

CGHS beneficiaries can, however, go to any hospital for treatment in case of emergency.

It is necessary to have Checks and balances in the Scheme to prevent malpractices especially in view of limited availability of resources.

Non-compliance by MCI on granting parity of DNB to MD/MS

2248. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite notification issued by the Ministry providing equivalence to Diplomate of National Board (DNB) degree to MD/MS degree, in all respects, the Medical Council of India (MCI) is still not implementing the same and even in its recently amended rules it didn't provide equivalence to DNB degree holders from private hospitals;

(b) if so, the reasons for non-compliance of the rules framed in this regard; and

(c) whether any action will be initiated to rectify this anomaly to uphold the supremacy of Government order?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (c) The Central Government in consultation with Medical Council of India (MCI) has revised the notification issued on 20th February 2009, by amending the MCI's Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 allowing the persons possessing DNB qualification for appointment to various faculty positions in medical colleges with or without the requirement for additional teaching experience depending upon the level/designation of the post.

Increase in budgetary component for AYUSH

2249. SHRI ANIL MADHAV DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal before Government to increase the budget component for AYUSH in the total budget for the National Rural Health Mission (NRHM);

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The budget component for AYUSH under National Rural Health Mission (NRHM) is proposed by the States in their Annual Programme Implementation Plans and the same is considered and approved by the National Programme Coordination (NPCC) in the Ministry. The budget provision for 'Mainstreaming of AYUSH' under NRHM has constantly increased during the Financial Years 2008-09 to 2010-11 and were Rs. 44.77 crore, Rs. 199.84 crore and Rs. 236.77 crore respectively.

Mandatory blood testing for diabetes

2250. SHRI N. BALAGANGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether a large percentage of the population in India suffer from diabetes;
- (b) if so, whether Government proposes to conduct blood tests mandatorily, on every citizen;
- (c) if so, the details thereof; and
- (d) whether Government has any plan to distribute diabetes medicines freely for diabetic people living Below Poverty Line (BPL)?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The ICMR study on Assessment of Burden on Non Communicable Disease 2004, estimated that there were 3.78 crores diabetics in the country.

(b) and (c) The National programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has been initiated in 2010-11 which includes opportunistic screening of persons above the age of 30 years for diabetes & hypertension in various health care facilities. The programme will be implemented in Selected 100 districts across 21 States during the remaining period of the 11th Five Year Plan for which budget provision of Rs. 499.38 crores has been made.