

- (b) if so, whether Government has conducted any study in this regard;
- (c) if so, the details thereof; and
- (d) the steps proposed to be taken by Government to address this national problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The exact number of death cases due to Non-Communicable diseases in the country is not known. However, the report on "Study on cause of death by Verbal Autopsy in India" by Indian Council of Medical Research (ICMR), 2009 indicates the distribution of NCD deaths in the country in 2003-04 for 5 selected states of Assam (43%), Bihar(34%), Tamil Nadu(49%), Rajasthan (29%) and Maharashtra (54%). The study suggests that 75% deaths occur in adults. The findings show that NCDs account for more deaths in states which were in higher socioeconomic strata as compared to the others.

A prospective study of one million deaths in India was undertaken by Registrar General of India in collaboration with CGHR Toronto to improve the cause of death statistics in India. As per the report on cause of death in India 2001-03 by Office of the Registrar General of India, 2009, non-communicable diseases are the leading causes of death in the country for 42% of all deaths.

(d) The Government of India has initiated a National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke at an estimated outlay of Rs. 1230.90 crore for the 11th Five Year Plan. The programme covers 100 districts in 21 States during 2010-12. The programme focuses on health promotion, capacity building including human resource development, early diagnosis and management of these diseases and integration with the primary health care system.

#### **Health Insurance Schemes under implementation**

238. SHRIMATI VASANTHI STANLEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the various health insurance schemes being implemented by Government;
- (b) what is the total number of citizens covered by these schemes;
- (c) whether Government has considered increasing the coverage of health insurance to include more beneficiaries, if so, the details thereof; and

(d) if not, reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Universal Health Insurance Scheme (UHIS) was started w.e.f. 14 July, 2003 to improve the access to Health care of the population, in general, and the poorer sections of the society in particular. The Scheme is implemented by the Public Sector General Insurance Companies. The Scheme was revised in the year 2004 and 2008 wherein the premium was reduced and the coverage of benefits under the Scheme was expanded. The salient features of the existing UHIS are as under :

**Premium payable:** The premium payable ranges between Rs. 300/- to Rs.600/- per year depending upon number of family members with Government of India subsidy ranger between Rs. 200/- and Rs. 400/-.

**Extension of maternity benefits:** The Maternity benefit has been extended in the revised Scheme subject to Rs.2,500/- per case for normal and Rs.5,000/-for caesarean delivery. This amount would also cover the medical expenses incurred in respect of the new born child up to 3 months.

**Increase in upper age limit:** The upper age limit for coverage has been increased from the existing 65 years to 70 years to being more families under the scope of the scheme.

**Inclusion of pre-existing diseases:** All pre-existing diseases have been covered which were earlier excluded from the scope of the scheme.

**Benefit of loss of wages:** In the revised Scheme, this benefit has been extended to the spouse of the insured also.

The year wise coverage of the scheme since 2008-09 is as under :

Year	No. of Policies issued	No. of Persons covered
2008-09	2,61,606	11,01,004
2009-10	2,45,893	30,07,612
2010-11	78,299	29,87,199
2011-12 (up to May, 2011)	4,787	1,00,062

The Rashtriya Swasthya Bima Yojana was launched on 01.10.2007 to provide smart card based cashless health insurance cover of Rs. 30000/- per annum per family to BPL families ( a unit of five) in the unorganized sector on family floater basis. The scheme became operational from 01.04.2008.

The scheme is presently implemented in 25 States/Union Territories. More than 2.4 crore BPL families have been covered under the scheme. The scheme has been extended to building and other construction workers registered with Welfare Boards constituted under the Building and other Construction Workers (Regulation of Employment and Condition of Service) Act, 1996 and street vendors, beedi workers, MGNREGA beneficiaries who have worked for more than 15 days during the preceding financial year, and Domestic Workers. The Ministry of Railways has also extended RSBY to licensed porters, vendors and hawkers.

#### **Infrastructure sub-sector status for health sector**

239. SHRI R.C. SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the Finance Ministry has given 'health' infrastructure sub-sector status;
- (b) if so, how the new status would help flow of funds to this sector; and
- (c) what other advantages that health sector will have with this new tag?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Central Government has included Education, health and skill development, without annuity provision, as eligible sub-sectors under the Scheme for support to Public Private partnerships in infrastructure (Viability Gap Funding) vide notification No. 3C/1/2011-PPP dated May 4, 2011. It is envisaged that this will encourage flow of private sector investment in these sectors.

#### **Restriction on access to certain drugs**

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

- (a) whether the Central Drugs Standard Control Organisation (CDSCO) has any plan to restrict access to certain drugs including certain anti-biotics under the Drugs and Cosmetics Act;