consultation on the Bill to arrive at a consensus for its smooth passage in the Parliament. In pursuance of the this recommendation, meetings of leaders of various political parties were held on 14th August, 1997 and 13th December, 1999, but no consensus could emerge in favour of the Bill.

In view of the provisions of the NPP, 2000 affirming commitment of the Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services with target free approach in administering family planning services, launching of NRHM in April, 2005 and the re-affirmation of the then Hon'ble Prime Minister about commitment of the Government for voluntary and informed choice of availing reproductive health care services, where there is no place for incentives and disincentive, a draft Cabinet Note for withdrawal of the Bill was proposed in August, 2007. However, no decision has been taken on the fate of the Bill.

Free health care facilities for the poor

†1069. DR. SANJAY SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is proposing to provide free hospital facility to the people living below the poverty line (BPL category) through ration cards;

(b) if so, the details thereof;

(c) the cities and hospitals where this facility would be available at present;

(d) whether besides Government hosptials private hospitals are also being brought under this ambit;

(e) if so, the details thereof;

(f) if not, the reasons therefor; and

(g) by when Government would implement free health facilities for the poor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (g) Health is a State subject and it is the responsibility of the State Government to provide adequate and affordable hospital facility to all the people. As far as three Central Government hospitals in Delhi, namely Safdarjung Hospital,. Dr. RML Hospital and Lady Hardinge Medical College & associated Hospitals are concerned, treatment is provided free of cost to all those who visit these hospitals irrespective of

†Original notice of the question was received in Hindi.

their economic status. Routine investigations are also done free of cost. Nominal charges are levied for specialized investigations which are also waived off for BPL/poor and deserving patients.

National Anti-TB Drug Resistance Survey

1070. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has launched National Anti-Tuberculosis (TB) Drug Resistance Survey in the country;

(b) if so, the details thereof and progress of the survey;

(c) whether it is also a fact that if a person with MDR-TB spreads the disease to someone else and that person comes down with active disease, the disease will be multi-drug-resistant from the beginning; and

(d) if so, the immediate steps taken by Government to prevent, the deadly disease from spreading and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes. The Revised National Tuberculosis Control Programme (RNTCP) has initiated a national anti-tuberculosis drug resistance survey in a representative sample of 5214 patients consisting of newly diagnosed sputum smear-positive pulmonary TB cases and previously treated sputum smear-positive pulmonary TB cases. The nationwide drug resistance survey (DRS) will provide RNTCP with a better estimate on the burden of Multi-Drug Resistant Tuberculosis in the community. This survey will be the first national level survey for TB drug resistance in India. As part of the survey, the samples will be subjected to susceptibility testing for 13 anti-TB drugs (5 first line drugs and 8 second line drugs).

A total of 527 patients have been registered under the survey by end October, 2014.

(c) There is no evidence to suggest that a person with MDR-TB may not spread a disease which is also MDR-TB.

(d) The Government is implementing services for programmatic management of drug resistant TB (PMDT) since March 2013. Under the Revised National Tuberculosis Control Programme, diagnosis of Drug Resistant TB is conducted through quality assured