

1	2	3	4
21.	Gujarat	358.01	0.00
22.	Haryana	489.30	0.00
23.	Karnataka	0.00	0.00
24.	Kerala	66.50	66.50
25.	Maharashtra	766.08	0.00
26.	Punjab	140.00	0.62
27.	Tamil Nadu	0.00	0.00
28.	Telangana	284.74	1.40
29.	West Bengal	456.26	233.96
SUB-TOTAL		2964.94	302.48
<b>(D) Small States/UTs</b>			
30.	Andaman and Nicobar Islands	0.00	0.00
31.	Chandigarh	0.00	0.00
32.	Dadra and Nagar Haveli	0.00	0.00
33.	Daman and diu	0.00	0.00
34.	Delhi	0.00	0.00
35.	Lakshadweep	14.40	0.00
36.	Puducherry	0.00	0.00
SUB-TOTAL		14.40	0
GRAND TOTAL		4445.03	975.49

*Note:* 1. Expenditure includes expenditure against Central Release, State Share and unspent balances at the beginning.

2. The above figures are as per FMR reported by State/UTs.

#### **Special provision for treatment of BPL/AAY patients in hospitals**

2340. MIR MOHAMMAD FAYAZ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the private hospitals are charging extra from poor people pertaining to Below Poverty Line (BPL)/Antyodaya Anna Yojana (AAY); and

(b) whether Government is thinking/planning to make special provisions for easy treatment on low charges in private institutes for poor people belonging to BPL/AAY category in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) No such specific complaint has been received in this Ministry.

(b) The Ministry of Health and Family Welfare is implementing Rashtriya Swasthya Bima Yojana (RSBY). Under this scheme, Health Insurance Coverage of ₹ 30,000/- per family per annum is provided to BPL and 11 defined categories of unorganized workers, on the approved packages and package rates in the empanelled hospitals (both public and private).

The Government has approved the launch of Ayushman Bharat - National Health Protection Mission (AB-NHPM) during the year 2018-19 which will cover over 10 crore poor and vulnerable families (approx. 50 crore beneficiaries) providing coverage upto ₹ 5 lakh per family per year for secondary and tertiary hospitalization. The beneficiary families under the AB-NHPM are identified based on SECC deprivation criteria for rural area and 11 defined occupational categories for urban areas.

Also, the Government of India has enacted Clinical Establishments (Registration and Regulation) Act, 2010 for registration and regulation of all clinical establishments (both Government and Private) in the country. In accordance with the Clinical Establishments (Central Government) Rules, 2012 under the said Act, the clinical establishments in the States/Union Territories where the said Act is applicable are *inter alia* required to display the rates charged for each type of services provided and facilities available, at a conspicuous place and charge the rates for each type of procedure and services within the range of rates determined from time to time in consultation with the State Governments. The National Council for Clinical Establishments has approved a standard list of medical procedures and a standard template for costing of medical procedures and shared the same with the States and Union Territories for appropriate action by them. The clinical establishments are also required to follow standard Treatment Guidelines issued by the Central Government or State Government. The Act is currently applicable in eleven States and all Union Territories except Delhi. The implementation and enforcement of the said Act falls within the remit of the States/Union Territories.

#### **Antenatal care for pregnant women**

2341. DR. K. V. P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of pregnant women are not getting sufficient antenatal care in India;

(b) if so, the details thereof along with reasons therefor; and