

(c) the details of the benefit to be extended to common patients through this exercise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD) : (a) Yes.

(b) and (c) The need to establish such a board was discussed and recommended by Twelfth Plan Working Group on Health Research. Considering the recommendations, the Government recognized the urgent requirement of Medical Technology Board in India and therefore, has decided to set up the Medical Technology Assessment Board (MTAB) for evaluation and appropriateness and cost effectiveness of the available and new Health Technologies in India. The MTAB aims to encourage the process and finalize the development of standardized cost effective interventions that will reduce the cost and variations in patient care, expenditure on medical equipment in directly affecting the cost of patient care, overall cost of medical treatment, reduction in out of pocket expenditure of patients and streamline the medical reimbursement procedures.

Tax exemption for SBTC

550. SHRIMATI SMRITI ZUBIN IRANI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any process has been initiated by the Ministry in consultation with the Finance Ministry to grant income tax exemption to State Blood Transfusion Council (SBTC);

(b) if so, the progress thereof; and

(c) if not, by when the necessary action will be taken?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD) : (a) No.

(b) Not applicable.

(c) As and when any request received from State Blood Transfusion Councils regarding Tax Exemption the matter will be taken up by the department in this regard.

Universal health coverage

551. SHRI DEVENDER GOUD T. : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the extent to which Government has been able to go ahead to provide universal health cover to all citizens of the country;

(b) whether it is a fact that National Advisory Council (NAC) has recently submitted its recommendations to Government in this regard;

(c) if so, the details thereof; and

(d) what action his Ministry has taken on those recommendations so far?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) There has been a constant endeavour on part of Union and State Governments to meet health care needs of population in an affordable manner. This gained momentum with the launch of National Rural Health Mission in 2005 and further with setting up of National Health Mission (NHM) in Twelfth Plan which aims to achieve the vision of “Attainment of Universal Access to Equitable, Affordable and Quality Health Care Services, Accountable and Responsive to People’s needs with Effective Intersectoral Convergent action to address the wider social determinants of health” and provides the mechanism for achieving the long-term goal of Universal Health Coverage (UHC). Presently, Government of India supports States for various free services such as immunization, family planning services, maternal and child healthcare services including those under Janani Shishu Suraksha Karyakram, screening of children up to eighteen years for Diseases, Deficiency, Defects and Developmental Delays including Disability and medical follow up including treatment upto tertiary level under Rashtriya Bal Swasthya Karyakram, adolescent health services, emergency patient transport and referral services, free diagnosis and treatment for communicable diseases like TB, Leprosy and Vector Borne diseases like Malaria, and HIV/AIDS. The Government is also implementing Rashtriya Swasthya Bima Yojana (RSBY) to provide health insurance cover upto Rs. 30,000 for upto 5 members of a family belonging of BPL or certain other specified vulnerable groups. The states have also been requested to undertake Universal Health Coverage (UHC) pilot in one district of the state under the National Health Mission (NHM).

(b) and (c) Yes. The details are available in www.nac.nic.in/communication.htm. The broad areas of NAC recommendations are summarised as under:

- (i) Financing for Universal Health Coverage (UHC).
- (ii) Regulation and Legislation for UHC.
- (iii) Community action for UHC.
- (iv) Urban Health.

(v) Roll out plan for UHC.

(d) In light of limited fund availability, states have been requested to undertake UHC pilot in one district of the state under the NHM. Some of the key actions taken *inter-alia* include issue of guidelines and provision of funds for implementation of the National Urban Health Mission (NUHM), creation of separate flexible pools for Communicable Diseases and Non-Communicable Diseases including injury and trauma to ensure greater flexibility *inter se* between various Disease Control Programmes and other programmes, requesting States to undertake activity mapping for devolution of transfer of fund, functions and functionaries to Panchayati Raj Institutions, Certification of ASHAs to enhance competency and professional credibility etc.

Regulation of medical treatment costs

552. SHRI MANSUKH L. MANDAVIYA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of action taken by Government in consultation with State Governments for regulation of private hospitals, as lack of any regulation for the cost of medical treatment in private hospitals and dispensaries, majority of people are facing greater difficulties although Government has intact Model Act, 2010; and

(b) the details of action has been taken by Ministry on representation to shape out Special Tribunal to resolve disputes regarding medical sectors in consultation with Ministry of Consumer Affairs and State Governments?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD) : (a) Health is a state subject and it is primarily the responsibility of the respective State Governments to monitor and regulate hospitals.

However, the Central Government has enacted Clinical Establishments (Registration and Regulation) Act, 2010 for registration and regulation of the Clinical Establishments including private hospitals.

As per the Clinical Establishments (Central Government) Rules, 2012, under the above mentioned Act, the clinical establishments shall display the rates charged for each type of services provided and facilities available at a conspicuous place in local as well as English language. Further, the clinical establishments shall charge the rates for each type of procedures and services within the range of rates determined and issued by the Central Government from time to time in consultation with the State Governments.