

supporting States/UTs under NHM for provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/AIDS, vector borne disease viz. Malaria, Dengue, Kala Azar, Leprosy, etc. Other major initiatives for which the States are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishore Swasthya Karyakram (RKSK).

Under NHM, States are supported to develop public hospitals including district hospitals to Indian Public Health Standards. Under District Hospital Strengthening Programme, States are encouraged for increasing the range and services of various specialities and also for initiating training courses for medical, nursing or paramedical personnel.

Treatment of CGHS beneficiary in non-empanelled hospitals

2958. SHRI AMAR SHANKAR SABLE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that there have been a number of court rulings to the effect that if a CGHS beneficiary is admitted in a non CGHS empanelled hospital in an emergency situation then he/she is entitled for full reimbursement and will not be subjected to the CGHS rate ceilings;
- (b) if so, the details thereof along with the names of such Courts of Law;
- (c) whether those rulings have been implemented by Government; and
- (d) if so, the details of such orders/ notifications issued in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) There are no specific court rulings to the effect that if a CGHS beneficiary is admitted in a non CGHS empanelled hospital in an emergency situation then he/she is entitled for full reimbursement and will not be subjected to the CGHS rate ceilings.

Hon'ble Supreme Court of India *vide* its Judgement dated 13th April, 2018 in the WP (Civil) No. 694 of 2015 between Shri Shiva Kant Jha Vs Uol has given directions to frame guidelines for settlement of medical claims of pensioners within 1 month and for constitution of a High Powered Committee for settlement of grievances of medical claims of pensioners. Accordingly, Office Memoranda No. Z. 15025/38/2018/DIR/CGHS,

dated 14.05.2018 and No. Z.1 5025/38/2018/DIR/CGHS/EHS, dated 22.05.2018 have been issued for fixation of timelines for settlement of medical claims of pensioners and constitution of High Powered Committee respectively.

There is already a provision under CGHS for consideration of medical expenditure incurred for treatment under emergency in non-empanelled hospitals at CGHS rates and to undergo treatment in non-empanelled hospitals at CGHS approved rates after obtaining permission from Competent Authority.

Preventing infant mortality

2959. SARDAR BALWINDER SINGH BHUNDER: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has taken any step to stop the infant mortality in the country, especially in Punjab;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Yes. Under National Health Mission (NHM), to reduce Infant Mortality Rate (IMR), various programmes and schemes are being implemented by States/ UTs including Punjab. Health being a State subject, the Central government provides technical and financial assistance to States/ UTs based on proposals received in their Annual Program Implementation Plan (APIP) under NHM. The initiatives for reducing IMR under the NHM include:

- (1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.