezing from the poor people now? And you are saying that. It is your duty. It is the system that the Government has to ensure allocation of funds and it is not a pride for you. It is for the people you have to do and you are bound to do. At the

* ... * English Translation of this part of the speech was originally delivered in Tamil.

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outset, I wish to state that even in the allocation, Health Department is side-lined. People are not happy. Health is not properly taken care of, as far as the Modi government is concerned. Point No. 2. I will place my request for my constituency in my Cuddalore constituency there is need for a good Hospital run by Union Government in Vadalur Area. There is no Central Government run Hospital in Cuddalore District therefore I request you to set up a Hospital in Cuddalore District under the administration of the Union Government. Next I want to say about NEET. We strongly oppose NEET. Why we are objecting NEET. Why our Hon Chief Minister of Tamil Nadu and Hon Leader Rahul Gandhi are opposing NEET? Union Government has not even constructed a single School. State Governments construct Schools. State Governments give land and building for schools, appoint Teachers, and provide salary to Teachers. They create the student community. These Schools are opened to educate children in a bigger way. Due to absence of a level playing field and the irregularities in the conduct of NEET, our students are unable to become Doctors. This is the truth. This is anti-federal and anti-democracy. You are in Union Government and you should take power in your hands. State governments should have the power to give admission for medical colleges. We should be allowed to admit students in the medical colleges in our State. This is proper. The population of Tamil Nadu constitutes 5 per cent in the population of India. But we are having 11 per cent Doctors from Tamil Nadu. Sir point No 2. Ageing is a big problem. You know, nowadays with a developed Medical system, people live longer. But it is not a sin. But we should take good care of them to

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have a quality life. What this Government will tell to the aged persons. You think about this. What is the roadmap for the old aged people? Sir I am a Doctor. Please allow me to talk for two more minutes. Moreover, what this Government is going to do for mental health, autism, special children and others. What is the special package this government is having for the spastic children and autistic children or special children? Moreover, Sir, insurance cover should be given to autism, because children are the sufferers. Equally the parents are also suffering Sir.

Sir, I think you should consider me the same way you treated him. * First of all, I would like to thank the hon. LOP Shri Rahul Ji for giving an opportunity to speak on the Demands for Grants under the control of the Ministry of Health and Family Welfare for 2024-25.

Most of the times, I have been observing that the Treasury Benches are very proud in saying that this time more funds are allocated. I would like to bring to the kind attention of this august House what was the fund collected earlier, what was the tax at that time and what is the tax that you are squeezing from the poor people now. You are saying that more funds are allocated. It is your duty. It is the system on which the Government has to run. Allocation of funds should not make you proud. It is for the people that you have to do and you are bound to do.

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At the outset, even in allocation also, the Health Department is sidelined. People are not happy. The health sector is not properly taken care of as far as this Modi Government is concerned.

First, I will place my demands relating to my constituency.

HON CHAIRMAN: Please conclude.

***DR. M.K. VISHNU PRASAD:** Sir, please give two more minutes. Just now I started my speech. This is about Health and Family Welfare of India Sir. Sire just one minute. In Civil Aviation, I will come to the point, in a question Sir, they say flight tickets are high in cost and fluctuating. And immediately Hon. Minister says because they are all private players. Sir, I would like to know Air India was with Government of India. Pandit Jawaharlal Nehru formed Air India, but this Government went on to sell it. * What is the roadmap for old age people? Sir, I am a doctor ... (Interruptions) Please allow me to speak for two or three minutes more.

HON. CHAIRPERSON: Please conclude.

***DR. M.K. VISHNU PRASAD:** One minute Sir. We have Indian Drugs and Pharmaceuticals Limited IDPL still with the Government of India. It would be taken by private Sir.*

* ... * English Translation of this part of the speech was originally delivered in Tamil.

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Does this Government have any special package for spastic children or autism children or special children? Moreover, insurance should be given to the autism children because the children are the sufferers. Equally, the parents are also suffering ... (Interruptions) Sir, I have just started my speech. I am a doctor. This is a matter of health and family welfare of India ... (Interruptions) Sir, please give me one minute. You should cooperate with me.

HON. CHAIRPERSON: Please conclude in one minute.

DR. M. K. VISHNU PRASAD: Sir, please give me two minutes. I am coming to the point. In the answer to a question, the hon. Minister of Civil Aviation Ministry has said that the fare of flight tickets is high and fluctuating because the airlines are all private players. I would like to say that Air India was with the Government of India. Pandit Jawaharlal Nehru established the Air India ... (*Interruptions*)

HON. CHAIRPERSON: Thank you. Shri Utkarsh Verma ji.

DR. M. K. VISHNU PRASAD: Sir, please give me only one minute.

HON. CHAIRPERSON: You are talking about Air India. You are a doctor. I think you should only be concerned with medical-related matters.

DR. M. K. VISHNU PRASAD: Sir, we have the Indian Drugs & Pharmaceuticals Limited(IDPL). It is still with the Government of India ... (Interruptions) Sir, I have the last point.

HON. CHAIRPERSON: Please conclude.

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***DR. M.K. VISHNU PRASAD:** Sir, last point Sir. Please allow. You have kept this Sengol, the sceptre here. We are all pride-filled in Tamil Nadu. Sengol is a pride of Tamil Nadu and we are happy. We appreciate that this Government is recognising this Sengol. But in Tamil Nadu, we have one brick for AIIMS. Where is AIIMS, Madurai? Only one brick is there. We have Sengal, the brick and you have Sengol, the sceptre.*

HON. CHAIRPERSON: Please conclude.

***DR. M.K. VISHNU PRASAD :** Ok Sir I am concluding. Therefore I urge that the AIIMS in Madurai should be setup aoon. I strongly oppose this Budget. Thank you.*

***SHRI KRIPANATH MALLAH (KARIMGANJ):** I support the Demands for Grants under the control of Ministry of Health & Family Welfare for 2024-25.

From this fund Government of India specially Ministry of Health & Family Welfare can assure good Health of all Indians across the country.

I want to request Hon'ble Minister, Health and Family Welfare, GOI to establish a New Medical College in Hailakandi district. As the Hailakandi district is a aspirational district in my constituency.

* Speech was laid on the Table.

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[Translation]

SHRI UTKARSH VERMA MADHUR (KHERI): Sir, you gave me the opportunity to speak on the subject of health and for this, I thank you, my party leader, Akhilesh Yadav ji.

Sir, a healthy soul and a healthy mind lies in a healthy body. Health is of great importance in human life. Fame, honour, prestige, wealth etc. are of no use if a person is not healthy. The slogan of Samajwadi Party has been- 'Dawa, Padhai Muft Ho, Roti, Kapda Sasta Ho (Medicine and education should be free and food and clothes should be inexpensive)'. We consider free treatment to be a constitutional right of every person. Due to the burden of expensive health services, lakhs of families from the middle class and lower class of the society spend up to 85 percent of their income on treatment and become poor. According to the Economic Survey, by the year 2025, the Government expenditure on health should be 2.5 percent of the gross domestic product and the Government itself had decided this in the year 2017. The Budget for health is very less. This Budget should have been more. It is useless to get the credit of implementing Ayushman Bharat Yojana. As per the report of CAG, bills have been paid in the name of those who died. Many Ayushman cards have been issued on one mobile number. You talk about developed India. Any development without health is a lie. The parameters of development are health, education, employment and then infrastructure. You are fulfilling the wishes of capitalists only through infrastructure. You compete with America's 17.9 percent, China's 6

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percent and Brazil's 9 percent GDP by spending only 2.1 percent of GDP. I feel that you are working very slowly in health sector to make India a developed country. My Kheri Lok Sabha Constituency is the largest district of Uttar Pradesh, where health services are completely in a poor state. A cardiologist has not been appointed there for many years, due to which many people have died of cardiac arrest. Many have lost their lives due to frequent road accidents. There is no trauma center there.

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A hospital has been constructed in Tharu area for many years at the cost of crores of rupees, but it has not been functional till date. Expensive modern machines are getting damaged there. There is a shortage of staff and doctors there. There is a far-flung block in Nighasan, in which 100 dissection houses have been built for many years, but they have not been made functional till date, due to which many people face problems. There is arsenic-contaminated water there. ...(*Interruptions*)

HON. CHAIRPERSON: All these are state subjects.

SHRI UTKARSH VERMA MADHUR: Because of this, there is no treatment for serious diseases there. I want that the amount should be increased in this Budget so that all these things can be made available in that district.

Thank you very much.

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SHRI VISHNU DATT SHARMA (KHAJURAHO): Hon'ble Chairman Sir, I am very grateful to you for giving me the opportunity to participate in the discussion on the Demands for Grants of the Ministry of Health.

Hon'ble Chairman, I am a Member of Parliament from Khajuraho in Bundelkhand region. Many points have emerged from the report of the National Family Health Survey (NFHS) in respect of healthcare facilities in the entire Bundelkhand region. The report expresses concern over the poor healthcare facilities in Bundelkhand region as compared to the healthcare facilities in the country whether it is a primary hospital or other health centres. Today, in the entire Bundelkhand region, due to the absence of qualitative hospitals or any other healthcare facilities within the radius of about 500 kilometers, the Bundelkhand region has to face a lot of problems. Referral health facilities are also almost negligible in this region. Therefore, most of the people here have to go to Bhopal, Indore and Nagpur for health facilities. People have to face a lot of problems in terms of health. There are three districts in my Parliamentary Constituency, Khajuraho. There is not even a single medical college in these three districts. Although I thank the Hon'ble Prime Minister that he has set up many AIIMS in the country, but the Hon'ble Prime Minister intends to set up at least one medical college at the district level in every Lok Sabha Constituency. Today, we are continuously moving forward in that direction. But today, my Constituency and the entire Bundelkhand region needs it. Today, through you, I would like to say that there are seven districts in Bundelkhand region, Uttar Pradesh belt is also included in them. In this entire region, there are medical

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colleges only in Sagar, Datia and Jhansi. But due to lack of so many facilities in the entire region, it is facing a lot of problems today. Khajuraho is a world heritage site. It is the iconic city of the Hon'ble Prime Minister. Foreign tourists face inconvenience here due to the lack of even a 30-bed hospital there. The G-20 meeting was held in Khajuraho with the blessings of the Hon'ble Prime Minister.

Therefore, through you, I would like to say that the facilities of AIIMS, which are available in other areas of the country and today the Hon'ble Health Minister had also mentioned this, but in Khajuraho in Bundelkhand region, where there is air connectivity, road connectivity and many other facilities.
...(Interruptions)

HON. CHAIRPERSON: Your point has come on record. Please be brief.

SHRI VISHNU DATT SHARMA : If AIIMS is provided in the Bundelkhand region, which is a poor region, people will be able to get good facilities.

HON. CHAIRPERSON: The Hon'ble Minister has noted your point.

SHRI VISHNU DATT SHARMA : Hon'ble Chairman, I would like to say one more thing. The hospitals linked to Ayushman Bharat Yojana in Khajuraho of Bundelkhand should get the facilities provided to other medical colleges under this scheme. Khajuraho area is a centre of culture, yoga and spirituality. The entire Bundelkhand region is naturally a region of zero pollution. As it is a place full of nature, there is a proposal by the AYUSH department to open an All India

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Centre of Yoga and Naturopathy there. In this regard, an All India Centre or a Central University should be set up there. Therefore, through you, on behalf of the people of Khajuraho, I have tried to put forth the health problems of that region. Thank you very much for giving me time to speak.

[English]

SHRI SUNIL BOSE (CHAMARAJANAGAR): Thank you, hon. Chairperson Sir, for allowing me to speak in this discussion.

First of all, I would like to thank the people of my constituency, Chamarajanagar, who have given me the opportunity to serve as a Member of Parliament. ... *(Interruptions)*

[TRANSLATION]

HON. CHAIRPERSON: It is the collective responsibility of the Council of Ministers to reply. An Hon'ble Member of your party is speaking.

... *(Interruptions)*

[English]

SHRI SUNIL BOSE : Sir, the Budget allocation for the Department of Health and Family Welfare for 2024-25 is Rs. 87,656 crore. Despite a double-digit increase in healthcare allocation, India continues to fall short of the target set by its National Health Policy, 2017 to allocate at least 2.5 per cent of the GDP to healthcare. The National Health Policy of India, 2017 aims to increase public

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health expenditure to at least 2.5 per cent of the GDP by 2025, reflecting the policy's focus on improving healthcare financing and ensuring adequate resources. The public health spending for the year 2024 stands at approximately 2.1 per cent to 2.2 per cent of the GDP, that is below the global average. The Budget, neither focuses on healthcare as another pillar of Viksit Bharat nor does it allocate more than 2.5 per cent of the GDP or introduces reforms to support sector growth and domestic manufacturing of medical technology. The budgetary allocation may not sufficiently address the demand-supply gap in India's healthcare and will not improve the state of healthcare in India.

According to the Ministry of Health and Family Welfare, India's public health infrastructure and manpower have not seen any improvements over the recent years, and significant shortages remain.

The World Health Organization recommends a doctor-to-population ratio of 1:1,000. However, India had a ratio of about 1:1,511 as of 2022, indicating a shortfall in medical professionals. The number of doctors at PHCs rose to 30,644 in 2022 from 27,421 in 2014. Yet, many PHCs still operate without the full strength of medical staff. The total number of specialists at CHCs increased to 4,544 from 4,152 in 2014, but the requirement is higher, leading to gaps in specialized care. The ANMs at SHCs and PHCs numbered 2,07,604 in 2022, down from 2,13,467 in 2014, showing a decline in crucial frontline healthcare workers.

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Sir, levying of GST on health and life insurance premiums amounts to levying tax on the uncertainties of life.

Sir, my constituency is a socially and economically backward constituency having majority of SC and ST population of around 50 per cent, and the per capita income is below the national as well as the State average. Almost 60 per cent of the land area of Chamarajanagar Parliamentary constituency is covered by three tiger reserves. Various studies by the local NGOs have shown that majority of the rural population of Chamarajanagar parliamentary constituency is suffering from anaemia, and the tribal population is having sickle cell anaemia. Therefore, we need more Centrally assisted screening and treatment centres.

HON. CHAIRPERSON: Kindly conclude now.

SHRI SUNIL BOSE : Sir, please let me speak regarding my constituency.

HON. CHAIRPERSON: Kindly conclude in one sentence.

SHRI SUNIL BOSE : Sir, further, we have more human deaths because of lack of timely care in the incidents of human-animal conflicts and road traffic accidents. But we do not have well equipped state-of-the-art trauma care centres to take care of the victims of such accidents, and save their lives. Therefore, I request the hon. Finance Minister to allocate funds and sanction state-of-the-art Central institute of excellence like AIIMS on an urgent basis, which will be of great help in the health sector to around six to seven adjoining districts of

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Chamarajanagar, which includes some of the bordering districts of Tamil Nadu and Kerala States which are adjoining to my constituency. Thank you.

[Translation]

HON. CHAIRPERSON: The sincerity of the Hon'ble Members of the House is certainly commendable. It was learnt from his Facebook account that Shri Manoj Tiwari ji was present in Ayodhya at 1 o'clock in the night and now he is available here to participate in the discussion on the Budget of the Ministry of Health and Family Welfare.

Shri Manoj Tiwari

SHRI MANOJ TIWARI (NORTH EAST DELHI): Sir, I am thankful to you for the opportunity given to me to speak in the discussion on the Demands for Grants for the Ministry of Health and Family Welfare.

This is such an important topic that whatever is said on it would not be sufficient. I was listening to all the Hon'ble Members. The people of this country are very happy that the Narendra Modi Government is continuously increasing the Budget for health. It has been mentioned by many people that the health budget has now increased to Rs. 90,958 crore from Rs 80,517 crore of the last time. This step explains how serious the present Government is about the health sector. Earlier the stent was used to cost lakhs of rupees. Now, its price has been reduced to just Rs 26,000 by Hon'ble Prime Minister Narendra Modi, who hails from a poor family. He understands the sufferings of the poor. Today people

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from the poorest background even are able to afford heart treatments. Jan Aushadhi Kendras have opened in my area. My MP Colleagues from Delhi are sitting here. With the opening of Jan Aushadhi Kendras in Delhi, the strip of medicine which was earlier used to cost Rs. 600, is now available for only Rs. 60. There are so many things to mention, but a provision has been made in this Budget which has brought tear of happiness in the eyes of the cancer patients and their family members. I think whether it is the people from the Government or from the opposition, everyone is appreciating the exemption of three important medicines from customs duty used for cancer treatment in this budget, which used to cost so much that sometimes people from poor families used to lose hope. This move has made the treatment of cancer affordable. I will not prolong my speech. I am a member of the governing body of AIIMS. I have been working with it for the last four years. I keep getting calls from people. People in distress come to me for help. I would like to give two suggestions through this Budget. Hon'ble Arjun Ram Meghwal is sitting here, the Hon'ble Minister is also sitting here. The treatment of all the people starts immediately, who come to AIIMS, but they face a huge problem in getting beds. The people who bring the patients, their attendants have to sleep on the roads. The relatives of the patient remain in a very poor condition. The one who is getting treatment is still fine but the life of their attendants is very miserable. My request is that through DDA, we all would try to get a place for them in Delhi. A building should be built for Bihar, because the largest number of patients come from there, and Jharkhand because the maximum number of patients comes from these two States only,

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so that when the patients, their relatives or attendants come, their respective doctors should first check the condition there only as to what treatment they need and where they should be sent.... (*Interruptions*)

SEVERAL HON. MEMBERS: Such a building should be for everyone.
...(*Interruptions*)

SHRI MANOJ TIWARI: Yes. Since I am an MP from Delhi and I have connections with Bihar, UP and Jharkhand so I just mentioned them.
...(*Interruptions*) Of course, I will ask for you also, you are my colleague.
...(*Interruptions*)

HON. CHAIRPERSON: Please put your own point. Address the Chair. Do not look in other directions.

SHRI MANOJ TIWARI: Hon'ble Chairperson Sir, we would also help in getting the land. I am also a member of the AIIMS committee, so I believe that AIIMS would also be very keen to do this.

Hon. Sir, in the end, I would like to raise an issue. We have a University College of Medical Sciences here. Suddenly, the Government of Delhi has started the process of taking it under their control. The Aam Aadmi Party Government in Delhi is neither able to manage schools nor hospitals. Through you, I request the Hon'ble Minister that University College of Medical Sciences (UCMS) should not be allowed to go under the control of the Government of

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Delhi. Its status quo should be maintained so that the lives of the children can be improved.

Sir, thank you very much for giving me the opportunity to participate in this discussion.

SHRI RAJESH RANJAN (PURNIA): Hon'ble Chairperson Sir, thank you very much.

Sir, universal health coverage is provided in America. When the Congress Party was in power in Rajasthan, they raised the topic of universal health coverage and also brought a law for it there. In India, common health is also a fundamental right of the common man. GST is levied on the same fundamental right. Our senior leader Hon'ble Nitin Gadkari has also written about this issue. GST is levied on insurance premium and health related items. 15 percent GST is levied on Ayurvedic medicines which is not good.

Hon. Sir, our country is known for pharmaceuticals in the world, but when we talk about pharmacists, if you look at any medicine shop, almost no generic medicines and Ayurvedic medicines available there. No doctor prescribes them. Doctors will write prescriptions for only those medicines which brings them commission. Without getting commission, a doctor would not prescribe a medicine. There are M.Rs. for medicines. This is very clear.

Hon'ble Chairperson Sir, I just want to say that I would not go into the details of data for the Budget for the health sector presented by the Government.

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There are 69,000 hospitals and 39,000 private hospitals available in this country. Ultrasound, CT scan and M.R.I. tests facilities are not available in any Government hospital. There are no treatment facilities available for cancer patients there. These facilities are almost non-existent in any village, city or district of Bihar. I am surprised when they talk about AIIMS. The Government should see the situation in Germany and other countries. Our medicines are not being accepted even in Nepal. Nepal is saying that the drugs made in India are spurious. Nepal has refused to take the medicine made here.... (*Interruptions*)

HON. CHAIRPERSON: Pappu ji, let me say one thing. In pharma or pharmaceuticals sector, we are holding 40 per cent share of the generic drugs supply and why are you criticizing our drugs which are supplied all over the world? You should be proud of it.

... (*Interruptions*)

SHRI RAJESH RANJAN: Hon. Chairperson Sir, you are right. I talked about pharma, but I said doctors do not prescribe it. The second thing I said was that the drugs which have been banned in other countries, are being prescribed and used in our country.

Sir, I want to make another point. I will only discuss about the private doctors. How much do private doctors charge? They call patients thrice a month and the middle class people have to go there. They charge not less than a thousand rupees. A physician doctor charges not less than Rs. 500. Who will fix their charges? A middle class person has to spend Rs 3,800, Rs 4,000 or Rs

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12,000 for ultrasound, CT Scan, MRI, X-ray etc. You can visit any diagnostic centre.

Hon. Chairperson Sir, please consider what the rules of Medical Council of India say. But the doctors compel us to get the tests done at their clinic, or the lab where they have referred, only then they will consider the reports as valid reports. The private pathology ultrasound centres which do not belong to the qualified doctor, provide the erroneous investigation report. ... *(Interruptions)*

The pathology centres provide wrong reports at the beck and call of the doctors who do it to sell their medicines. My request is that why a nursing centre which is not owned by a doctor, should be run by some Pappu Yadav or some Mr. A, B, C or by some mafia in the name of a doctor? Why should such people be allowed to run a Nursing Home? Why is there no regulatory body for that? Why does not the Bihar Government form a regulatory body? Why is the MP not monitoring that? I request that the charges for ultrasound, CT scan, MRI should be fixed. ...*(Interruptions)*

I am concluding by speaking about my constituency. I demand an AIIMS in Kosi Seemanchal of Bihar for Kosi, Seemanchal and Purnia district region. I demand a cancer hospital in Purnia district, a burn hospital in Seemanchal Headquarters, Purnia, an Ayurvedic Medical College in Kosi district Headquarters, Saharsa, a trauma centre in Kosi Commissionerate district Headquarters, Saharsa. ... My final request is that private nursing homes,

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doctors' fees and tests should be regulated and their rates should be fixed. Otherwise, any corpus of funds will not prove fruitful.

SHRI HANUMAN BENIWAL (NAGAU): Hon. Chairperson Sir, today the House is discussing the Demands for Grants of the Ministry of Health. I thank you for giving me this opportunity. Today, there is a great need that the person sitting at the last end should also get proper treatment. The Supreme Court expressed deep concern over the deep disparity in the rates of treatment in Government hospitals and private hospitals and also slammed the Government for not implementing the 14-year-old clinical establishment rule properly.

I demand you to take necessary steps to fix the standard rates for treatment in metros, cities and towns, because the Hon. Supreme Court has also instructed the Government that health is the fundamental right of the citizens and the Central Government cannot escape its responsibility on this ground.

According to a report, the life of poor families in the country is seven years shorter than that of the rich families.

Hon. Chairperson Sir, there has been a lot of discussion in this House on rare diseases and expensive treatment. All the members of the ruling party and the Opposition have expressed their anguish over healthcare services. Every person wants that our India should be safe and healthy. Nowadays, the frequent deaths due to heart attack and brain stroke are taking place at a young age like 18 years, 25 years, 35 years and 40 years, it is a matter of concern. Why are these deaths occurring? I want to tell you that medicines for the treatment of

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many rare diseases like muscular atrophy, dystrophy cost from lakhs of rupees to 16 crore rupees. You also had admitted this in response to my question recently. Hon. Minister, you have set up a Centre of Excellence for rare diseases at AIIMS Hospital in Jodhpur, Rajasthan and have also given a grant of five crore rupees. But there is no facility for tests like genetic investigation, genome sequencing. In such a situation, treatment of rare diseases is not possible only with counseling. I demand that the Government should work towards producing medicines in India itself for the treatment of rare diseases of this category and providing free medicines to the poor patients.

Hon. Minister Shri Nitin Gadkari has written a letter to the Minister of Finance on July 28, in which he has demanded a roll back of 18 percent GST on life insurance and medical insurance premium. I demand from the Hon. Prime Minister and the Minister of Finance to pay heed to his letter and also to take care of our demands.

Under the Pradhan Mantri 'Ayushman Bharat Yojana', treatment up to five lakh rupees is free and our state Government provides free treatment up to Rs 25 lakh under 'Mukhya Mantri Ayushman Yojana'. I demand that the amount of financial support under 'Ayushman Bharat Yojana' should also be increased to Rs. 25 lakh. At the same time, the private hospitals have created an ecosystem for exploitation of patients. Private hospitals receive money on behalf of the patients by extracting the data of Ayushman card or through fraudulent means, it should be investigated.

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Hon. Minister when you answer, then do tell us that according to a report, 5 lakh 23 thousand people have died in India from Corona but according to WHO, 47 lakh people have died in India. The Government has also objected to the figures of the World Health Organization. After all, what is the truth, it should be disclosed in the House. Sir, we are the members who complete the quorum till the end. We even sit till one o'clock in the night.

HON. CHAIRPERSON: Hon'ble Speaker is giving you opportunity to speak everyday.

SHRI HANUMAN BENIWAL: Hon. Chairperson Sir, when you ring the bell, we forget whatever we had in our minds.

Sir, during the 17th Lok Sabha, we had raised the demand for compensation for the deaths due to Corona. On 8.4.2022, the then Minister of Health and Family Welfare sent me a reply that after the instructions by the Hon'ble Supreme Court, the Government of India had issued directives for financial assistance through the National Disaster Management Authority to the families of those who died from Corona. Whenever you answer, kindly do let us know how many families could not get the assistance. ...(Interruptions)

Sir, I will conclude in one minute. Please allow me for a minute. When you are in the chair, kindly allow me at least one minute. The frauds related to kidney transplantation in Rajasthan has reverberated throughout the country. The Government is conducting an inquiry there. I request that the matter of organ

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transplantation to be investigated by the CBI so that the entire network is eliminated. Now, there are some issues in my area. Kindly give me one minute.

HON. CHAIRPERSON: Please conclude your point in one sentence.

SHRI HANUMAN BENIWAL : I will speak about my constituency in one minute.

We all MPs recommend for the treatment of the poor from the Prime Minister's National Assistance Fund, the money is also provided. We request that the patients should get the amount for treatment in the concerned hospitals within seven days of receipt of relevant documents and this way the family can be benefitted with this amount. ...(*Interruptions*)

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ADV. CHANDRA SHEKHAR (NAGINA): Honorable Chairperson, I thank you for giving me the opportunity to present my views.

Respected Sir, I hail from Nagina parliamentary constituency. My demand is that an AIIMS hospital should be built in Nahtaur, because there is not a single big hospital there. Community health centre should be built in Sherkot of Nagina. It is very much needed. There is an ECG machine and oxygen cylinder in the hospital of village Chaksahjani of Nagina, but there is no staff to operate these. Doctors should be appointed. A community health was built in Dhampur of Nagina in the year 2018, but there is no doctor there. If there is no doctor, people will keep losing their lives. Therefore, I demand from the Government that this needs to be taken care of. There is a need for a Government hospital in Jalalabad town of Nagina. There is no X-ray machine and ultrasound machine in the CHC of Seohara town of Nagina. There is not a single government ambulance in Seohara, arrangements should be made for it. There is only one primary hospital in Sahaspur town, which has 6 beds. There is no doctor available there after 2 o'clock. There is no female doctor there. This causes a lot of trouble to the people of the area. There is no X-ray machine in the government hospital in Nahtaur. There is no gynecologist there either. No doctor is available during the night shift there. I myself have visited hospital many times and seen it.

Sir, there are no basic facilities in hospitals at rural and district level. Due to the lack of these facilities, people have to go to private hospitals, where they

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are looted. The financial condition of the common people is not hidden from anyone.

Sir, my demand is that medical awareness camps should be organized for the same. Although the Government is saying that we are moving towards becoming Vishwa Guru. Our economy is on fifth number. Developed India had nine priorities.

HON'BLE CHAIRPERSON: Hon'ble Member, please conclude your speech.

ADV. CHANDRA SHEKHAR : Sir, please give me one minute. I am concluding my speech. Health has been given a place in these priorities. 3.3 lakh crore rupees were needed, but only 91 thousand crore rupees have been allocated. Today, the prices of medicines are increasing exponentially. This hurts the pockets of the poor.

Hon. Sir, doctors are not available in most of the Government hospitals. The demand for doctors should be fulfilled. The important thing is that unless those who are taking facilities from the public money, whether it is an actor, or a leader, or a judge, or a businessman with security cover, or IAS, or IPS, or Government lawyer, or class one officer, or any officer and their children are treated in Government hospitals, the facilities will not be improved.

Sir, I have a demand. I am concluding my speech in one minute. We write letters for the patients of our Parliamentary Constituency. If there is no hearing in a hospital like AIIMS, then what is the use of that letter? Therefore, I demand

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that attention should also be paid to this. Look at the situation today. If there is an outbreak of an epidemic, first of all I will pray to God for not occurrence of the same. Even if it occurs, whether there is any preparation in place to deal with it? The facility of oxygen is not available in hospitals, we have witnessed this during the Corona period.

Sir, I would like to thank you and I am confident that whatever I have demanded, the hon. Minister will look into it. Jai bhim, jai bharat. Thank you.

HON. CHAIRPERSON: I would like to request all the hon. Members that hon. Speaker has been kind enough to give all the hon. Members an opportunity to speak whose request has been taken up in the health related ballot of Zero Hour. Please conclude in two minutes. The list is very long, if you all take two minutes, everyone's point will be covered.

SHRI KULDEEP INDORA (GANGANAGAR): Respected Chairperson, I thank you for giving me the opportunity to speak on the discussion on the budget related to Ministry of Health and Family Welfare. I would like to make you aware of the problems of my constituency. Not only in Ganganagar and Hanumangarh parliamentary constituencies, but in 15 districts of Rajasthan and the area adjoining Punjab, people are affected from the serious diseases like liver cancer, gall bladder cancer, heart disease. About two crore people are suffering from these diseases. This is a very serious issue. We need to worry about this. Even a train which runs from Bhatinda to Bikaner has also been named as Cancer

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Train. This is a very serious issue. There are many villages where there are cancer patients in every house in the entire village.

HON'BLE CHAIRPERSON: Put forward your demand.

SHRI KULDEEP INDORA : Hon'ble Sir, I would like to say that the Government should arrange for labs for this area. Serious chemicals were found in the tests conducted by Gurugram Fair Lab Private Limited reflected in Dainik Bhaskar Newspaper. Such labs are not available in that area, due to which people are becoming the victim of these diseases.

HON'BLE CHAIRPERSON: Your point has been made. You can make the demand.

SHRI KULDEEP INDORA : I want that labs should be set up there. The sub health centres and medical centres here still have a shortage of doctors. This should be fulfilled so that people can get the benefit. ...(Interruptions)

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SHRI BALABHADRA MAJHI (NABRANGPUR): Sir, I am speaking for the first time in the 18th Lok Sabha, so please give me a little more time.

HON. CHAIRPERSON: There is a time limit, so everyone has to make their point in two minutes, otherwise I would have given you more time for your maiden speech.

SHRI BALABHADRA MAJHI : Even if it is not a maiden speech, the issue is very serious. Everyone has said, there is proverb since ages that health is wealth.

HON. CHAIRPERSON: Are you not an old Member?

SHRI BALABHADRA MAJHI : I am speaking for the first time in the 18th Lok Sabha. Health is wealth, everyone is repeatedly saying that if there is no health, there is no wealth. I would like to say that whatever Modi ji has done for health in the last ten years is a lot. So many AIIMS, so many medical colleges, Ayushman Bharat, so many types of facilities have been given, a lot has been done. I come from the Nabarangpur area. This is the most backward area, which is in south Odisha. My health deteriorated there, where BJD was in power for the last 24 years. Money and resources were sent from here, but they did not reach my area. My health deteriorated, wealth also deteriorated. My area has become the poorest. The per capita income there is Rs 20,000, which is 10 percent of India's average. You can understand the condition in which the BJD government has brought it.

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Sir, not even 50 percent doctors are there. The reason for this is that there are three doctors in one room. The BJD government had created such a condition there. ... (Interruptions)

HON. CHAIRPERSON: Make it brief.

SHRI BALABHADRA MAJHI : I have just started, I have not said anything.

HON. CHAIRPERSON: I have requested that all of you members will get an opportunity, so keep the time limit of two minutes. You can take one more minute.

SHRI BALABHADRA MAJHI : Sir, let me say something. There are three doctors in each room. Doctors are given compensation in backward areas. My district hospital is given Rs. 5000, while the PHC in Koraput next door is given Rs. 40000. How will doctors come to my district? This is how the BJD government has worsened the situation. Health is in concurrent list.... (Interruptions) Now the BJP government has come to power in Odisha. ... (Interruptions)

HON. CHAIRPERSON: Please don't look at them. You look at the Chair and speak.

... (Interruptions)

SHRI BALABHADRA MAJHI : Now there is a double engine government there. I have told you about the condition that the BJD has created there. Now there is

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a double engine government, so I am requesting the Central Government and the State Government through you to correct the inequality in compensation.

Sir, there is only one blood bank in the entire district. The last point is 100 kms from there. If someone gets injured, he dies on the way while travelling 100 kms.

HON. CHAIRPERSON: Your point has been made.

SHRI BALABHADRA MAJHI : Sir, I would have concluded it but there are very serious problems.

HON. CHAIRPERSON: You may give your support.

SHRI BALABHADRA MAJHI : Sir, there is problem of genetic disease and sickle cell. Prime Minister has taken it on fast track mode. It should be studied quickly and resolved.

HON. CHAIRPERSON : Your point has been made.

... (Interruptions)

SHRI BALABHADRA MAJHI : Sir, please give me permission, I will give it in writing to the Health Minister, which he will accept.

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[English]

***SHRI SHER SINGH GHUBAYA (FIROZPUR):** I thank you, Hon. Chairman Sir, for giving me the opportunity to speak on the Demands for Grants under the control of the Ministry of Health and Family Welfare for the year 2024-25.

Sir, I hail from Firozpur Parliamentary Constituency. It shares 200 kms. long border with Pakistan. Poor people reside here. They cannot get themselves treated even during illness. They are hapless people. The hospitals in my area face acute shortages of doctors, compounders, medicines etc. In my Malwa region, cancer is rampant. In every house, 2 to 3 family members are ailing due to cancer.

In 2012, 500 crore rupees were sanctioned for the construction of a PGI hospital in Firozpur. For 12 long years, it did not see the light of the day. Now, work has started. But now, cost must have escalated from 500 crores to 5000 crores.

HON. CHAIRPERSON: What is your demand?...

SHRI SHER SINGH GHUBAYA: Sir, Modi ji was going to Firozpur once. But there was road block and he could not go there. He came back.

HON. CHAIRPERSON: What is your demand?

SHRI SHER SINGH GHUBAYA : Chairman Sir, more money should be allotted and a cancer hospital should be set up in Firozpur at the earliest. A PGI should also be set up there. Malwa region of Punjab will benefit out of it....

* English translation of the speech originally delivered in Punjabi.

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[Translation]

HON. CHAIRPERSON: I would like to tell all the Hon'ble Members that if you get an opportunity to participate in the discussion on the demands of grants related to health, please put only health related topics so that the Hon'ble Minister can take cognizance and action can be taken on it.

... (*Interruptions*)

HON. CHAIRPERSON: You please sit down, you have not been given permission.

... (*Interruptions*)

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SHRI NEERAJ MAURYA (AONLA): Chairperson Sir, I am grateful to you for giving me an opportunity to present my views on the health budget,. I am also grateful to the people of Aonla, who gave me an opportunity to present my views here. We have been hearing since childhood that the first happiness is a healthy body. Health services are in a bad shape in Uttar Pradesh. Health services are so bad that it is becoming difficult for a poor man to get treatment. The Prime Minister said that there is only one caste in our country, that is the poor caste.

Hon'ble Sir, today if a poor person goes to any medical college, district hospital, he is getting neither a bed, nor getting medicines.

HON. CHAIRPERSON: The demands for grants for the health department is being discussed. You understand that in the federal structure, you are putting forth your views as an MP on the demand for grants for health. The money that goes to the state out of this Budget of the Centre in the concurrent list, you will write a letter to the state, you will write to the Principal Secretary, you will write to the Health Minister. If you say something in this budget for the hospital there, then certainly in a federal structure, no letter can be written by the Union Minister to a state that you post a doctor here. You give money to NHM.

SHRI NEERAJ MAURYA : A medical college was built here. When it was started, the Union Health Minister also went to the inauguration of that college. I went to that medical college a few days ago, OPD is running in only five to ten percent of the portion, some beds are available and the rest of the college is closed.

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I request the Hon'ble Minister through you to inspect it once. The Central Government has at least this much authority. A hospital with 300 beds was built here. Only five percent of it is being used and the rest is lying closed. Ventilators are lying there, whereas during the Corona period people were yearning for ventilators.

HON. CHAIRPERSON: You started your speech at 5:38 and now it is 5:40. There is a very long list. Please speak briefly.

... (*Interruptions*)

SHRI NEERAJ MAURYA: Sir, I am speaking for the first time during Budget discussions. Yesterday also, I was not allowed to speak even for one minute during the discussion on the subject of Education.

The Union Government monitors the Governments at States. In case the State Governments are not functioning properly, the Union Government should rein them in. The doctors at Private Hospitals are charging exorbitant fees. I have seen for myself, they charge Rs. Two thousand in Lucknow. It should be regulated through a policy. This is a matter related to the common people. There is no harm that the private doctors practice medicine, but regulations should be framed regarding their fees. Everyone knows the manner in which the investigation is progressing. We have come here elected and we should work a bit for the common people.

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In the end, I would like to demand that the functioning of Medical College at Badaun should be improved and it should be fully utilized. The functioning of 300 bed hospital set up during the tenure of Hon'ble Akhilesh Yadav ji as Chief Minister should also be improved. Thank you.

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SHRI SHANKAR LALWANI (INDORE): Hon'ble Chairperson Sir, while supporting the current Budget, I would like to thank the Hon'ble Prime Minister for increasing the MBBS, MD and PG seats in Indore. Apart from that, he has also sanctioned setting up of a Super Speciality Hospital at Indore. Patients hailing from areas as far as 200 kms are availing the facility of this hospital.

Through you, I would like to urge the Hon'ble Minister to set up a separate unit for treatment of cancer in the newly constructed Super Speciality Hospital. A Linear Accelerator machine for treatment of Cancer is immensely required in the hospital. A Trauma Centre is also required to be set up because accident cases from areas nearby Indore are referred to this hospital only. I would like to request that a Trauma Centre be also set up in this hospital

I would like to bring an important point to the notice of the Hon'ble Minister. Check up was conducted for Two lakh fifty thousand people in the world's largest Health Check up Camp. It threw up very worrying and surprising results. Reports of Forty percent of people, who considered themselves as healthy were found to be abnormal. Whether the Government is formulating any policy regarding preventive health care? Thank you.

HON. CHAIRPERSON: I would like to thank the Hon'ble Member that he has spoken concisely and pointedly. Other Hon'ble Members are expected to follow you.

... (*Interruptions*)

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[English]

DR. ANGOMCHA BIMOL AKOIJAM (INNER MANIPUR): Thank you, Mr. Chairperson for giving me an opportunity. I would like to draw the attention of the Minister of Health and Family Welfare to a 52-year-old institute in the State of Manipur called the Regional Institute of Medical Sciences. There has been a talk about converting this institute into an All India Institute of Medical Sciences, I think, which is needed. I would request the Health Minister to declare and recognise this institute as an Institute of National Importance and preferably convert it into an AIIMS.

I would like to remind the Minister that this Institute has produced health professionals, who have been serving in the hospitals and medical colleges across the country as well as abroad, and it also caters to the patients in the neighbouring States. And not only that, but also, we have patients from the foreign countries like Myanmar.

For the economic development of the region, and the State, in particular, we need to revamp the education and health sectors. So, revamping this medical institute as an All India Institute of Medical Sciences will go a long way in the economic development of the State.

Mr. Chairperson, Sir, we know that the North-Eastern Region is afflicted by conflicts for decades, which has produced post-traumatic diseases. Also, the rapid urbanisation has impacted the family relationships.

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Besides these, the current crisis in Manipur is related to the drug mafias. A number of youths have fallen victims to these drug-related issues. And, therefore, to cater to this need, we also need to start a Centrally-run mental hospital and institute in the State of Manipur. I would like our Health Minister to look into this too.

Mr. Chairperson, Sir, I would be very grateful if the Minister can take up these matters as urgently as possible. Thank you, Mr. Chairperson.

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[Translation]

SHRI NARAYANDAS AHIRWAR (JALAUN): Hon'ble Chairperson Sir, I am grateful to you for giving me an opportunity to speak during the ongoing discussion regarding Budget for the year 2024-25. Majority of population in my Parliamentary Constituency Jalaun which is a major Constituency of Bundelkhand area, is rural who reside in villages. Farming and working as labourer are the major occupations here. Consequently, the per capita income is also very low. Access to affordable and good quality health care is a serious challenge for common people of my Parliamentary Constituency Jalaun, Garautha and Bhognipur areas. There is a lack of good hospitals in the entire area. Poor people die due to lack of good treatment.

Sir, RIMS, a Super Speciality institute, is being established by the Union Government across India which are providing better healthcare facilities to the patients. The people of my Parliamentary Constituency Jalaun, which is composed of three districts of Jalaun, Garautha and Bhognipur will be immensely benefitted if a RIMS is established here. Thank you.

HON. CHAIRPERSON: The Members who have Zero Hour in Ballot and there is no other subject for discussion, will be allowed time during Zero Hour. Hence, they may please wait.

SHRI BISHNU PADA RAY (ANDAMAN AND NICOBAR ISLANDS): Namaskar, Sir. I have just met Anupriya ji. There was a meeting of the Island Development Authority in Andaman- Nicobar, which was chaired by the Prime Minister and

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the Chairman of the Planning Commission. I was an MP of the Bharatiya Janata Party at that time. It was decided to set up a Medical College in Andaman-Nicobar under the PPP mode. Our beaurocrats and some Government servants joined hands and set up the Medical College in Andaman- Nicobar which has turned into a morgue. People are dying there on a daily basis. I have just met Anupriya ji. She is a daughter of India. I would like to urge her to come to Andaman and have a look herself. They must let the Andaman Government Medical College function, AIIMS function and let the Medical College function under PPP mode. Jai Hind.

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SHRI LAXMIKANT PAPPU NISHAD (SANT KABIR NAGAR): Hon'ble Chairperson Sir, thank you for giving me an opportunity to speak on Budget. This is not a good Budget as regards poor are concerned. I hail from Sant Kabir Nagar. Poor people are not getting proper medicines in the PHCs and CHC District Hospitals in my Parliamentary Constituency. People have to purchase medicines from the medical store after getting prescription by the doctors. A poor person is unable to purchase medicines due to it being costly. His disease does not get cured due to the discontinued treatment mid-way. There is no Medical College in my Parliamentary Constituency, though the State Government has announced that a Medical College will be set up in Sant Kabir Nagar. Through you, I would like to request that a Medical College be opened in my district, Sant Kabir Nagar, the site of salvation of revered Mahatma Kabir Das ji, who was a great sage in his name. A Nursing college and a Trauma Centre must also be opened in his name. Very few people in my Parliamentary Constituency have got the Ayushman Card issued. There is a shortage of CSCs under my Parliamentary Constituency.

Sir, new CHCs should be opened in places such as Badhiya Thathar, Babhni, Dharmsinhva and Bhagosa. During the period of Samajwadi Party Government, Akhilesh ji had provided 102 delivery ambulances for women and 108 ambulances for men. Today, the UP Government and the Union Government are unable to provide fuel to run them. Due to this, the entire system has collapsed. The people who work in the hospital of my Lok Sabha Constituency through NGOs, have not been getting their salaries for years.

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Sir, through you, I would like to request the Government to pay attention towards the Lok Sabha Constituency of Sant Kabir Nagar and resolve the problems of the people there. Thank you.

DR. RAJESH MISHRA (SIDHI): Hon'ble Chairperson Sir, thank you very much for giving me this opportunity to speak. First of all, I thank our illustrious Prime Minister. In our State, PM Shri Ambulance Service has been started by the Government.

Hon'ble Chairperson Sir, I am so sorry.

HON. CHAIRPERSON: Do not say sorry to me. When you address the Chair, please say Hon'ble Speaker Sir or Hon'ble Chairperson Sir.

DR. RAJESH MISHRA : Yes Sir. PM Shri Heli Service has been launched in our state. If a patient who has Ayushman Card falls sick, then air ambulance is provided for them. For this, I thank the Government very much. This service has been started in Madhya Pradesh. Bhoomi Pujan has already been performed for the Medical College in Sidhi. I would like to request to provide funds for this. There is a need for a cancer hospital in Rewa. There are many patients of oral cancer in my Constituency. It is very important to set up a cancer hospital there for its diagnosis and treatment.

Sir, the treatment of thalassemia and hemophilia should be done from Government expenditure. If someone suffers from hemophilia or thalassemia, his life is ruined. I request you that such patients should be treated at

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Government expenses. Further, the paramedical staff who worked during Covid should be given priority in the Government service. Thank you very much for giving me time.

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[English]

SHRI ASADUDDIN OWAISI (HYDERABAD): Sir, the Indian health expenditure which was about 1.7 per cent of GDP and was budgeted to be 2.1 per cent of GDP, is lower than 2.5 per cent recommended by the National Health Policy 2017. The Fifteenth Finance Commission recommended 2.5 per cent of GDP by 2025. However, even this recommendation is consistently lower than China's three per cent, Korea's five per cent and other countries.

Sir, the PM-ABHIM scheme saw a 22 per cent reduction in the allocation compared to BE of 2023-24. Only 47 per cent of the funds allocated in 2023-24 were utilized as per the Revised Estimates. Sir, the NHM Budget has been declining when adjusted for inflation. This has resulted in a situation where most of the PHCs and CHCs do not have adequate infrastructure or do not have basic human resources like doctors and nurses. For example, in Seemanchal, four districts have a population of one crore; Katihar has only 57 PHCs, Araria has only 39 PHCs, Kishanganj has only 16 PHCs and Purnea has 51 PHCs. One PHC is supposed to serve 30,000 people. Majority of the Indians are forced to go to private hospitals. A majority of healthcare expenses is out of pocket expenses. This is the main cause of poverty and debt.

Sir, in Ayushman Bharat, 30,174 hospitals have been empanelled out of which about 56 per cent is public hospitals. Should not these hospitals provide free healthcare? The Standing Committee on Health and Family Welfare also observed that the hospitals are sparsely distributed across the country. The CAG

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(2023) noted deficiencies in the quality of infrastructure at several empanelled healthcare providers. The CAG also reported multiple cases of fraud where dead people were given treatment under the Ayushman Bharat Scheme.

As of August, 2023, about 39 per cent teaching, 49 per cent non-teaching positions across the AIIMS are vacant. Teaching vacancies are higher in campus such as Madurai – 77 per cent, Jammu -61 per cent, Rajkot -61 per cent and AIIMS at Bibinagar, Hyderabad has 45 per cent vacancies.

The Prime Minister taunted Muslims and spread false news that we have more children. But this Ministry had said that the TFR for the country is falling and the TFR of Muslim has fallen the faster. I would like to bring to the notice of the august House that the TFR of Muslims have fallen down from 4.41 per cent to 2.36 per cent. The Muslim men use higher contraception than the Hindu people of 34.10 per cent. Kashmir and Lakshadweep have the lowest fertility rate.

HON. CHAIRPERSON: Owaisi ji, you are a very senior Member.

[Translation]

SHRI ASADUDDIN OWAISI: Sir, she is asking then what should I do?

...(Interruptions)

[English]

HON. CHAIRPERSON: You should address only the Chair.

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SHRI ASADUDDIN OWAISI : Thank you, Sir, *[Translation]* Madam is an Hon. Minister, but she is not aware....*(Interruptions)*

[English]

Muslim women are now using contraception nearly as much as Hindu women, which is 60.02 per cent. The truth is that, as per the NHFS data, Muslims have low access to healthcare facilities due to poverty. Despite this, Muslims have better sanitation. They practice family planning. Owing to this, Muslim children have lower infant mortality rate than Hindus. Unfortunately, the NHFS data shows that. This kind of discrimination is stopped neither in life nor in death. If a forward caste non-Muslim lives up to 50, an OBC Muslim lives only up to 43. Adivasis die four years sooner than the upper castes.

Lastly, I would request the hon. Prime Minister to inculcate a scientific temperament as per Article 51 of the Constitution. Let me remind this august House what the Prime Minister once said about the surgery carried out on a human body when it is healthy. He also said that plastic surgery and in-vitro fertilisation existed in the past. It is reflected in the fact that 40 lakh Indians are estimated to have died during COVID-19. Thanks to Modi's rule. It is reflected in the fact that the Government has still not taken any active steps to improve healthcare delivery in India. This is what I have to say. Thank you.

[Translation]

SHRI SATISH KUMAR GAUTAM (ALIGARH): Hon'ble. Chairperson Sir, today I would like to thank the Prime Minister and the Health Minister. After the

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formation of Narendra Modi's government at the Centre, Aligarh has a Central University and has a Medical College. After the formation of Modi's government at the Centre, the Health Minister set up a trauma centre there.

Sir, being a Muslim University, most of the doctors there are from the same community, due to which Hindu families hesitate to go there. There is a very big Deen Dayal Upadhyaya Hospital next to it. If it is developed on the lines of AIIMS, then people of districts like Kasganj, Etah, Hathras and Bulandshahr will be also benefitted from it.

Sir, I have a demand. There is a very big university there, but the doctors are from the same community. There was a Minister from Congress Party, he had written a letter to the Muslim community, due to which people are not getting the benefit. It is a Central University. I request to develop it on the lines of mini AIIMS. I will thank the Hon'ble Prime Minister and the Hon'ble Minister.

Sir, thank you for giving me the opportunity to speak.

HON. CHAIRPERSON: Hon'ble Members, so far all the Hon'ble Members were participating in the discussion on Demands for Grants under the Union Budget. As the Hon'ble Chairperson has said that there will be a reply on this on Monday.

***SHRI UMMEDA RAM BENIWAL (BARMER):** Hon. Speaker Sir, the common people of my parliamentary constituencies Barmer, Jaisalmer and Balotra, with sandy and scattered hamlets spread far and wide, are still deprived of basic

* Speech was laid on the Table.

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healthcare facilities. The people here have to resort to Jodhpur, Jaipur or Gujarat when suffering from serious diseases. Sir, I request you to approve the project related to the integrated AYUSH hospital which is 50 bedded and also in accordance with the AYUSH policy in addition to the medical college building currently being run at Barmer district headquarters and I also demand to sanction the necessary amount in this budget for the construction of the buildings. Due to the scattered hamlets, the common people do not get medical, maternal and child health nutrition services at the right time. Due to the lack of these services and proper management, the maternal and child mortality rate has scaled up here and these cases are not registered. There is a lack of health awareness among the people due to illiteracy. Due to the community health center being 50 km away from the parliamentary constituency, I would like to demand to set up a medical unit for the people living in remote villages and hamlets. I demand the opening of a medical college at Balotra district headquarters of the parliamentary constituency. The medical college at Barmer district headquarters does not have MRI and cath lab facilities and the number of health equipments here is inadequate with respect to foot fall of the patients, due to which the turn of the needy patients does not come even after four days of registration. I demand a special budget for the purchase of equipments in Barmer Medical College. The approved primary health centers lack adequate buildings and staff in Barmer, Jaisalmer and Balotra. Even today many primary health centers are being operated in the buildings of the sub-health centre, proper arrangements should be made, due to the non-appointment of specialists

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at the community health centre, the common man is not getting the benefits of the equipment installed at the centres. Even after sanctioning of the posts, the specialists are not posted at CHCs. There is a shortage of managerial staff, due to which the medical staff is under utilized and corruption is also prevalent. Therefore, this issue should be addressed. Keeping in view the pathetic health condition of my constituency and the difficult geographical conditions, I demand to approve a special budget. Please provide relief to the common people who are deprived of basic healthcare facilities for years by making provision of sufficient funds in this budget. Thank you.

[ENGLISH]

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***SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT):** I Would like to highlight key requirements from the State of Odisha that needs urgent attention from the Central Government. Below are key demands where people fighting in Odisha for Medical colleges & Cancer hospital but due to the negligence of State Government these are not getting prioritized.

Rayagada district is an aspirational district with large tribal population and needs great focus and support especially in health services and the establishment of Medical College has been a long pending demand of the people. Though the procedure of establishment of the Medical College was initiated in 2014 not much progress is seen. In 2014 the then Health Minister of Odisha Government announced in Assembly a Medical college for Rayagada, and 20-25 acres of land have been identified for the same also a tender was floated but unfortunately could not be materialized.

Rayagada has more than the required amount of land for the establishment of Medical College and as per the information by the revenue department of Rayagada, required amount of land is identified for the purpose. Rayagada is geographically a befitting place for the same and it is now declared as a Railway Division & connected to all the metro cities of India by train. It's also surrounded by prominent corporate houses, nursing colleges, engineering colleges, pharmacy college and agriculture colleges, five-diploma schools, etc. Rayagada is Tribal dominated district with most of the families coming under

* Speech was laid on the Table.

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BPL categories and it comes under the schedule-V area where all the legislative seats are reserved for tribals. But as State Government failed to send DPR in time hence Rayagada DHH couldn't be included in Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing district/referral hospitals. This request needs to be revisited and Central Government should take steps to establish Government medical college at Rayagada by discussing with State Government.

Bhadrak is centrally located amongst cluster of Districts and a large number of patients about thousands from five districts come to DHH for treatment daily, Dhamara, the biggest commercial port in Asia and Wheeler island a strategic military base and rocket launching pad and test range are in the District. The hospital in Bhadrak can't provide good health services to large number of persons coming every day due to lack of doctors, medical staff, lack of buildings and other facilities. DHH Bhadrak caters to health services to around 2.4 million people with total number of daily outpatients numbering around 1800. In this connection Congress Party, various organizations have been sending representation to State Govt and Central Govt from time to time for more than ten years now. Bhadrak bandh, closure of NH-16, Rail Roko etc. have been done but to no avail. Would request Central Govt to set up Govt medical college & Hospital at the earliest.

Cancer is such a disease, which is almost curable, if it is detected early and treated properly. And it can be possible, if the patient/family is educated

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enough towards awareness regarding cancer and has sufficient cash or property to afford the huge expenditure required for treatment. But it is a sorry state of affair that 70/80% patients belong to rural poor, who do not come under these clauses, and whose numbers are maximum in Western Odisha. Secondly, the data shows that Bargarh district secures top position in Odisha in terms of numbers of cancer patients. The rich and higher middle-class patients go to Tata Memorial Hospital in Mumbai or any other big hospitals in Vellore, Delhi, Hyderabad, Bhubaneswar etc. The lower medium group patients usually go to Acharya Harihar Cancer Hospital in Cuttack. But the low and downtrodden people are the worst sufferer as their diseases are detected in later stage when they have only to sell their belongings for treatment and wait for the last breath. It is a fact that Western Odisha is a under-privileged region, which comparatively falls far behind in health and other sectors. A number of private and government hospitals can be found in Cuttack and Bhubaneswar, but not a single in Western Odisha. So, a full-fledged Cancer Hospital and research center is much needed at Bargarh as early as possible. Hence would request the Central Government to take up the much sensitive issue of establishment of Cancer hospital at Bargarh at the earliest.

Kendrapara is home to 14.22 lakh population with 3,21,934 households. It's a district where 3,09,780 SC & 9,484 ST people reside. Both constitute 22% of the total population approximately. Around 68% people in Kendrapara are dependent on agriculture. And hence are not economically well off to afford private medical care. Government hospitals in Kendrapara are running with 65%

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vacancies of doctors. Only 78 doctors are in position against sanctioned strength of 225. Even the DHH is starving of doctors with 59% vacancies. This has pathetically paralyzed health care system encouraging quacks to cash on. Odisha CM had announced to establish one 100 bedded 'mother and childcare hospital. The foundation was laid in 2016 with big fan fare accompanying the promise that it will be made functional in two years. But the deadline is being constantly shifted. Even though more than eight years have elapsed, nobody is certain about the month and year in which it will be dedicated to the people. Would request Central Government to take appropriate steps to clear one Medical College & Hospital for Kendrapara failing which people will be compelled to further intensify agitation.

Under Phase-III of Centrally Sponsored Scheme for Establishment of new Medical Colleges attached with existing District/ Referral Hospitals many states benefitted with Tamil Nadu getting 11 medical colleges, Uttar Pradesh 14 Medical Colleges, Rajasthan getting 15 medical colleges and other states with at least 5+ medical colleges. But State of Odisha due to its sheer careless attitude and negligence could get only 1 Medical College. Would request the Central Government to look after the genuine needs of people of Odisha and approve the above requests by providing directions to State Government.

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***DR. K. SUDHAKAR (CHIKKBALLAPUR):** I would like to express my views on healthcare budget.

Sir, our ancient Hindu scriptures say that which means a healthy body is a fundamental necessity to achieve anything in our life. The budget for Healthcare has phenomenally increased from Rs 36,948 crore in 2014-15 to Rs 86,175 crore in 2023-24, which is an increase of 133.23% in the last ten years. I appreciate the Government for prioritising the healthcare sector which is very vital for country's progress. Since assuming office in 2014, Prime Minister Narendra Modi has spearheaded transformative initiatives in the healthcare sector in India. With a commitment to ensuring "Health for All," the government has implemented a series of ambitious programs affordability, aimed and at improving quality services across the nation.

Under the leadership of PM Modi, the healthcare sector has witnessed a paradigm shift, marked by a focus on preventive healthcare, robust infrastructure development, and innovative technology integration. The PM Modi-led government has undertaken a series of impactful initiatives with the primary objective of alleviating out-of-pocket expenditure (OOPE) in the healthcare sector. These measures represent a strategic effort to enhance accessibility and affordability for citizens seeking medical services. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY): Launched in 2018, Ayushman Bharat is one of the flagship initiatives that seeks to provide financial protection to

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vulnerable families by offering health insurance coverage. PM- JAY, a key component of Ayushman Bharat, aims to cover more than 100 million families, providing them with a health insurance cover of up to INR 5 lakhs per family per year. This initiative is designed to reduce the financial burden on families during times of medical emergencies and thereby minimise out-of- pocket expenses. Till now more than 87,000 Cr. have been secured under the savings bracket of the Indian citizens along with 5 Cr. + hospital admissions.

Expansion of Health and Wellness Centers: The government has been working towards transforming existing primary health centres into Health and Wellness Centers (HWCs). These centres aim to provide comprehensive primary healthcare services, including preventive, promotive, and curative care. By strengthening the primary healthcare infrastructure, the government intends to address health issues at an early stage, preventing the need for costly treatments later on. As of 2023, Over 34.71 Crore Jan Aushadhi Suvidha Sanitary Pads sold, at 1 Per Pad, which has led to total savings of 218.45 Crores.

Generic Drug Promotion: The government has actively promoted the use of generic drugs to make healthcare more affordable. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), which comprises 1965 drugs and 293 surgical equipment, sold at retail shops at 50% to 90% cheaper than branded medicines, encouraged the sale of generic medicines at lower prices, has been expanded to increase accessibility to quality medications, thereby reducing the

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financial burden on patients. Since 2014, there has been a 100 times growth in the Janaushadhi Kendras. From nearly 80 in 2014, there are now 10,000.

National Health Mission (NHM): The NHM, a key program under the Modi government, focuses on improving healthcare infrastructure, providing essential drugs and diagnostics, and strengthening human resource capabilities at the grassroots level. These initiatives are aimed at reducing the need for patients to seek expensive treatments outside their localities.

Telemedicine and Digital Health: The government has emphasised the integration of technology in healthcare through initiatives like telemedicine and digital health platforms. This allows patients to access medical consultations remotely, reducing the need for physical visits to healthcare facilities and potentially lowering associated costs.

COVID-19 Vaccination Drive: The government's vaccination drive during the COVID-19 pandemic, which aimed to inoculate a significant portion of the population free of cost, contributed to preventing severe illness and reducing the economic burden associated with healthcare expenses related to the virus.

Maternity Benefits: The Pradhan Mantri Matru Vandana Yojana provides financial assistance to pregnant and lactating women, ensuring proper nutrition and healthcare during pregnancy and childbirth.

Medical Education: The Prime Minister Modi-led government has made significant strides in enhancing medical education and healthcare infrastructure

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by taking on the responsibility of constructing new medical colleges and All India Institutes of Medical Sciences (AIIMS) across India. Under the leadership of PM Modi, a total of 692+ medical colleges have been constructed, complemented by the sanctioning of 22 new AIIMS institutions. During this period, the number of MBBS seats has experienced substantial growth, increasing from 51,348 in 2014 to 105,163 in 2023. Similarly, the number of PG seats has seen commendable progress, rising from 31,185 in 2014 to 66,898 in 2023. These achievements underscore the government's commitment to bolstering the healthcare sector and nurturing a robust medical education system in the country.

Doctor-population ratio: Thanks to the Modi's Govt's efforts in last 10 years today India has a healthy doctor- population ratio. Assuming 80 per cent availability of registered allopathic doctors and 5.65 lakh AYUSH doctors, the doctor-population ratio in the country is 1:834 which is better than the WHO standard of 1:1000

I have some suggestions to Hon'ble Minister regarding the Post Graduate Medical Education in our country.

Medical education in India has grown rapidly in the past decade. Both UG and PG training opportunities have doubled. This has posed a challenge of ensuring the quality. In this regard, there are two main concerns. Availability of teaching faculty and also adequate clinical material. It should be noted that the government hospitals have been attracting lot of patients. The schemes such as

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Ayushman Bharat would indirectly support some of the running costs of the hospitals if the quality of clinical care is improved. The idea of increasing teachers (increase PG seats) by leveraging clinical services under government hospitals is a solution. Such an attempt has been made by converting district hospitals to medical colleges. Central government has also partially funded this project. Many medical colleges have started providing UG and PG education through such projects. For example, a district hospital with 330 beds could start a medical college to admit 150 MBBS students. Such hospitals and the medical colleges thereof also produce Post-Graduates.

The minimum standards that were designed in such a way that it allowed gradual increases of inputs over the first 3 to 5 years. Such a scheme was found economically viable initially. However, the provision of more teaching faculty in the subsequent years after starting is still to be achieved in many colleges.

I request the Government to consider the following measures:

Identify all general hospitals in different government departments. Prepare them as per PG MSR to be stand-alone PG institutions Budget for such preparation from central or state to be considered. This could be about RS.50-100 crores per institution. This includes appropriate upgradation, such as CT scan, operation, theatres, and a few other buildings. Re-designate the existing Staff as JR, SR, faculty (professor. AP...), and so on. Faculty development programme to be made available to these staff. Appoint new staff and other

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faculty, even transfer from other non-teaching places to increase the faculty numbers. Create required administrative structure to support the PG institution.

Apply and get permission to start postgraduate courses. Where possible with the availability of land and so on, add UG infrastructure for starting MBBS or add super speciality services to be followed up by starting of super speciality PG courses. Add a Nursing College as well as paramedical College under (?PPP model).

Consider options of sharing resources of the laboratory, teaching staff, library and hostels by suitable regulatory mechanisms. Identify a mentoring institute for these new institutions. Structure for mentoring, including sharing of staff, exchange of students, inter-hospital referrals, and so on to be developed or tailored to each institute. Each mentoring institute may mentor more than one new institution. The affiliating university be a state health university or an existing INI such as AIIMS. Consider attaching nearby smaller hospitals virtually to these new PG institutions to expand the scope of clinical material and hence the PG seats. Once such integration is considered, the faculty or staff structure has to be suitably re-designated. Care may be taken regarding any conflicts like service seniority and so on. Consider generating a virtual Institute of National Importance (INI) directly under the Act of the Parliament in select situations where regulatory authority-related procedures pose concerns on secrecy; for example, defence health services. It is understood that all defence related health

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services account for nearly thirty thousand beds distributed in varying sizes of hospitals and across the country.

State Governments may also incentivise already working/employed doctors by deputing them in higher numbers for PG training. Some of these colleges may be designated as exclusive training centres for in-service doctors on deputation, who will also serve mandatory conditions per deputation in their service.

Lastly, a plan for self-sufficiency may be examined by having to increase the scope of admissions from other countries or the NRI. One can also consider selected hospitals are institutions in each state to support premium-priced seats to be able to generate the resources for other hospitals of this nature for PG education. A special cell can be created in the National Medical Commission for supervision and monitoring of the scheme under the Postgraduate Medical Education Board.

Increasing PG Seats NMC Initiative

Part-I: Leveraging Government Hospitals

Current status PG/Specialist training

- * 706 Medical colleges

- * Stand-alone PG centers

- * NBEMS as a partner

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- * Broad & Super specialties
- * Numbers doubled since 2014
- * One of three applicants get the desired seat
- * Hence a backlog

Challenges in medical education

- * Shortage of teaching staff
- * Inadequate Clinical Material
- * Differential challenges: Govt vs Private colleges
- * Vicious cycle preventing teachers' production
- * Teacher/specialist availability impacts clinical material
- * The complex cycle to be changed

Solution-I

- * Leverage government hospitals yet untapped
- * Leverage existing specialists (non-teachers)
- * Every inpatient bed is a teaching resource
- * Every specialist is a prospective teacher
- * Emphasize generation of PG trained HR

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PG or UG first to get LOP?

- *Traditionally UG first & then PG
- * For UG more investment needed (Rs 1.25 cr/student)
- * More building work and longer time to start
- * For PG, mere upgradation of hospital
- * Fewer buildings & faster start
- * UGs joining come to 'advanced' institutions

Why PG first.....?

- * Faster turn around time
- * First batch comes out in three years
- * Need hospital and clinical material more
- * Nearby PHCs get better support
- * The potential for research increases

Solution-II: Clinical Resource

- * About 300 hospitals with 200 or more beds
- * These are in taluks/districts under government
- * They are not used as teaching hospitals

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- * Together about 75 thousand beds
- * These run different broad specialty services
- * In some places DNB programs are conducted

Solution-III: Teaching faculty

- * These hospitals have employed specialists
- * These can be re-designated as faculty
- * The length of their service may be considered
- * The promotional options with publications
- * They must undergo training in FDP & research
- * 5000 'teachers' (BS) by a modest estimation

Potential for PG education

- * General estimate provides one PG for 6 beds
- * PGs from different broad specialty to be grouped
- * Excludes some BS and most SS specialties
- * The PG specialties actively in clinical care
- * One can envisage about 10,000 PGs per year
- * Nursing, paramedical and MBBS may add to 25000 trainees

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Expected numbers of PGs

- * PG in 17 broad specialty subjects e
- * Each PG production needs about 5 beds
- * 30-40 PG per institution of 220 beds
- * Establishment costs (for upgradation); Rs 1 Cr/PG
- * Potential ROI Unimaginable!
- * Job generation, Health care service, HR production

What does this mean in health care?

- * The scheme helps modernizing of these hospitals
- * The scheme serves 150,000 out patients per day
- * Each day 15,000 patients may be admitted
- * The hospitals will help 5000 deliveries each day
- * There is likelihood of 10000 surgeries a day
- * Ayushman Bharat health scheme can support 50%
- * The fees from the students may support another 20%

The cascading beneficial effects:

- * PGs contribute to better clinical care

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- * A better hospital is closer to community
- * More PG output to add to teacher numbers
- * Support existing medical college teacher pool
- * The PGs can help education to UG courses, viz.,
- * Nursing, Paramedical and future MBBS expansion

Hospital to PG Institution

- * PG MSR allows 220-bedded hospital to be an institution
- * Upgrade the hospital (OTs, Imaging scanners, ICUs, etc.) •

Hostels/quarters/other office/lab buildings

- * Get LOP to start
- * Concurrently; nursing/paramedical courses
- * Add MBBS later

***SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR):** I would like to express my views on Demand for Grants concerning the Ministry of Health and Family Welfare. First I would congratulate Hon'ble Minister Shri Nadda Ji and it's a homecoming for him after 5 years. The manner in which he lead the Party as

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the National President and worked relentlessly to ensure that our ideology and our work reaches every part of the country. I am sure that as the Health Minister, he will ensure that healthcare facilities are not just affordable but also accessible to every single citizen of this country.

Under the leadership of the Hon'ble Prime Minister, we will ensure that we build a Fit India and a prosperous India which realizes its vision of becoming a 5 trillion dollar economy.

Before I begin, I reminded of a Quote by Will Durant, an American historian and philosopher, "The health of nations is more important than the wealth of nations."

This quote encapsulates what this budget is about. Improving healthcare to generate the Nation's wealth.

I will just highlight 7 points to understand the Modi government's achievements in the last 10 years in terms of healthcare.

1. Primary Health Centres (PHCs): In 2014, India had approximately 25,300 PHCs. In 2024, the number of PHCs increased to over 30,000 with enhanced Infrastructure and better supply chains for essential medicines.

2. Community Health Centres (CHCs): In 2014, there were around 5600 CHCs. However, CHCs often struggled with shortages of specialists around 4,152 and equipment. In 2024, there are around 7000 CHC's with improved facilities and a significant increase in the number of specialist doctors to 4544.

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3. Tertiary Care: The expansion of tertiary care facilities continued, with new AIIMS institutions being established across various states. The total number of AIIMS reached 22 by 2024, providing high-quality healthcare services and reducing the burden on existing urban hospitals. 157 new medical colleges have been established since 2014, increasing the number of MBBS seats from 54,348 in 2014 to 96,077 in 2024.

When we talk about Sabka Saath Sabka Vikas then we ensure that Kashmir also has an AIIMS, so does Madurai in the south, Rajkot in the west and Manipur in the East.

I belong to Odisha which was always neglected by previous Governments. It was Atal Bihari Vajpayee ji who gave the permission for AIIMS Bhubaneswar.

4. Health Insurance: In 2014 our Health insurance coverage was limited, with less than 20% of the population having any form of health insurance. The absence of a robust public health insurance scheme left a significant portion of the population vulnerable to high out-of-pocket expenses.

The introduction of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana was a game-changer. By 2024, over 34.73 crore (PM-JAY) in 2018 was a Ayushman Bharat cards had been issued, providing health 5 lakh per family per year for secondary and tertiary health insurance coverage tertiary hospitalization. This of PM-JAY scheme significantly improved access to healthcare for underprivileged families As per the economic survey also, Ayushman Bharat saved 1.25 lakh crore, covered 7.37 crore admissions and reduced NPA rates.

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5. Digital Health and Telemedicine

Digital health initiatives were in their nascent stages. The use of technology in healthcare was limited to a few urban hospitals and private healthcare providers. Telemedicine services were not widely available, especially in rural areas. The launch of the Ayushman Bharat Digital Mission (ABDM) in 2021 marked a significant shift towards digitization. By 2024, 64.86 crore Ayushman Bharat Health Accounts (ABHA) had been created, and 39.77 crore health records were linked with ABHA, facilitating access to patient data across healthcare providers. The e-sanjeevani telemedicine platform, launched in 2019, expanded rapidly, serving 26.62 crore patients across 128 specialties by 2024. This platform bridged the gap between urban and rural healthcare, providing virtual consultations through over 1.25 lakh Health and Wellness Centres, now known as Ayushman Arogya Mandirs.

6. Public Health Campaigns and Disease Management

Public health campaigns were often fragmented and lacked comprehensive strategies for disease management. Efforts to combat communicable and non-communicable diseases faced numerous challenges, including inadequate funding and lack of coordinated action.

The Ayushman Bhava Campaign, launched in 2023, aimed to saturate healthcare services in every village and town across the country. This campaign achieved significant milestones, including 16.96 lakh wellness sessions, 1.89

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crore tele- consultations, and screening of 34.39 crore people for major diseases such as TB, hypertension, diabetes, and cancer.

The National Health Mission (NHM) saw its budget increase from Rs 31,550 crore in 2014 to Rs 36,000 crore in 2024, enhancing primary and secondary healthcare services nationwide.

7. Maternal and Child Health Maternal and child health indicators showed significant gaps. The Maternal Mortality Rate (MMR) was 167 per 1lac live births, and the Infant Mortality Rate (IMR) was 39 per 1,000 live births.

Improved healthcare services and targeted interventions led to substantial Improvements. By 2024, the MMR had decreased to 103 per 1lac live births, and the IMR had fallen to 28 per 1,000 live births. Initiatives such as the Janani Suraksha Yojana and Poshan Abhiyan played crucial roles in these improvements.

Budget 2024-25

The Union Budget 2024-25 allocated Rs 90,958.63 crore to the Health Ministry, a 12.9% increase over the previous year. Of this, Rs 87,656.90 crore was allocated to the Department of Health and Family Welfare, and Rs 3,301.73 crore to the Department of Health Research. This significant increase government's commitment to in funding reflects the Improving healthcare infrastructure and services. According to the Indian Council of Medical Research-National Cancer Registry Programme (ICMR-NCRP), the estimated

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incidence of cancer cases is projected to increase from 14.61 lakh in 2022 to 15.7 lakh in 2025. The government has focussed on improving cancer care infrastructure and early detection programs to address this growing burden. I welcome the announcement of exemption of three additional cancer medicines.

The Union Finance Minister also revised the custom duty rates on X-ray tubes and flat panel detectors. These revised rates will positively impact the X-ray machine industry by enhancing component availability at lower costs. This change is anticipated to boost the domestic medical device sector, contribute to component availability at lower costs and reduced healthcare costs, making advanced medical Imaging more accessible and affordable.

A Trauma Care Centre should be established near the Sonapur Balangir Highway to provide emergency care for accident cases. An MRI machine should be provided to BBMCH, as currently, only CT scan facility is available at the DHH. A new Cancer Care Hospital should be established in Balangir to provide early and seamless care to the district's cancer patients. There are 2,868 identified CKD (Chronic Kidney Disease) patients in the district, out of which 105 are undergoing dialysis. The government has kindly extended the dialysis service to the SDH level, and new centers at Patnagarh and Titilagarh will be operational shortly. However, many cases have been found in the Titilagarh peripheral area (Muribahal, Sindhekela, Turekela), Loisinga, Patnagarh and Sonapur area. Therefore, a research team should be formed to find out the exact

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reason for the high number of kidney patients in these areas, and then remedial action can be taken.

Over the past decade, the Modi government has made significant progress in reforming India's healthcare sector. Through ambitious programs like Ayushman Bharat, substantial investments in healthcare infrastructure, leveraging digital technology, and public health campaigns, the government has improved access to quality healthcare for millions of Indians.

The Union Budget 2024-25 further reinforces this commitment with increased allocations and new initiatives aimed at building a robust and inclusive healthcare system. As the country continues to navigate health challenges, these reforms and investments will play a crucial role in ensuring the well-being of all citizens and build a healthier India. I support the demand for grants. I thank the chair for giving me time.

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***SHRI SHREYAS M. PATEL (HASSAN):** I would like to express my views on the critical issue of healthcare funding in our nation. Despite the ambitious targets set by the National Health Policy of 2017 to allocate at least 2.5% of GDP to healthcare, we continue to fall short. The 2024-2025 budget fails to prioritise healthcare as a key pillar of India's Development, nor does it meet the 2.5% GDP allocation or introduce necessary reforms to boost sector growth and domestic manufacturing of medical technology. This oversight needs urgent attention. For a healthier, stronger India, we must ensure that future budgets address these critical gaps.

A cornerstone of our healthcare system, the National Health Mission (NHM), has been instrumental in delivering essential services at the grassroots level, particularly in maternal and child health, disease control programs, and non-communicable diseases. However, since 2020-21, NHM allocations have been declining in real terms. While we see a marginal increase in this budget, it still falls short compared to 2020-21 levels. Moreover, the NHM funds are crucial for the remuneration of ASHA (Mostly Women) and other NHM workers who played a pivotal role during the COVID-19 pandemic. Budget cuts mean these workers, who have long been demanding fair wages, face further financial strain. This is not just an issue for Karnataka but affects most states across India.

Additionally, the reduction in NHM funding impacts the fight against vector-borne diseases like dengue, which is a significant concern in my

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constituency. I urge the Government of India to provide relief funds for deaths due to dengue, supplementing state government efforts.

Furthermore, I advocate for the establishment of NIMHANS and AIIMS in Hassan Constituency to address regional healthcare imbalances. Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), I request a super speciality hospital in Hassan District to cater to specialised treatment needs in gastroenterology, cardiology, nephrology, and urology.

In conclusion, I appeal to the Honourable Health Ministry to consider these crucial points. Ensuring adequate funding and support for our healthcare sector is essential for the well-being and prosperity of our nation.

[TRANSLATION]

***SHRI RAHUL KASWAN (CHURU):** Hon. Speaker Sir, thank you for giving me the opportunity to discuss the Demand of Grants of the Ministry of Health and Family Welfare.

Sir, most of the developed and developing countries all over the world spend about 5 to 9 per cent of their GDP on healthcare services to provide good and accessible healthcare services to their citizens. But it is matter of concern for us that not even 2% of the total GDP is being spent on healthcare services in our country. According to the National Health Policy, it has also been recommended to the Government that at least 8% of the GDP should be spent

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by the Government on healthcare services. In such a situation, how can we provide robust healthcare facilities to the common people of the country.

At present, a budget provision of about 91 thousand crores has been made for healthcare services by the Central Government in this budget, which includes health education and health research. If we look at the population of the country, then about 640 rupees are being spent per person. This is very low according to the population of the country.

In my Lok Sabha constituency Churu, a medical college was constructed by the Government. Due to the lack of proper facilities and resources, the area is not getting the full benefit of this medical college. It is very necessary to expand the facilities of this medical college for our Lok Sabha constituency.

The Government had also announced the opening of nursing colleges along with each medical college in the last budget by the Government. The construction of nursing college has not yet started in my Lok Sabha constituency. In spite of repeated demands, the Government is not paying any attention to this, due to which the common people of the area are facing a lot of difficulties. While the work of nursing college has started at Sikar, Hanumangarh etc. Therefore, the Government should start a nursing college along with Churu Medical College as soon as possible. The cases of cancer and heart diseases are increasing continuously in Churu Lok Sabha constituency, but due to the lack of proper facilities, the common people of the area have to go to Jaipur and Bikaner and get their treatment due to which the patients have to face a lot of

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problems. To solve this, it is essential to set up an MRI centre and a cath lab for heart disease and Tertiary Care Cancer Hospital for cancer patients in Churu Medical College. Therefore, the Government should pay attention to this problem as soon as possible and immediately release the budget for the expansion of the said facilities and provide benefits to the common people of the area.

[English]

***SHRI JAGDAMBIKA PAL (DOMARIYAGANJ):** In 2024-25, the Ministry of Health and Family Welfare has been allocated Rs 90,659 crore. This is a 13% rise over the revised estimates of 2023-24. In 2019-20, government spending on health constituted 41% of total health expenditure in the country. In 2013-14, this was 29%. Between 2012-13 to 2022-23, expenditure towards the Department of Health and Family Welfare increased by an average 11% annually. Allocation towards the National Health Mission constituted 40% of the Ministry's budget in 2024-25. This mainly involves transfers to states to meet the Mission's targets. The allocation in 2024-25 is Rs 36,000 crore, 14% higher than the revised estimates in 2023-24.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM ABHIM) has been allocated Rs 3,757 crore in 2024-25. which is 63%% higher than the revised estimates of 2023- 24. The National Health Mission targeted reducing

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IMR to 25 per 1,000 births. As of 2020, IMR in India was 28. In 2024-25, overall allocation under NHM is Rs 36,000 crore. This is 14% higher than the revised spending in 2023-24.

Ayushman Bharat - PM Jan Aarogya Yojana provides cashless treatment of up to five lakh rupees per family per year, for hospitalisation at any empanelled hospital. Based on the criteria, 11 crore families (approximately 50 crore individuals) are eligible to be covered under the scheme (As of June 2024).

Human Resources for health and medical education Establishing new medical colleges with district referral hospitals, and Upgrading state medical colleges to increase MBBS and PG seats. In 2024-25, Rs 1,275 crore has been allocated towards this head. This is 16% lower than the revised estimates of 2023-24.

Establishment of new medical colleges: Between 2014 and 2019, 157 new medical colleges were approved. As of February 2024, 108 are functional.

Pradhan Mantri Swasthya Surksha Yojana (PMSSY) The scheme has two components:

- (i) setting up new AIIMS
 - (ii) upgrading government medical colleges to build tertiary care facilities.
- PMSSY has been allocated Rs 2,200 crore. In 2024-25, Rs, 6,800 crore has been allocated for establishing new AIIMS.

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Health Research Infrastructure

Allocation towards research infrastructure consistently increased between 2018-19 to 2022/23.

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[Translation]

HON. CHAIRPERSON: If the Hon'ble Members agree, then the time of the Zero Hour is extended till seven o'clock?

SEVERAL HON'BLE MEMBERS: Yes-Yes.

HON. CHAIRPERSON: Shri Kirti Azad Ji.

SHRI KIRTI AZAD: Hon'ble Chairperson, Sir, I am strongly presenting my views once again in front of you in the national interest. After independence, the first multipurpose Damodar Valley River Project was started. Now the Government of India has set a target of generating 15,300 MW of electricity through thermal power. One unit of our Damodar Valley Corporation is currently generating 1,000 MW of electricity. Three such plants, Damodar Valley Project, Raghunathpur Thermal Power Station Project and Koderma Thermal Power Station have been selected.

HON. CHAIRPERSON: You have given notice regarding the subject related to Durgapur and Haldia. Your subject which has been balloted today is related to Durgapur and Haldia.

SHRI KIRTI AZAD: Sir, I have spoken about it last time. Hindustan Fertilizer Corporation has already been discussed. This is tomorrow's topic, for which I have taken permission.

Sir, an 800 MW unit is to be opened in Damodar Valley Corporation. Along with this, there are two separate thermal power stations, Raghunathpur Thermal Power Station and Koderma Thermal Power Station.

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HON. CHAIRPERSON: Please be brief. All the Hon'ble Members will get two minutes each.

SHRI KIRTI AZAD: Sir, both these stations have been started. Raghunathpur Thermal Power Station will be started in August 2028 and Koderma Thermal Power Station in August 2029.

18.00 hrs

Hon'ble Chairperson, Sir, I am very happy to inform you that Damodar Valley Corporation has been considered as a very important Ultra Super Critical Thermal Power Station. However, it is a PSU and the work of the Central Government is yet to start.

HON. CHAIRPERSON: Zero Hour is not meant for speech.

SHRI KIRTI AZAD: I would like to know from the Government and I would demand that the program which was started a year ago to achieve the target of 15,300 MW should be started immediately so that employment can be generated there and the target of 15,300 MW can be achieved.

SHRIMATI BHARTI PARDHI (BALAGHAT): Hon'ble Chairperson, Sir through you I would like to draw the attention of the Hon'ble Minister of Road Transport and Highways towards the Balaghat-Seoni road, which is an important road of the Balaghat parliamentary constituency. This road is known as National Highway 72, which has a total length of 90 kilometers and a width of only 5.50 meters.

Sir, there is a lot of traffic pressure on this route. Due to the narrowness and poor condition, accidents occur frequently here, which not only leads to loss

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of precious lives but also has an adverse effect on business activities. The Balaghat-Seoni route is not only a means of local transport, but it connects important cities like Jabalpur and Bhopal. This route was declared a National Highway in the year 2016. A large part of the Balaghat-Seoni route is part of the living corridor of national parks like Kanha National Park and Pench in my own parliamentary constituency. The road work is pending due to forest obstruction. Keeping the corridor alive along with the road will be necessary for the conservation of tigers. Therefore, an over bridge should be built on this route on the lines of NH 44 and completed soon. The example of wildlife conservation set by the Modi Government by building 29 soundproof over bridges on the Khawasa to Seoni route of NH 44 is amazing in the whole world.

Hon'ble Chairperson, Sir, it is a coincidence that these 29 overbridges come under my parliamentary constituency, whose length is 500 meters to 1.5 kilometers. I request, through you, that work should be done on this route soon.

DR. RAJEEV BHARADWAJ (KANGRA): Hon'ble Chairperson Sir, through you, I would like to raise a sensitive issue of my parliamentary constituency before the House. On this day, 2nd August, 1998, a terrorist attack took place in Chamba district of my constituency, which is a border district. In that attack, 46 unarmed people were killed and some were taken away by the terrorists. In that incident, the Government had deployed SPOs to assist the security forces and 520 SPOs were selected from my parliamentary constituency. The Government had started giving them Rs. 1500 on the lines of Jammu and Kashmir. After that, in the year 2006-07, it was made Rs. 3000 and today they get only Rs. 6000.

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This is the question of 520 families. Their counterparts in Jammu are getting Rs. 18000 today and their counterparts in Haryana who are doing the same job are getting Rs. 20000. Why is there injustice with these SPOs of my constituency? Through you, I would like to appeal to the august House and the Hon'ble Minister of Home Affairs that this is a matter of sensitivity and a matter of humanity.

HON. CHAIRPERSON: Your point has come. Now please conclude your speech.

DR. RAJEEV BHARADWAJ: Hon. Chairperson Sir, I would like to request that you take this matter forward and try to increase their honorarium. I have visited their homes. I would like to put this matter before the House and the Honorable Minister of Home Affairs. Thank you very much.

SHRIMATI HIMADRI SINGH (SHAH DOL): Hon'ble Chairperson Sir, in my parliamentary constituency Shahdol, South Eastern Coal Field Limited operates coal mines in Sohagpur area, Jamuna Kotma area, Hasdeo area, Johila area. In all these areas, there is a provision for giving compensation and employment to the families depended on agriculture in lieu of land acquisition under the Land Acquisition Act.

Sir, I would like to tell you that in all the above mentioned areas, many cases of compensation and employment to land dependents are pending till date for the last several years. There are many such cases in which 5-6 years have passed since the families depended on agriculture got compensation but till date employment has not been provided to them. There are also many such cases in which land has been acquired under the Land Acquisition Act, information about

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compensation has also been given to the families depended on agriculture but the compensation amount has not been received yet.

Sir, through you I request the Hon'ble Minister to speed up the process of giving compensation and employment to the families' dependent on agriculture given the compensation amount and employment as soon as possible without any delay.

SHRI HARENDRA SINGH MALIK (MUZAFFARNAGAR): Hon. Sir, I would like to draw your attention to the non-payment of dues to sugarcane farmers as per the Central Sugarcane Purchase Act.

Hon'ble Sir, sugarcane farmers supply their sugarcane to sugar mills through sugarcane co-operatives under the Central Sugarcane Purchase Act and expect that the Central Government will ensure timely payment of their sugarcane price. But today sugarcane farmers are owed thousands of crores of Rupees in entire Uttar Pradesh. Out of which about Rs 600 crore is owed by Bajaj Sugar Mill Kinauni, Bajaj Sugar Mill Bhasana, Bajaj Sugar Mill Thana Bhawan, Sugar Mill Shamli and Sugar Mill Malakpur of Western Uttar Pradesh. The farmers are getting ruined and destroyed. Today the farmers are neither able to educate their children nor are able to marry their sons and daughters. The farmers are continuously sitting on dharna. Shamli has dues of 300 crore rupees, Budhana has dues of more than 150 crore rupees and Malakpur has dues of 300 crore rupees. I would like to urge the Government to get the dues of sugarcane farmers cleared. Arrangements should also be made for the treatment of the farmers who fall sick. Sir, 50% of them have got cancer. Will the

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Government wake up from the slumbers of ignorance when everyone will lose their lives? Thank you.

SHRI DHARAMBIR SINGH (BHIWANI-MAHENDRAGARH): Sir, my parliamentary constituency is in NCR. All trains pass from here. Railways have money as per the Budget. We have some problems here, like there was a railway halt at Mirzapur Bachhaud since 1960. But after the construction of broad gauge, we have to go two kilometers away. Therefore, a halt should be made there. There is a panchayat of five villages, Nawa, Digrota, Badhra etc., there is a common path above pillar number-149, an underpass or ROB should be built there. Similarly, there is an FOB to go from platform number 1 to 2 at Ateli station, elderly people cannot climb it. Therefore, an RVB should be built below there. There is a very old demand to build an underpass on the railway line between Sisoth village of Mahendragarh and Kurhavata. An underpass should be built there. Similarly, apart from Jawahar Nagar, there are many other villages whose pole number is 160/9 = 950 to 161/0. The state government is ready to give funds to build an underpass on the railway line, only the railway department should give approval. Similarly, Fartiya Bhima, Azampur are some such places where ROB or underpass is required. Apart from this, stoppage of some express trains is required, including 22471/72 and 19701/02 at Satnal, 12323/24 at Mahendragarh station and similarly 12065/66 at Ateli, 22421/22 near Kanina and 19701/02 and 14713/14 over Dahina. A direct train should be run from Bhiwani to Howrah. I have heard that a train will run from Delhi, which will go to Hisar via Rohtak and Meham. My demand is that a train should run directly to our Bhiwani.

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Similarly, train 14717/18 should run daily for Haridwar. A train should also run from Bhiwani to Ayodhya.

SHRI ABHAY KUMAR SINHA (AURANGABAD): Hon'ble Chairperson, the Government has started many schemes in the name of the former Prime Minister Shri Atal Bihari Vajpayee, whereas the former Prime Minister had a big dream that all the rivers of the country should be connected to each other, so that the problems of water crisis and floods in the country can be resolved.

Hon'ble Chairperson Sir, through you, I demand from the Minister of Jal Shakti and the Government that a special project should be made in the name of the former Prime Minister Shri Atal Bihari and flood control work should be started soon and review of the incomplete projects in Bihar should be done and necessary instructions to complete the said project should be issued.

Hon'ble Chairperson Sir, I would like to inform that the main water management project in Bihar, North Koel Water Project, Mandal Dam, Hadiyahi Dam, High Level Sone Canal, which are filled with silt, all these projects are lying in a half-incomplete state.

My demand is that all these projects should be completed in public interest. The revival work of North Koel Canal is going on at a cost of approximately Rs 2,350 crore. If a paved road is constructed on the upper part of one side parallel to the canal from zero to 109 kilometers, it will get strength in the coming time and the department will also have ease in the maintenance and repair work of the dam during the rainy season.

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I request the Government to constitute a committee to get the quality checked of the said project.

[English]

SHRI PUTTA MAHESH KUMAR (ELURU): Thank you, Sir, for giving me an opportunity to speak on an important issue related to the Polavaram Project in my constituency, Eluru. This project is very close to the heart of the people of Andhra Pradesh.

Sir, I would like to thank the hon. Prime Minister, the hon. Finance Minister and the hon. Jal Shakti Minister for recognizing the significance of Polavaram Project and its importance for nation's food security.

Sir, the Polavaram Project was first thought of during 1940s. The work on this project was initiated in 1980s. But the construction of the project picked up its momentum in 2014, and over 70 per cent of the work got completed by 2019. There was a flood in 2020 which badly affected this project and its work could not go further.

Sir, this is a dream project for the people of Andhra Pradesh. Once completed it will give benefits to six different States. It will produce about 960 megawatt of hydroelectric power, and will irrigate a land area of about 436,000 hectares. It will not only supply drinking water to about 28 lakh people across 540 villages but also ensure 23 TMC of water for industrial and domestic use in Visakhapatnam.

Now, with the NDA Government in the Centre and the TDP Government in the State, we hope this project to be completed as early as possible. People

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of Andhra Pradesh have been waiting for this project for almost 40 years. I would humbly request the hon. Jal Shakti Minister to once visit this project so that it can be completed.

Sir, through you, I would humbly request the Government to release all necessary funds for completion of Polavaram Irrigation Project and expedite all necessary approvals with regard to infrastructure and Relief and Rehabilitation Package (R&R). These two things are very important for completion of this project. This is a very important project. I would request the Government to consider it positively. Thank you, Sir.

[Translation]

HON. CHAIRPERSON: Shri Pradyut Bordoloi, not present.

Shri Daroga Prasad Saroj Ji, not present.

Shri Sanatan Pandey Ji.

SHRI SANATAN PANDEY (BALLIA): Hon'ble Chairperson Sir, I thank you from the bottom of my heart for giving me the opportunity to speak on a much talked about and multi-dimensional scheme like Jal Jeevan Mission.

Hon'ble Chairperson Sir, the entire State and the country had a hope from this Mission that they will get clean water. It was to be completed in five years from 2019 to 2024, but today not even 20 percent of their work is visible on the ground. I have doubts. This project has been given to those companies, I am not saying, but the Election Commission's report is that Mega Infrastructure Limited has given Rs 666 crore in the form of election bonds...*(Interruption)*

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HON. CHAIRPERSON: You are talking about Jal Jeevan Mission.

...(Interruptions)

SHRI SANATAN PANDEY: Sir, I am talking about the same. This is Jal Jeevan Mission.

HON. CHAIRPERSON: If every house in your constituency or anywhere else has not got tap water facility.

SHRI SANATAN PANDEY: Sir, I have praised your scheme.

HON. CHAIRPERSON: This is not our scheme. This is the Government's scheme.

SHRI SANATAN PANDEY: Sir, I have praised the Government's scheme, but I have doubts because we come from a rural area. The situation in our district is that everywhere, every road, every street has been dug up and left. There is no one to take responsibility of. It has become an accident prone area. I would like to highlight it. This work is done by the same companies.

HON. CHAIRPERSON: There is a clause of the Government that after the work is over, the road should be made in the same condition as it was, whether it is interlocking or other work. This is a very clear instruction from the Government.

SHRI SANATAN PANDEY: Sir, we agree with your view. But Sir, what I am afraid because this work has been given to the same companies which have purchased electoral bonds of Rs 966 crore as per the Election Commission.

...(Interruptions)

HON. CHAIRPERSON: Companies take contracts through tenders.

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SHRI SANATAN PANDEY: Sir, electoral bonds have been given to them and Rs. 966 crore has been taken from them. That is why I am afraid that the projects going on in the country have fallen prey to corruption. If these projects fall prey to corruption, then it is a question of life. I request you for this....(*Interruptions*)

HON. CHAIRPERSON: Shri Janardan Singh Sigriwal Ji, Not present.

Shri Suresh Kumar Kashyap Ji.

SHRI SURESH KUMAR KASHYAP (SHIMLA): Hon. Chairperson Sir, the heavy rainfall due to cloudburst has caused widespread devastation in Shimla, Mandi and Kullu and more than 50 persons have gone missing including 36 persons from Samej Village of Rampur.

Hon. Chairperson Sir, the Prime Minister himself on behalf of the Government is taking stock of the situation. Hon. Minister of Home Affairs and Hon. Minister of Health and Family Welfare have deployed NDRF. ITPB and Home Guards have been deployed there. Himachal Pradesh has been fully supported. Last time also when there was a loss, economic relief was announced by the Central Government in this year's budget. I urge the Central Government to provide full support to Himachal Pradesh. My topic for today is.(*Interruptions*)

HON. CHAIRPERSON: Hon. Members, please do not ask two Questions at a time. I did not mention another Question. If the issue of floods has been raised, it will not be accompanied by a question related to drug addiction.

....(*Interruptions*)

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SHRI SURESH KUMAR KASHYAP: I would like to request the Government to assess the damage caused by heavy rains.

HON. CHAIRPERSON: Hon. Member, you said that assistance should be given. Your point is on record.

SHRI SURESH KUMAR KASHYAP: I would like to request that this is the first spell of rain and it has caused huge damage. Last year too, 509 people died in Himachal Pradesh. This time also the first spell of heavy rains has caused severe damage. I am thankful to the Central Government. I urge the administration and the State Government to act promptly and provide all possible assistance.

SHRI RODMAL NAGAR (RAJGARH): Hon. Chairperson Sir, under the West Central Railway Zone and in my Lok Sabha constituency Rajgarh, Madhya Pradesh, the only railway section, the Maksi-Ruthiyai-Guna-Gwalior railway route has been given a historic gift in the form of its electrification by the Hon. Prime Minister and Hon. Minister of Railways. But in this course, the survey of doubling of Maksi-Ruthiyai-Guna-Gwalior railway section is left pending for the approval despite completion of all concerned formalities. After the approval of the survey, lakhs of business class of Sarangpur, Biaora, Pachore, Kumbhraj, Raghogarh, Chachaura etc. areas of Rajgarh parliamentary constituency and the general public will get the benefit of direct, cheaper and shorter commuting facilities from Delhi to Mumbai and the railways will get fast track for freight transportation. Through you, I would like to request the Hon. Minister of

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Railways, to favour the development of our region by sanctioning the doubling of Maksi-Ruthiyai-Guna-Gwalior section.

SHRI KALI CHARAN SINGH (CHATRA): Hon. Chairperson Sir, I have been elected to this House for the first time. I come from that Lok Sabha constituency from which a resident of that particular Lok Sabha constituency has become an MP for the first time since the independence of the country. So, I express my gratitude to the people there. Also, you have given me the time to speak for the first time, for this, I also thank you.

It has been more than 7 decades since the independence of the country. Chatra district headquarters has not been connected to the railway network. For the past 75 years, the local public has been agitating and demanding for the railway connectivity time and again. Still, that demand has not been fulfilled. Sir, through you, I would like to request the Minister of Railways to take necessary steps to connect Gaya to Chandwa via Chatra through the railway network. Since there are many coal projects in our Lok Sabha constituency, from where coal is supplied to power plants in many places of the country covering longer distance. It would be better if their distance could also be reduced.

Secondly, there is a district called Latehar. Trains used to stop there during the Corona period, but after the Corona period, the trains are not stopping there. I humbly request you to kindly resume the stoppages at Chandwa, Latehar, Chhipadohar and Kechki in the areas through which the trains pass. Thank you very much.

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SHRI DULU MAHATO (DHANBAD): Hon. Chairperson Sir, I have also been elected for the first time. I would like to raise the burning issue of displaced people in the country, especially in Koyalanchal region of Jharkhand. The coal companies have acquired the land belonging to the local ryots in the course of project expansion. After acquisition, they have not got employment, compensation and rehabilitation. Disposal of the cases takes a lot of time by the companies. Today, BCCL, ECL, CCL, WCL, BSL, DVC has thousands of such cases of displaced people which are pending for decades. The coal companies are also suffering heavy losses due to the cases of displaced people in the country, particularly in the Koyalanchal region of the country. Due to the working style of the companies, the ryots are refusing to surrender their land, due to which many mega projects are pending. Coal production has also come to a standstill due to the non-expansion of these mega projects. If the matter is not settled in time, the land of the ryots/ land owners is damaged by the company. Landowners have to struggle for land compensation and settlements. When the ryots take the path of agitation demanding their compensation and settlement, they are dealt with iron hands and prosecuted falsely.

HON. CHAIRPERSON: What is your demand? What do you want to ask?

SHRI DULU MAHATO: Hon. Chairperson Sir, my demand is that thousands and thousands of acres of land have been acquired in that area, whether it is BCCCL, CCL, WCL, BSL or DVC. Aggrieved people are neither being compensated nor given jobs. Secondly, 31 thousand acres of land was acquired by BSL to set up a 10 MW plant. Neither a 10 MW plant has been set up there, nor the land has

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been returned to them or compensation has been given to them. There are 19 such villages where people are neither under any panchayat nor are witnessing any developmental works after handing over their land. So, through you, I would like to urge upon the Government, that such a burning issue should be taken seriously and addressed properly so that the local residents can get relief and can also get compensation.

SHRI RAMPREET MANDAL (JHANJHARPUR): Hon. Chairperson Sir, my parliamentary constituency is Jhanjharpur. Due to the unavailability of Kendriya Vidyalaya here, children have to go to Darbhanga for studies. My parliamentary constituency falls under the administrative jurisdiction of Madhubani district. Madhubani district also does not have any Kendriya Vidyalaya. There are also SSB camp headquarters, customs office and branches of SBI and Punjab National Bank here. Along with this, there are many other offices of the Central Government. Due to the unavailability of Kendriya Vidyalaya in this area, the children of all these employees and officers have to commute to Darbhanga to get the facility of Kendriya Vidyalaya.

Sir, through you, I would like to demand from the Government to take immediate measures to open a Kendriya Vidyalaya in my constituency, Jhanjharpur. I will be grateful to you for that.

Thank you very much.

HON. CHAIRPERSON: Shri Kaushalendra Kumar - not present.

Shri Virendra Singh.

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SHRI VIRENDRA SINGH (CHANDAULI): Hon. Chairperson Sir, I come from Chandauli Lok Sabha constituency. My Lok Sabha constituency is situated at the border of Uttar Pradesh and Bihar. Due to BSNL's weak network, the border is not monitored properly. People are facing problems due to drug smuggling, cow smuggling and influence of Naxalism in the area. There are many such problems, which are not in the interest of the country. All this is done with the connivance of the local officials.

Sir, through you, I demand from the Government to take steps to fix the weak network of BSNL. BSNL towers should be installed along the banks of the Karmanasa river which divides Bihar and Uttar Pradesh. Half of our area is hilly and half of the area falls on the banks of the river. Therefore, such illegal activities are always taking place there and the authorities are unable to stop them.

Therefore, I demand that the new towers should be installed and protected to fix the BSNL network and some mechanism should be developed to prevent corruption so that the loss of revenue can be avoided.

SHRIMATI MANJU SHARMA (JAIPUR): Hon. Chairperson Sir, I would like to draw your attention to the old stepwells under the 'Virasat Bhi, Vikas Bhi' initiative. There are many such regions in our country where there are old stepwells. Today we talk about water harvesting. In the past, water was collected through stepwells. I come from Rajasthan which has been facing the persistent water crisis.

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Through you, I request the Hon. Minister to provide a package for their restoration and conservation of the stepwells, which were constructed during the era of *Rajas* and *Maharajas* to provide water to the people. Then, the people can get water on time and the resolution of 'Virasat Bhi, Vikas Bhi' could be encouraged.

Thank you.

DR. NISHIKANT DUBEY (GODDA): Chairman Sir, thank you very much.

Sir, the situation in Jharkhand is very bad. I am consistently saying that the Constitution is indeed in danger.(Interruptions) the thing will not be according to you. ...(Interruptions)

Chairman, Sir, the Government of India provides funds under the Sarva Shiksha Abhiyan and that funds are allocated to primary school and high schools. The said funds are spent on teachers, establishments and mid-day meal schemes. But a unique thing is happening here and a case is also under consideration in the Jharkhand High Court. In the Muslim dominated areas of Jharkhand and especially in our Santhal Pargana the names of primary schools and high schools have been written in Urdu. This has been done without any notification by the Government of Jharkhand or the Government of India. This is something we all have to understand.

Meena sahab has been DGP there, so he should tell about it that Sunday is a holiday all over India. Sunday is a holiday across the country, but in those schools Friday is the holiday. ... (Interruptions) Friday is the holiday in these schools and Urdu has been forcibly written behind the names of those schools.

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In this regard, there is not any notification either from the Government of India, or from the Government of Jharkhand, or from the court, or any other order from the DC or the Superintendent of Education there, whether the Constitution is not in danger?

That is why, through you I request the Government of India to serve them notices under article 355 for such a big constitutional crisis and get legal process started by DoP&T against the guilty District Magistrates of the concerned districts and cancel the Urdu name of the schools as well as the holiday on Friday without any delay.

Through you, this is my request to the Government of India to save the Constitution. Thank you.

[English]

SHRI SURESH KUMAR SHETKAR (ZAHIRABAD): Sir, as the House is aware, the prestigious flagship scheme of MGNREGS started 18 years back under the able and dynamic leadership of Dr. Manmohan Singh ji, during the regime of UPA Chairperson and our beloved Shrimati Sonia Gandhi ji.

During the year 2024-25, the total number of active workers working under the MGNREGS are 59.03 lakhs in the Telangana State, and there are 13.11 crore active workers in the country working as Rozgar Sevaks (Field Assistants). They are the backbone of the scheme and they are getting a meagre salary of around Rs. 10,000 only. There is a need to increase it to Rs. 35,000

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because of the sacrifices of their own and their families. The scheme has become very much success but their financial conditions still have not improved.

A total of 7,612 Field Assistants are working in Telangana. There is a need to adopt a uniform policy to adjust the workers from all the States because Telangana has less number of workers in the scheme. The Centre should bear 100 per cent expenditure of this scheme as the States have less budget.

Therefore, I request the hon. Minister of Rural Development through the Chair, to kindly consider increasing the manpower to increase the employment opportunities under the MGNREGS and to get their services regularized by treating them as full-time employees, as permanent workers, to provide regular and more and more livelihood to make it a success.

[Translation]

HON. CHAIRPERSON: All the 20 Hon'ble Members listed in ballot have got the opportunity to speak. If you all take one minute each, the names of those who are not on the ballot would also be called. My effort is to give a chance to those Members whose have not been listed in ballots yet.

[English]

SHRI SHREYAS M. PATEL (HASSAN): Sir, I rise today to draw your attention to some pressing concerns affecting my constituency. The recent heavy rains wreaked havoc on NH-75, causing mudslides and landslides. Notably, Sakleshpur Taluk in Hassan district, part of my constituency, experienced

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severe rainfall leading to landslides in the Shiradi Ghat. Vehicles were trapped, endangering precious lives.

However, the crisis extends beyond natural calamities. The NH-75's substandard construction has long plagued our region. This is not the first time that NH-75 is facing public wrath. People here often blame the unscientific hill cutting for widening works as the reason for frequent landslides for every monsoon since 2018. Astonishingly, the 45-km Hassan-Maranahalli stretch, initiated in 2017, remains incomplete. Adding to that is the issue of potholes. It was one of the biggest nightmares for the road users because for every monsoon, the potholes emerge as a byproduct of substandard work by the executors.

Imagine a vital NH route connecting Bengaluru to Mangalore languishing in substandard conditions. Landslides cause re-route of traffic, stranding countless vehicles, disrupting mobility, logistics, trade, livelihood, and at the most, the human lives are in danger.

I implore the Ministry of Road Transport and Highways to act swiftly and implement scientifically sound hill cutting measures, prevent landslides, and ensure a durable bitumen layer.

[Translation]

SHRIMATI MAHIMA KUMARI MEWAR (RAJSAMAND): Sir, today I have got the opportunity for the first time to speak. First of all, I would like to thank my

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Rajsamand family that they have not only made me win, but also sent me here with the biggest victory margin in Rajasthan. As I had told them that I would be their voice at the Union Government. Through you, I would like to tell them that whatever their work is, I will do it with full dedication.

I belong to that State, which is known for its devotion, power and bravery. I belong to that country, which is known for famous women like Meerabai, Rani Padmini, Rani Hadi and Panna Dhai. It is my pride that I am the daughter-in-law of that dynasty, which the whole world knows by the name of Maharana Pratap. Our ancestors never divided us on the basis of caste, class or religion. They had taken everyone together and everyone has made equal sacrifices for this brave land. I have been elected for the first time, but since the day I have come here, I feel very bad to hear when it is repeatedly said that discrimination is being done on the basis of caste, class and religion. Our history is 1400 years old. All 36 communities have fought every kind of battle together. These people have fought this battle for 1400 years. We have taken all the 36 communities forward by stringing them together like a garland. Today, when there is talk of discrimination here, it feels very bad.

Sir, my demand is that whether it is at the Centre or in the State, we are seeing that the religious places everywhere should be kept as religious places only, they should not become the places of entertainment business. Like in my area, there is Nathdwara and Shrinathji. It has a history, culture and religion. We should worship those places for that purposes only. Whether it is Banaras,

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Ayodhya or Badrinath, we should go there to worship only. We should not go there for entertainment. The Government should provide facilities there. There is a temple in Nathdwara. Along with that some people have built a very huge, different kind of Shiv temple with a tall statue. The people go to that temple through a lift. People go there with slippers on. It has become a different kind of temple. Through you, I request the Union Government and the State Government that religious places should be maintained for the purposes they are built for so that sentiments of people are not hurt. Sir, thank you very much for giving me the opportunity to speak.

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SHRI HARISH CHANDRA MEENA (TONK-SAWAI MADHOPUR): Hon.

Chairperson Sir, I am very grateful to you for giving me the opportunity to speak on issues related to my Parliamentary Constituency Tonk-Sawai Madhopur.

Sir, I would like to speak on the topic of drinking water and irrigation water. The Government has launched 'Har Ghar Nal' Scheme for drinking water. This Scheme sounds good, but its implementation is completely disappointing. I request the Government to monitor the implementation of this Scheme to see whether the public is getting due benefits of this Scheme or not, as a lot of complaints are being received in this regard. The Government has laid water pipelines everywhere, but water is not reaching anywhere. I request the Government to look in to this matter.

Sir, I would also like to put up another demand related to my Parliamentary Constituency. It is related to ERCP, which is an irrigation water scheme. This is Eastern Rajasthan Canal Project, which is called ERCP in English. The Prime Minister had gone there during the election rally. The Government had also announced about it during the elections, but I am saddened by the fact that not a single word was spoken for it in the Budget speech and not a single penny was released for this Scheme. I would like to urge the Government to provide the details of this Scheme.

Sir, I would like to raise one last issue. There is a dam in my Parliamentary Constituency which is located in two districts.

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HON. CHAIRPERSON: How many issues you would like to raise? You have been the MP earlier also. Only one issue is allowed to be raised during the Zero Hour.

SHRI HARISH CHANDRA MEENA: Sir, we have a Panchana Dam, which irrigates land of two districts of Rajasthan - Sawai Madhopur and Karauli. It has been closed since 2007, when BJP Government was in power in Rajasthan. The dam is filled with water every year. Through you, I would like to request from the Government that this dam should be opened, so that our farmers can get its benefit.

HON. CHAIRPERSON: Shri Manoj Kumar.

... (Interruptions)

HON. CHAIRPERSON: Shri Yogender Chandolia.

SHRI YOGENDER CHANDOLIA (NORTH WEST DELHI): Hon. Chairperson Sir, I am thankful to you for giving me time to speak.

Sir, I would like to draw the attention of this House to a matter. Today, in the newspapers of Delhi, there is a news article published related to the negligence of the Government of Delhi run by the Aam Aadmi Party. The Aam Aadmi Party led Government of Delhi runs Asha Kiran- Home for Mentally Challenged children in Rohini Sector-1. A large number of mentally challenged children live in it. It is with great sorrow that I have to say that I stand here to express my deep pain and anger over the tragic death of 13 children. The total

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number of deaths in July is 22. I visited Asha Kiran- Home for Mentally Challenged children today. I would like to present the details of the pathetic condition of the Home. More than 1200 mentally challenged children live there, whereas there is space to accommodate only 450-500 children there. If we talk about staff, there is not enough staff available there. More than 1100 children live in 32 dormitories there. There are 30-35 children live in one dormitory. They are compelled to live in extreme heat and suffocating conditions. There are not enough ventilation facilities there either. Children are being forced to live in such an environment.

Hon. Chairperson Sir, I urge the Government to get it investigated by a DM. Due to the negligence of the Government of Delhi, in the month of July, people are continuously dying in Delhi, whether it is due to waterlogging or due to electric shock. The deaths of these children should be investigated. The Government of Delhi has failed completely. The Government of Delhi cannot be run from jail.... (*Interruptions*)

[*English*]

DR. KALANIDHI VEERASWAMY (CHENNAI NORTH): Thank you very much, Sir. I would like to bring to your notice an irregularity which has been perpetrated by the RRB officials. The RRB officials have introduced a clause whereby the reservation policy is being affected. The reservation has been denied to the Scheduled Castes, Scheduled Tribes and OBCs because of this particular clause where they will not be eligible to participate in the open category or the

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unreserved category. A similar incident happened in 2021. When it was brought to the notice of the Railway Minister, he took action and it was rectified. Prior to the elections, this was rectified and it stood rectified. But after the elections, now again a similar clause has been added.

HON. CHAIRPERSON: Kindly put your demand.

DR. KALANIDHI VEERASWAMY: Hon. Chairperson, Sir, I would like the Minister to inquire into this. The clause which they have introduced says, 'The candidates who are shortlisted for second stage computer-based test availing the reservation benefits of a community like PwBD and ExSM, shall continue to be considered only against that community for all subsequent stages of recruitment process'.

I request the Minister to inquire into this; rectify the damage caused by removing the offending clause from the notification immediately; fix responsibility on those officials who have tried to subvert the Constitution; and identify the errant officials and ensure that they must no longer hold any positions of authority in recruitment in future. Thank you very much, Sir.

CAPTAIN VIRIATO FERNANDES (SOUTH GOA): Hon. Chairperson, Sir, I come from South Goa but I want to speak for the whole of Goa.

Today, whatever Goa is, it is because of the hard work put in by a lot of people, and among them is the ST community, which has got Gawda, Kunbi, Velip, and Dhangars. They are still to be recognised. Today, ten per cent of them

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form Goa's population, and they are crying for their rights. They want to be recognised. They also reached out to the Central Government, and in March, 2024, the hon. Prime Minister promised the community. In the Cabinet meeting, which was held in March, 2024, the Readjustment of Representation of Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024 was approved.

My humble request is that the Bill should be introduced at the earliest, and also, kindly give justice to the Scheduled Tribe communities of Goa.

[Translation]

SHRI SANJAY DINA PATIL (MUMBAI NORTH-EAST): Sir, I represent the Mumbai North-east Parliamentary Constituency. The entire garbage of Mumbai is dumped in my Constituency. ... (Interruptions) The garbage generated in the entire city of Mumbai is dumped in my Constituency due to which the incidence of diseases increases. Hospital services in my constituency are utterly poor. A General Hospital is under construction for the last 12 years. The condition of ESIC hospital is deplorable so much so that if a healthy person visits the hospital, he is likely to fall sick. The condition of the second General Hospital at Rajawadi is also very poor. The construction work of a hospital in Bhandup has just started and no one knows its likely date of completion. There is no information about the hospital in Vikhroli. Maximum garbage and medical waste is also dumped there, which is the chief reason for diseases. ... (Interruptions) Shivajinagar-Govandi taluka has the highest number of sick people. The people of the area mostly

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suffer from Tuberculosis. The condition is so bad, that even the Government survey shows the life expectancy of the people living there to be 10 to 15 years less than the people in other areas. A big hospital should be set up there. But, in place of a hospital, there is only one OPD. The hospital service in my area is very poor. I would like to request you to provide hospital service in my area and dumping of garbage, which is spreading stench and disease should be stopped as soon as possible. The health condition of a number of residents is poor in this area. It is very important to provide good hospital services in the area.

SHRI JITENDRA KUMAR DOHARE (ETAWAH): Sir, I come elected from Etawah Lok Sabha Constituency and from the home district of Hon'ble Shri Mulayam Singh Yadav ji. There are ten MPs from the area, two Rajya Sabha MPs from your Party and eight Lok Sabha MPs are from our Samajwadi Party. I would like to urge that stoppage of Durgam Express and Rajdhani Express should be provided at Etawah station. Stoppages for several trains which were discontinued at Achalda and Bharthana stations during the Corona period, have not been restored yet. I would like to demand that Ajmer Sharif Express train should also be provided stoppage there, so as to facilitate the people of Muslim community who go to Ajmer Sharif. I would like to point out that there are a lot of flaws in the MNREGA scheme being implemented by the Government. The District Magistrate is employing JCB instead of people for the works being done.

...(Interruption)

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SHRIMATI SHAMBHAVI (SAMASTIPUR): Hon'ble Chairperson Sir, I thank you for giving me the opportunity to speak on such an important and serious subject pertaining to my Parliamentary Constituency Samastipur.

Sir, I am speaking for the first time after the presentation of Budget. Being a daughter of Bihar, I would like to thank our celebrated Prime Minister Hon'ble Shri Narendra Modi ji and our Minister of Finance Shrimati Nirmala Sitharaman ji. They have presented such a budget, which will transform developing Bihar into developed Bihar. It will further strengthen the vision of 'Bihar First, Bihari First' of our honorable Chief Minister Shri Nitish Kumar ji and my Party's national president Shri Chirag Paswan ji.

Sir, I would like to draw the attention of the Government towards an important issue pertaining to my Constituency Samastipur. ... (*Interruptions*)

HON. CHAIRPERSON: Was it only a background till now?

... (*Interruptions*)

SHRIMATI SHAMBHAVI: Sir, our Minister of Finance announced in this Budget that 25 thousand rural areas will be connected with all weather roads under the Pradhan Mantri Gram Sadak Yojana. There is an area named Kusheshwar Sthan East in my Constituency, which often remains flooded. The impact of floods directly affects the employment of youth and the health of the elderly of the area. That is why, I would like to demand in the House that the dozens of villages around the State Highway 56, which is ready constructed, should be

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connected with All Weather Road under the Pradhan Mantri Gram Sadak Yojana. Thank you.

SHRI HARIBHAI PATEL (MAHESANA): Hon'ble Chairperson Sir, I thank you for giving me the opportunity to speak during Zero Hour.

Sir, through you. I would like to speak about a unique initiative which has been started from Mahesana, the birthplace of Hon'ble Shri Narendra Modi ji.

Hon'ble Chairperson Sir, in general there are two types of Diabetes affecting human body. One is Diabetes Type-1 and the other is Diabetes Type-2. The cure for Diabetes Type-2 is easily available. Medicines for its treatment are available at affordable prices in PM Jan Aushadhi Kendras.

Hon'ble Chairperson Sir, today, I intend to speak about Diabetes type-1. It mostly affects children younger than one year. Small children have to take insulin injections two-three times a day. The parents of poor children are not even aware of it. Therefore, the lifespan of those children gets reduced. The treatment for this disease is administered free of cost in Mahesana district. The Gujarat Government has made provision of funds regarding this in Budget. For this purpose, through you, I would like to urge the Honorable Minister of Health that such a scheme should be implemented throughout the country. Lakhs of children in the country who are suffering from diabetes type-1 will get a new life with this initiative. Thank you.

HON. CHAIRPERSON: You have made your point.

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Shri Aditya Yadav ji.

SHRI ADITYA YADAV (BADAUN): Hon'ble Chairperson Sir, I am grateful that you gave me the opportunity to speak about the problems of my Parliamentary Constituency Badaun during Zero Hour. Through you, I would like to request the Government to make allocation for opening a Kendriya Vidyalaya in Gunnaur Assembly Constituency under my Lok sabha Constituency Badaun which is located about 80 kilometers away from the district headquarters keeping in view the importance of education. Also, there is a large tract of Government land lying unused in the Dhanari area, on which a college can easily be constructed. Through you, I would like to request this. Thank you very much.

SHRI RAHUL KASWAN (CHURU): Hon'ble Chairperson Sir, I would like to speak for two minutes regarding the Pradhan Mantri Gramin sadak Yojana. Provision has been made in the recent Budget to connect 25 thousand new habitations within the year 2024-25. A Budget of Rs. 19 thousand crore has been allocated towards this.

Sir, the main objective of Pradhan Mantri Gramin Sadak Yojana is to connect villages with a coal tar road. Areawise Rajasthan is a very large State. My colleague Arjun ji is present in the House. There is a huge demand for Pucca roads in every village in the State. Provision was made for construction of eight thousand kilometers of road in Rajasthan in the last Budget also, but a provision to widen the existing road is in place. Through you, I would like to request the Government to amend the guidelines of Pradhan Mantri Gramin Sadak Yojana

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and the Kachcha roads in villages should also be topped with Coal Tar. Rajasthan is a very large State areawise. In my Lok Sabha constituency, there are villages like Sardar Shahar, Ratangarh, Sujangarh where road connectivity has not been provided till date. Provision should be made to top these Kachcha roads into Pucca roads by suitably amending the guidelines of Pradhan Mantri Gramin Sadak Yojana.

SHRIMATI KAMALJEET SEHRAWAT (WEST DELHI): Sir, I come elected from the West Delhi Lok Sabha Constituency. There is a road, named Shivaji Marg leading from Zakhira to Najafgarh in my Lok Sabha Constituency. Till Janakpuri A-1, there are authorized colonies on Shivaji Marg. There are other roads parallel to Shivaji Marg also. From Janakpuri A-1 till Najafgarh is an area of unauthorised colonies where there is only one road and there is no parallel road.

Hon'ble Chairperson Sir, there are four Assembly Constituencies located in this area, where 30 lakh people reside. Sahibi river flows parallel to it. A road can be developed along the banks of this river. I would also request the concerned Minister and Department to implement a Mono rail Project after conducting a survey which will greatly benefit the people and make their lives easier. Thank you very much for giving me the opportunity to speak.

HON. CHAIRPERSON: Your point is very clear.

[English]

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***SHRI VE. VAITHILINGAM (PUDUCHERRY):** Hon. Chairperson, Vanakkam.

Thank you for this opportunity.

We can say that there is a hike in the price of essential commodities in Puducherry. Particularly, the prices of food items are on steep rise. Rice, which is used in large quantities by the common people, has seen a price rise which the common people are unable to afford. A kilogram of rice is sold at Rs. 65 as it was Rs. 40 before.

But under the Food Security Act, we provide five kilograms of rice to ever person. This money for this rice is given to the people under Direct Benefit Transfer to their bank accounts. It means the price value of the DBT is at the rate of Rs.40 per kilogram, which comes to almost Rs.200 for five kilograms of rice per person.

Our demand is that, instead of that amount that is being transferred to the bank accounts, it should be given as rice or foodgrain. Moreover, this should be given to them by opening the ration shops. I urge that the Union Government should give permission for this. Thank you.

* English translation of the speech originally delivered in Tamil.

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[Translation]

SHRI AJAY BHATT (NAINITAL-UDHAM SINGH NAGAR): Hon. Chairperson Sir, I thank you for giving me the opportunity to speak on a very important topic. There is only one weekly train, runs from my Parliamentary Constituency Nainital district to Bandra, Mumbai via Kathgodam and Ramnagar. One train is not enough, because Uttarakhand is a big State. Tourists visit here from Mumbai and people from here also visit to Mumbai regularly. People visit to Ranikhet, Kausani, Girija Devi temple, Naina Devi temple and Pindari glacier. People have to face a lot of difficulties as the train operates only once in a week. Through you, I would like to request the Hon. Minister of Railways that the said train should be run for at least 3 days a week if not all the days of week.

SHRI BRIJENDRA SINGH OLA (JHUNJHUNU): Hon. Chairperson Sir, please give me a few minutes more. An agreement was signed on 12 May, 1994 for sharing of Yamuna water between Yamuna basin States, namely Haryana, Rajasthan, Uttar Pradesh, Himachal Pradesh and Delhi. Rajasthan Government, on the basis of the agreement, presented a DPR on 7 February, 2003, which was also approved by all the agencies of the Centre. It is very unfortunate that even after 30 years, water has not reached to us till date.

HON. CHAIRPERSON: Please speak about your demand so that it goes on record.

SHRI BRIJENDRA SINGH OLA: I am making a demand. One day suddenly before the Lok Sabha elections, the Hon. Chief Minister of Haryana, the Hon.

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Chief Minister of Rajasthan and the Hon. Union Minister of Jal Shakti Ministry held a press conference and announced that water from Yamuna will reach Jhunjhunu and Churu region in four months,.... (*Interruptions*)

HON. CHAIRPERSON: If I give him a chance, you will not be able to speak.

...(*Interruptions*)

HON. CHAIRPERSON: Shrimati Sangeeta Kumari Singh Deo ji, please speak.

[*English*]

SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR): Thank you, Mr. Chairman, Sir. My Parliamentary Constituency, Bolangir comprises two districts – Subarnapur and Bolangir. There is not a single industry in both the districts. As a result of this, there are a number of incidents of migration of labour to other States from these districts.

19.00 hrs

It is largely an agrarian economy which exists there. My request, through you, Sir, to the hon. Minister for Food and Processing is to set up several agro-based industries in my constituency.

[TRANSLATION]

HON. CHAIRPERSON: The proceedings of the House are extended till his speech is over.

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SHRI DEEPENDER SINGH HOODA (ROHTAK): Hon. Chairperson Sir, our experience of decades of democracy tells us that there are many classes which do not get representation in the Legislative Assemblies and in Lok Sabha in proportion to their population. The reason is that their population is scattered and there are very few areas in which they have concentrated population. The concentrated population is in very few Lok Sabha and Legislative Assembly constituencies. It includes the BCA class of Haryana, which is a landless and backward class. It is known as a skilled and hardworking class. The traditional and artisan classes, which includes Jangid, Prajapati, Kumhar, Vishwakarma, Panchal, Swarnakar, Sain, Kashyap, Pali, Jogi, Teli, Dhobi and Kamboj, do not get as much representation.

I would urge the Government that such arrangements may be made during delimitation process, in which Assembly seats in States and Lok Sabha seats will be increased in the country and that seats for these classes must be reserved or it should be ensured that they also get representation in proportion of their population in the Legislative Assemblies and Lok Sabha.

HON. CHAIRPERSON: The House now stands adjourned till 11 am on the 5th of August, 2024, Monday.

19.01 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, August 5, 2024/Sravana 14, 1946 (Saka).*

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