

schemes of the States. In other words, both the schemes can run concurrently and leveraging each others' strengths. AB-PMJAY has been designed in such a manner that it is aspirational, entitlement-based, and portable while ensuring the spirit of Cooperative federalism. States will significantly benefit through the following features of AB-PMJAY:—

- (i) National portability
- (ii) Additional Resources
- (iii) State-of-the-art IT Platform
- (iv) Data and Fraud/Abuse Analytics

States will also learn from the experience of other States in implementation of similar schemes.

CGHS empanelled hospitals

1850. SHRI OSCAR FERNANDES: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the CGHS empanelled hospitals deny/discourage treatment to CGHS patients on some pretext or the other;

(b) if so, how many such cases have come to the notice of Government and what action Government has taken on such complaints;

(c) whether Government has a mechanism to ensure that the CGHS beneficiaries are allotted wards/rooms according to their CGHS entitlement; and

(d) what mechanism Government proposes to introduce so that the CGHS empanelled hospitals become duty bound to treat the CGHS beneficiaries and cannot afford to refuse them treatment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Government have received 19 such complaints. As and when such complaints are received, Show Cause Notice is issued to erring hospital and in case of unsatisfactory explanation from the hospital, suitable action is taken as per the terms and conditions of empanelment which includes penalty of 15% of Performance Bank Guarantee or even suspension of empanelment. As per the terms and conditions of empanelment the empanelled hospitals are required to provide treatment facilities to CGHS beneficiaries as per their ward entitlement.

Vide Circular No Z 15025/46/2019/DIR/CGHS dated 25th June 2019, Nodal Officers designated by CGHS require to carry out surprise/random check of empanelled hospitals and diagnostic centres to ensure their compliance to the terms and conditions of empanelment and to examine the complaints against the hospitals and diagnostic centres.

Rising cases of violence against medical fraternity

1851. SHRI SUSHIL KUMAR GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are rising incidents of violence against medical fraternity in the country;

(b) if so, the measures proposed to be taken by Government to prevent violence against doctors and paramedical staff;

(c) how many incidents of violence have been reported to the Ministry in the last one year; and

(d) whether Government will consider constituting a committee to suggest some ways to prevent incidents of violence against doctors while on duty?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Yes, incidents of strike by doctors because of alleged assault on doctors on duty in various parts of the Country have come to the notice of the Government.

As per Constitutional provisions, 'Health' and 'Law & Order' are State subjects. Therefore, the concerned State/UT Government are required to take measures to prevent such incidents under the appropriate legal framework applicable in the respective State/UT. Details of such cases is not maintained centrally.

Government has constituted a Committee to examine various aspects of a uniform legislative framework to prevent assault on clinical establishments and doctors on duty.

Regular scrutiny of Government Hospitals and CHCs

1852. SHRI SUSHIL KUMAR GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any mechanism for regular scrutiny of the functioning of Government hospitals and Community Health Centres (CHCs);