

Sl. No.	Name of Hospital	Number of nurses	Working since
2.	Dr. Ram Manohar Lohia Hospital	191	01 May, 2009
			36 June, 2009
			01 July, 2009
			01 September, 2009
			07 December, 2009
			121 December, 2015
			14 January, 2016
			07 March, 2016
			03 July, 2016
3.	Lady Hardinge Medical College and Associated Hospitals	Shrimati Sucheta Kriplani Hospital Kalawati Saran Children's Hospital	150 43 February, 2016 February, 2015

(c) and (d) The contract nurses in these hospitals are appointed purely on contractual basis with no provision for regularisation as per terms and conditions of the contract. Keeping in view that the patient care services are not suffered, the appointments are made on contract basis in the absence of regular appointments as an interim arrangement till regular appointments are made.

Accessibility of quality hospitals

2980. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that access of patients to the best quality hospitals at reasonable rate is a great problem in the country and if so, the details of steps Government has taken in this regard; and

(b) whether Government is aware that Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is being implemented well only in some States with many States showing no interest and if so, the details thereof and Government's reaction in regard thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Providing access to quality healthcare services at affordable rate and thereby move towards Universal Health Care is a key priority of the Government.

'Public Health and Hospitals' being State Subject, the primary responsibility of providing quality healthcare services at its affordable rate is that of respective State/UT Governments. Details of steps taken by Central Government in this regard are given in the Statement (*See below*).

(b) Most of the States/UTs have already signed Memorandum of Understanding (MoU) for implementation of PMJAY.

At present 33 States/UTs have signed MoUs for implementation of PMJAY. Of that 29 have already started implementation. The State of Rajasthan, Kerala, Punjab and UT of Puducherry are yet to implement the PMJAY. Only the States of Telangana, Odisha and Union Territory of Delhi have not signed MoU for implementing PMJAY.

Statement

Details of steps taken by Central Government to provide quality healthcare services at affordable price

1. Ayushman Bharat: This initiative with following two key components aims to provide holistic quality healthcare close to the community at affordable price:—
 - (i) Pradhan Mantri Jan Arogya Yojana (PMJAY) has been launched on 23.09.2018 to provide health coverage upto ₹ 5 lakh per family per year for secondary and tertiary hospitalization to around 10.74 crore poor and vulnerable families. This scheme covers poor and vulnerable families based on deprivation and occupational criteria as per SECC data. This covers treatment in both public and private hospitals. Over 10,000 hospitals are currently empanelled under PMJAY.
 - (ii) Health and Wellness Centres to provide comprehensive healthcare through strengthening of Sub Centres and Primary Health Centres.
2. National Health Mission is essentially for strengthening of public health facilities as per Indian Public Health Standards. This is a major attempt to provide quality

healthcare services at affordable rates and provide social protection particularly poor and marginalized sections. Implementation of National Quality Assurance Programme (NQAP) under the NHM is a key initiative for providing quality assurance in public health facilities.

3. Enactment of the Clinical Establishments (Registration and Regulation) Act, 2010 and notification of Clinical Establishment (Central Government) Rules, 2012 to *inter alia* regulate cost and quality of care.

Study on impact of ENDS/e-cigarettes on health

2981. SHRI SANTIUSE KUJUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Ministry has issued an advisory to all States and Union Territories to stop sales of Electronic Nicotine Delivery Systems/E-Cigarettes/E-Sheesha/ E-Hooka/ Heat-not-Burn products;

(b) whether Ministry has conducted any study that ascertains health effect of Electronic Nicotine Delivery Systems (ENDS), e-Cigarettes and intends to issue similar advisory for conventional paper rolled cigarettes; and

(c) whether any of the medical institutions under the Ministry have conducted any study on Electronic Nicotine Delivery Systems and their effect on public health and analysed the regulation of Electronic Nicotine Delivery Systems in countries like the UK and the New Zealand?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes. In order to prevent the initiation of Electronic Nicotine Delivery Systems (ENDS) by non-smokers and youth, and in the larger public health interest, the Ministry of Health and Family Welfare, Government of India has issued an advisory to all States/Union Territories to ensure that any Electronic Nicotine Delivery Systems (ENDS) including e-Cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavoured Hookah, and the like devices that enable nicotine delivery are not sold (including online sale), manufactured, distributed, traded, imported and advertised in their jurisdictions, except for the purpose and in the manner and to the extent, as may be approved under the Drugs and Cosmetics Act, 1940 and Rules made thereunder.