

the country since Central Government Health Scheme (CGHS) is primarily meant for the Central Government Employees and Pensioners receiving their salary/pension from Central Civil Estimates.

Most of the elite as well as top level sportspersons, undergoing training at Centres of Sports Authority of India (SAI) are provided expenses towards medical treatment and insurance under various schemes of SAI. Moreover, Sports persons, who are working in Central Government, State Governments, Central PSUs are entitled for same facilities for medical treatment as are available to other employees, as per their respective schemes.

#### **PMSSY in Tamil Nadu**

739. DR. R. LAKSHMANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has not selected any State Government Medical Colleges/Hospitals for upgradation during phase IV and Phase V(A) under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the State of Tamil Nadu; and

(b) if so, the reasons for not choosing any State Government Medical Colleges/Hospitals for upgradation during Phase IV and Phase V(A) under PMSSY in the State of Tamil Nadu?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Government of India has taken up 73 Government Medical Colleges (GMCs) for upgradation in various States/UTs of the country to provide super speciality medical care facilities.

Following 4 Government Medical Colleges in Tamil Nadu have already been approved for upgradation under different phases of PMSSY:

- (i) Govt. Mohan Kumaramangalam Medical College, Salem under Phase-I.
- (ii) Madurai Medical College under Phase-II.
- (iii) Thanjavur Medical College under Phase-III
- (iv) Tirunelveli Medical College under Phase-III.

However, the identification of GMCs for upgradation under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is based on the following considerations/objectives:

- (i) Availability of tertiary health care services both in public and private sectors in the regions, and gaps thereof.
- (ii) To remove regional disparity in the availability of tertiary level healthcare facilities in the identified region/State, especially in the backward areas.
- (iii) NHM initiative particularly in the EAG States and other backward and vulnerable region will create the demand for affordable quality tertiary health care, as this continues to be largely unmet.
- (iv) There are many requests from the State Governments, representations of public representative etc. to improve the infrastructural facilities in the respective medical College institutions.
- (v) GMCs have been included across the country in different States to remove gaps in the availability of and to bring about equitable up-gradation of tertiary health care services in the entire country in various phases of PMSSY.

#### **Marketing of unapproved and risky drugs**

740. SHRI RIPUN BORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of marketing of unapproved, risky and nonefficacy drugs in the country;
- (b) if so, whether Government has identified the products and asked the companies for clinical trial and fitness certificate therefor;
- (c) if so, whether Government is also aware of the trafficking of falsified and substandard medicinal products in the country thereof; and
- (d) if so, report of Drugs Technical Advisory Board in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) No drug can be sold in the country without due approval and valid license of the concerned licensing authority as stipulated in the Drugs and Cosmetics Act, 1940 and Rules, 1945 thereunder.