

(1100/CS/RP)

1101 बजे

(माननीय अध्यक्ष पीठासीन हुए)

...(व्यवधान)

स्थगन प्रस्ताव की सूचनाओं के बारे में विनिर्णय

1101 बजे

माननीय अध्यक्ष: माननीय सदस्यगण, मुझे कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएँ प्राप्त हुई हैं, लेकिन मैंने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

...(व्यवधान)

माननीय अध्यक्ष : दादा, आप बैठ जाइए। मैंने आपको व्यवस्था दे दी है।

...(व्यवधान)

.....

RE : DEROGATORY REMARKS AGAINST THE CHAIR

माननीय अध्यक्ष : आजम खां जी।

श्री मोहम्मद आजम खां (रामपुर): माननीय अध्यक्ष जी, जो बात आपके समक्ष मेरे संबंध में आई है, मेरी कोई ऐसी भावना चेयर के प्रति न थी, न हो सकती है। मैं दो बार संसदीय कार्य मंत्री रहा हूँ, चार बार मंत्री रहा हूँ, नौ बार विधायक रहा हूँ और राज्य सभा सदस्य रहा हूँ। मेरे भाषण, मेरे आचरण को पूरा सदन जानता है। इसके बावजूद भी अगर चेयर को मेरे प्रति ऐसा लगता है कि मुझसे कोई भावना में गलती हुई है, तो मैं उसके लिए क्षमा चाहता हूँ...(व्यवधान)

माननीय अध्यक्ष : कृपया, एक मिनट रुकिए।

...(व्यवधान)

माननीय अध्यक्ष : रमा देवी जी, आपको क्या कहना है?

...(व्यवधान)

श्रीमती रमा देवी (शिवहर): महोदय, मैं नहीं सुन पायी।...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): महोदय, मैं यहाँ बगल में बैठा हूँ जो उन्हें कहना था, उन्होंने अपनी बात कह दी है।...(व्यवधान)

माननीय अध्यक्ष : आजम खां जी, आप एक बार फिर बोल दें।

संसदीय कार्य मंत्री; कोयला मंत्री तथा खान मंत्री (श्री प्रहलाद जोशी): जो कुछ भी हुआ है, जो चर्चा हुई है, बाद में भी जो चर्चा हुई है, वह सब हमने सुनी हुई है। मैं सिर्फ यह अपील करता हूँ कि जो पूरा महिला सदस्यों का, पूरे महिला समाज का अपमान हुआ है, ठीक शब्द से उन्हें क्षमा माँगनी चाहिए और इसे खत्म करना चाहिए। पहले उन्हें क्षमा माँगनी चाहिए।...(व्यवधान) He has not done it. ...(Interruptions) You want to defend him....(Interruptions) What is it that you are doing? ...(Interruptions)

माननीय अध्यक्ष : एक मिनट रुकिए।

...(व्यवधान)

माननीय अध्यक्ष : रमा देवी जी, एक मिनट रुकिए। आप आपस में चर्चा मत कीजिए।

...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): महोदय, शायद माननीय सदस्या न सुन पाई हों।...(व्यवधान) हो सकता है कि माननीय सदस्या ने कान में हेडफोन न लगाया हो।...(व्यवधान)

श्रीमती रमा देवी (शिवहर): आप भी...(कार्यवाही-वृत्तान्त में सम्मिलित नहीं किया गया।) कह रहे थे। ...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): महोदय, इनकी भाषा देखिए।...(व्यवधान) मैं मंत्री जी से कहूँगा कि जो उन्नाव में घटना हुई है, उसके बारे में भी तो सोचिए।...(व्यवधान) वह घटना एक बेटी के साथ हुई है।...(व्यवधान) एक बेटी के साथ क्या हुआ है? ...(व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, कृपया बैठ जाइए।

...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): महोदय, देखिए फिर भाषा गलत हो गई।...(व्यवधान) अगर एक महिला की गलत भाषा होगी, तो इस देश का क्या होगा? ...(व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, बैठ जाइए।

...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): इसीलिए ये बीजेपी के लोग कहते हैं जय सिया राम,...(व्यवधान) ये सीता राम नहीं कहते हैं।...(व्यवधान)

माननीय अध्यक्ष : कोई भी बात नोट न हो।

...(व्यवधान)...(कार्यवाही-वृत्तान्त में सम्मिलित नहीं किया गया।)

माननीय अध्यक्ष : माननीय सदस्य आजम खां जी, आप एक बार विषय दोबारा रख दें।

...(व्यवधान)

माननीय अध्यक्ष : आजम खां जी, आप एक बार फिर क्षमा व्यक्त कर दें। आपका बड़ा दिल है।

श्री मोहम्मद आजम खां (रामपुर): मान्यवर, मैंने पहले भी कहा था कि हमारी बहन समान हैं। बात को एक बार कहें या एक हजार बार कहें, बात वही रहेगी। मैंने कहा कि चेयर के लिए कोई भावना ऐसी हो, जो एक सदस्य की गलत हो, यह मेरे लिए संभव नहीं है। मैंने कहा था, लेकिन अगर फिर भी कोई अहसास है तो, मैं उसके लिए क्षमा चाहता हूँ।...(व्यवधान)

माननीय अध्यक्ष : ठीक है।

...(व्यवधान)

श्री अखिलेश यादव (आजमगढ़): महोदय, ये जय सिया राम कहते हैं।...(व्यवधान)

माननीय अध्यक्ष : कृपया शांत रहें। रमा देवी जी, आप क्या बोलना चाहती हैं?

...(व्यवधान)

माननीय अध्यक्ष : केवल रमा देवी जी की बात रिकॉर्ड में जाएगी।

(1105/RV/SPR)

श्रीमती रमा देवी (शिवहर): अध्यक्ष जी, इन्हें बोलने के लिए कौन आदेश दे रहा है? ये जो बीच-बीच में उठ कर बोल रहे हैं, क्या उनके मुँह में वकार नहीं है?...(व्यवधान)

अध्यक्ष जी, मैं यह कहना चाहती हूँ कि इस सदन में हमारे सदस्य आजम खां ने जो बात कही, मैं जिस कुर्सी पर बैठी हुई थी, वह अध्यक्ष और सभापति की कुर्सी है, पूरा हिन्दुस्तान इसे देखता है और पूरे हिन्दुस्तान के महिला-पुरुष, सबको तकलीफ पहुंची है और बहुत तकलीफ पहुंची है। इसका जो महत्व है, यह इनकी समझ में नहीं आएगा क्योंकि ये बाहर भी इसी तरह से बोलते रहे हैं। इनकी आदत जो बिगड़ी हुई है, वह जरूरत से ज्यादा बिगड़ी हुई है।...(व्यवधान)

अखिलेश जी, उनके मुँह में जुबान है।...(व्यवधान) उस समय बोलने के लिए जुबान थी।...(व्यवधान) आप क्यों बोल रहे हैं? आप उनका सपोर्ट क्यों कर रहे हैं?...(व्यवधान) ...(कार्यवाही-वृत्तान्त में सम्मिलित नहीं किया गया।) आप नहीं बोलिए।...(व्यवधान) मैं बोल रही हूँ।...(व्यवधान) हम क्यों माफी मांगेंगे? हम उस तरह के शब्द का इस्तेमाल नहीं कर रहे हैं।...(व्यवधान) आजम खां की जो आदत है, वह सुधरनी चाहिए।...(व्यवधान) मैं एक वरिष्ठ सांसद

हूँ... (व्यवधान) मैं संघर्ष करके लोगों की आवाज बन कर आई हूँ। ऐसा नहीं कि आजम खां का जो मन करे, वे चेयर को बोल दें। इस तरह की बात सुनने के लिए मैं यहां पर नहीं आई हूँ... (व्यवधान)

माननीय अध्यक्ष जी की बात मानते हुए, उन्होंने मुझे जो आदेश दिया है, उसका पालन करने के लिए मैं यहां खड़ी हूँ... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्य, ठीक है।

... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्य, आप बैठिए। मैं व्यवस्था दे रहा हूँ।

... (व्यवधान)

माननीय अध्यक्ष: दादा, कृपया बैठ जाइए।

... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्यगण, यह सदन सबका है और सबकी सहमति से सदन चलता है। यह आसन भी आपका है और इस आसन की प्रतिष्ठा बनाना भी आप सबका दायित्व है। मेरा आप सभी माननीय सदस्यों और माननीय मंत्रिगण से भी आग्रह है कि हम जब कभी भी बात करें तो चेयर की तरफ देख कर बात करें। इस सदन में आपस में संवाद न करें, हमारी यह हमेशा कोशिश होनी चाहिए। अगर आपको कोई बात कहनी है तो यह आपका सदन है। यह लोकतंत्र है। इसमें सबको अपनी बात कहने का अधिकार है, इसलिए आप चुनकर आए हैं। लेकिन कोई भी ऐसा शब्द, जिससे हमारी संसद की मर्यादा, मीडिया में या अन्य माध्यमों से इसकी छवि खराब हो, कभी भी हमें ऐसा कोई कृत्य करने का प्रयास नहीं करना चाहिए। हमारी कोशिश यह होनी चाहिए कि किस तरीके से हम सदन की, इस अध्यक्षीय पीठ की, सभापति पीठ की प्रतिष्ठा को बना सकें। मेरा दायित्व बनता है कि मैं सभी माननीय सदस्यों का संरक्षण करूँ, उन्हें अपनी बात कहने का मौका दूँ।

मैं चाहूँगा कि माननीय सदस्य ने जो क्षमा माँगी है और सभी दलों ने जो निर्णय किया है, उसके हिसाब से अब भविष्य में कोई माननीय सदस्य ऐसा न करे, ऐसा हमें प्रयास करना चाहिए।

माननीय अध्यक्ष: आइटम नम्बर 1.

...(व्यवधान)

श्री अधीर रंजन चौधरी (बहरामपुर): सर, मेरी पार्टी की तरफ से एक निवेदन है। सदन की समय-सीमा बढ़ा दी गई है, वह भी हम जैसे विपक्ष से बिना पूछे।

दूसरी बात यह है कि इस सदन का समय बढ़ाने के चलते हम सब मेम्बर्स को क्वेश्चन आवर की जो सुविधा मुहैया होती थी, उससे हम वंचित हो गए।

सर, अगर आप 11 बजे से लेजिस्लेटिव बिजनेस शुरू कर देंगे तो हमारे सदस्यों को क्वेश्चन आवर में जो मौका मिलना चाहिए था, उससे वे वंचित हो जाएंगे। मेरा एक निवेदन है कि पहले जो क्वेश्चन आवर था, उस क्वेश्चन आवर को जीरो आवर में तब्दील किया जाए।

सर, यह हमारी माँग है, आप इसे मान लीजिए।

(1110/MY/RCP)

माननीय अध्यक्ष: माननीय सदस्यगण, मैं आज भी शून्य काल चलाऊंगा और सभी माननीय सदस्यों की जो भावना है, उसको देखते हुए हर दिन व्यवस्था दूंगा कि किसी न किसी समय शून्य काल चलाया जाए। आज एक महत्वपूर्ण बिल है, जिस पर सभी माननीय सदस्यों को अपनी बात कहनी है, इसलिए मैं इस बिल के बाद शून्य काल को शुरू करूंगा।

...(व्यवधान)

माननीय अध्यक्ष: मैं आप सभी माननीय सदस्यों को शून्य काल में मौका दूंगा।

...(व्यवधान)

माननीय अध्यक्ष: आइटम नं. 1, महासचिवा

MESSAGE FROM RAJYA SABHA

SECRETARY GENERAL: Sir, I have to report the following message received from the Secretary General of Rajya Sabha: -

“In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 25th July, 2019 considered and agreed without any amendment to the Right to Information (Amendment) Bill, 2019 which was passed by the Lok Sabha at its sitting held on the 22nd July, 2019.”

बांध सुरक्षा विधेयक

1112 बजे

माननीय अध्यक्ष: आइटम नं. 2, माननीय गजेन्द्र सिंह शेखावत।

...(व्यवधान)

जल शक्ति मंत्री (श्री गजेन्द्र सिंह शेखावत): माननीय अध्यक्ष महोदय, देश में 5,344 से ज्यादा बांध हैं।...(व्यवधान) मैं बांध सुरक्षा विधेयक 2019 प्रस्तुत करने का प्रस्ताव लाने के लिए आपकी अनुमति चाहता हूँ।

महोदय, मैं प्रस्ताव करता हूँ कि बांध संबंधी विफलता से संबंधित आपदाओं के निवारण के लिए विनिर्दिष्ट बांधों की निगरानी, निरीक्षण, प्रचालन और अनुरक्षण का उपबंध करने और उनके सुरक्षित कार्यकरण को सुनिश्चित करने के लिए संस्थागत क्रियाविधि तथा उनसे संबंधित या उनके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष: प्रस्ताव प्रस्तुत हुआ:

“कि बांध संबंधी विफलता से संबंधित आपदाओं के निवारण के लिए विनिर्दिष्ट बांधों की निगरानी, निरीक्षण, प्रचालन और अनुरक्षण का उपबंध करने और उनके सुरक्षित कार्यकरण को सुनिश्चित करने के लिए संस्थागत क्रियाविधि तथा उनसे संबंधित या उनके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।”

श्री गौरव गोगोई (कलियाबोर): अध्यक्ष महोदय, आज मैं इस बिल के इंट्रोडक्शन के विरोध में खड़ा हूँ। इस बिल का जो लेजिस्लेटिव काम्पिटेन्स है, वह इस बिल में नहीं दर्शाया जा रहा है। स्टैंडिंग कमेटी ने कहा है कि यह बिल तभी आना चाहिए, जब राज्य विधान सभाओं में ऐसी लेजिस्लेशन आए। राज्य सरकारों के साथ कहां चर्चा हुई है? अगर आज अरुणाचल प्रदेश का कोई डैम है, तो उसका सीधा प्रभाव असम में पड़ता है। क्या उन्होंने अपर स्ट्रीम स्टेट से बात की है, क्या डाउन स्ट्रीम स्टेट से बात की है? जो लेजिस्लेचर काम्पिटेन्स होना चाहिए, वह इस सरकार ने नहीं किया।

दूसरी बात कम्पन्सेशन की है। आज इन्होंने जो कम्पन्सेशन क्लॉज रखा है, वह पूरी तरीके से इन्डिक्वैट है। असम में जो दोगांग प्रोजेक्ट है, वह नीपको का प्रोजेक्ट है। इसके कारण पिछले साल बहुत से गांव डूब गए और किसी प्रकार का कम्पन्सेशन नहीं दिया गया। इन दो कारणों से मैं इस बिल के इंट्रोडक्शन का विरोध करता हूँ।

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I rise to oppose the introduction of the Bill under Rule 72 (2) of the Rules of Procedure and Conduct of Business in Lok Sabha. My main objection is that water and the allied subjects absolutely come within the State List.

माननीय अध्यक्ष: माननीय सदस्य, एक मिनट रुकिए। मैं सभी माननीय सदस्यों से आग्रह कर रहा हूँ कि बिल इंट्रोडक्शन के समय आप चर्चा नहीं करने लग जाएं।

...(व्यवधान)

माननीय अध्यक्ष: आप संक्षेप में ही कारण बता दीजिए, जैसे गौरव गोगोई जी ने एक-दो प्वाइंट बता दिए हैं, उसी तरह से आप भी बता दीजिए। अगर अभी ही आप डीटेल में चर्चा करेंगे, तो फिर बिल पर डीटेल चर्चा कब होगी?

SHRI N. K. PREMACHANDRAN (KOLLAM): Hon. Speaker, Sir, I fully agree with you. It is at the introduction stage; we are having only the right to oppose on the technical grounds by which we are opposing the Bill. I am not going into the merits of the Bill. I would like to highlight only the Constitutional provisions.

Firstly, water and the allied subjects absolutely come within the purview of the State List. The legislative competence in respect of the subject 'water' is within the State Legislatures. Dams constructed for storage of water, irrigation, and water supply absolutely come within the purview of the List II of the Seventh Schedule, that is, the State List. I do agree, in the Seventh Schedule, List II – State List, Item No. 17 says: "Water, that is to say, water supplies, irrigation and canals, drainage and embankments, water storage and water power subject to the provisions of entry 56 of List I."

The legislation on a subject which is absolutely within the purview of the Legislative Assemblies is an encroachment on the powers of the State Legislature. So, the present legislation does not come within the purview of Item No. 56 in List I of the Union List. Item No. 56 says: "Regulation and development of inter-State rivers and river valleys to the extent to which such regulation and development under the control of the Union is declared by Parliament by law to be expedient in the public interest." That is why, the Inter-State River Water Disputes Act has been introduced in which we have not raised such Constitutional objections. But, as far as the dams are concerned, dams will come absolutely within the purview of the State Legislature.

Article 246 is regarding the subject-matter of laws made by Parliament and by the Legislatures of States. Article 249 is regarding power of Parliament to legislate with respect to a matter in the State List in the National interest. The hon. Minister and the Government may be relying on Article 252. I do agree partially because Article 252 is regarding power of Parliament to

legislate for two or more States by consent and adoption of such legislation by any other State.

(1115/SMN/CP)

In this case, two States concurrence has already been obtained but the concurrence of other States has to be obtained. These are my objections. Therefore, I oppose the introduction of the Bill.

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): I do agree with the objections that have been raised but I have some more objections. I have four objections. The first one is, indeed, as has already been said, 'water' has been listed as a State subject.

माननीय अध्यक्ष : उन्होंने जो आपत्तियां कर दीं, उनकी रिपिटिशन मत करिएगा।

डॉ. शशि थरूर (तिरुवनन्तपुरम): सर, मैं बोल रहा हूँ कि Parliament does not have competence to make this law. One thing is that there is supposed to be an exception for inter-State disputes coming to the Union but there are many dams that are purely intra-State. The Centre has no competence on that.

My second objection is this. We have already heard a part of this objection that there is no mandate to offer compensation to people who are victims of dam failure and there is also the environmental impact which has not been mentioned so far and which has not been taken into account in the Bill. Damage to aquatic life and natural resources likely to be affected have to be mentioned in this Bill.

Third, this has not been said by anybody is the conflict of interest. The Central Water Commission is a representative of the National/State Committee on Dam Safety which are bodies regulating but it is also involved in prescribing guidelines and periodic inspections. You cannot have under our Constitution, according to the Supreme Court, a CWC functioning both as an advisor and as the regulator, that is, as the body that advices dam operators as well as the one that regulates and keeps a check on them. There has to be a separate body.

Finally, my fourth objection is this. The Bill does not define the term 'stakeholder'. It uses the word stakeholder but has not defined it. Who are the stakeholders? The public of India, the people of India are beneficiaries and also the potential victims. If there is a dam failure as we have been fearing in Mullaperiyar in Kerala, our ordinary citizens will suffer. So, this Bill should be

withdrawn and brought to a Parliamentary Committee and we should discuss it.

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, I stand here to oppose the introduction of the Dam Safety Bill. I had opposed it in 2018 and at that time, I had stated all the points. I am really happy that so many Members today, including Manish, of course, will be opposing this Bill. But the concern here is about the legislative competence on which we are agitating about. When a Bill is introduced in the House, we have three readings and this is the first reading that is being done. In the first reading, the legislative competence is supposed to be deliberated in this House. Earlier I have been told repeatedly and therefore, after the Bill was introduced last time in the 16th Lok Sabha, I went into the history of this Bill. I am not going into the merits of this Bill. But this Bill deletes a number of suggestions which was there in 2010 which was introduced during UPA regime. It all started in 1982. After that, it was brought in 1986. Subsequently it has gone through many phases. But the basic concern here is the dam safety. Everybody will agree that we need a dam safety regulation but who has to do it. It is not Central Water Commission which was entrusted to prepare a Bill and as I very rightly agree with Dr. Shashi Tharoor that here is a conflict of interest and along with that, through this Bill, the Union Government is appropriating the powers of the States. That should not happen. As has already been stated, it is through a resolution of this House, the House can empower itself to make a law. That resolution has not come yet which was there in 2010. That resolution has not come yet. Therefore, I insist that let the hon. Minister go back, reconsider the Bill, talk to respective Governments and come back to us. Whatever consultations have taken place, we are told that Andhra Pradesh and West Bengal had supported the Bill but that Bill was of 2010. This Bill is very different from that. The primary line of the Bill has been deleted. Therefore, I would say that you should go back and reconsider this Bill. We are all concerned for the safety of the dams but you should not appropriate the powers of the respective States.

श्री अधीर रंजन चौधरी (बहरामपुर): अध्यक्ष महोदय, हमारा तर्क भी इसी तरह का है। दिल्ली से अरुणाचल प्रदेश डैम का रख-रखाव करना मुनासिब है या नहीं, इसके बारे में सरकार को सोचना चाहिए। सरकार ने एक नया मंत्रालय, जल शक्ति मंत्रालय बनाया है। यह जो विषय है, इस पर नए सिरे से गहन चर्चा करने के बाद यह बिल लाया जाए, हमारी तरफ से यह मांग है।

(1120/NK/MMN)

इसकी वजह से ये हवाला दे सकते हैं कि यूपीए के जमाने में 2010 में यह बिल आया था, लेकिन एनडीए गवर्नमेंट आर्टिकल 246 का हवाला देती है। मैं कन्स्टीट्यूशन के आर्टिकल 240 के थर्ड क्लॉज में जाना चाहता हूँ।

“Subject to clauses (1) and (2), the Legislature of any State has exclusive power to make laws for such State or any part thereof with respect to any of the matters enumerated in List II in the Seventh Schedule (in this Constitution referred to as the State List).”

यह सरासर संघीय ढांचे पर प्रहार हो रहा है। The 2010 UPA version of the Bill was introduced based on article 252. सारे स्टेट को संघ में ले लिया था, लेकिन इस बिल में ऐसा कोई चॉइस नहीं है। एनडीए गवर्नमेंट आर्टिकल 246 ला रही है। The Parliament can make laws ...(*Interruptions*)

माननीय अध्यक्ष: ए. राजा जी, आपको नहीं बोलना है।

श्री अधीर रंजन चौधरी (बहरामपुर): महोदय, सारा हिन्दुस्तान अभी बाढ़ की चपेट में आ गया है। हम सभी डैम सेफ्टी सिक्योरिटी चाहते हैं, लेकिन यह कानून के मुताबिक होना चाहिए। The Bill is too focussed on the structural safety of dam and does not address the issue of operational safety in a sufficient manner. This is a critical lacuna. To highlight this, we can look at the issue of Chennai flood in 2015. The C&AG Report on the same revealed clear operational failures. महाराष्ट्र से लेकर चेन्नई, केरल और सारे हिन्दुस्तान में हमें इस विषय पर विस्तृत चर्चा करनी चाहिए। इस बिल को स्टैंडिंग कमेटी भेजा जाना चाहिए, यह मेरी मांग है।

SHRI A. RAJA (NILGIRIS): Sir, I fully endorse the views which were expressed by Mr. Premachandran and Dr. Shashi Tharoor. The legal position is very clear both in the Constitution and in the Rule Book of the House. After the Government of India Act, 1935 itself, not in the present Constitution, both water and land remained in State subjects. Dam is situated on the land. Water is being stored. So, both the subjects fall within the purview of the State subjects. How can we enact the law in Parliament? So, it must be referred to a Select Committee. Let the federalism of the Constitution be protected.

माननीय अध्यक्ष: हम 1935 की नहीं बल्कि 1947 की बात कर रहे हैं।

PROF. SOUGATA RAY (DUM DUM): Sir, along with others, I rise to oppose the introduction of the Dam Safety Bill. As has been mentioned, this is clearly outside the purview of the Central Government because earlier also, different

States were asked to enact their own laws regarding dam safety. Bihar enacted the Bihar Dam Safety Act in 2006. Kerala also enacted a Dam Safety Act. When the States are absolutely empowered to have their own Dam Safety Acts, there is no need for the Centre to have this Bill. They are, rather, advising the States to set up State Dam Safety Committees. What is the need? That power is already there with the States. You see articles 246 and 252. This is clear. ...(*Interruptions*) So, it is not understood why the Centre is interfering into the realm of the States when the States are fully empowered.

If it was an inter-State problem like Krishna Raja Sagar Dam on the Cauvery, I could have understood that. This can be done in the case of inter-State rivers. But most of the dams are confined to one State. The water flows within the State.

I have another small point. It seems that the present Government is very much interested in bringing out old Bills from inside their *sandhuks*, *almirahs*, dusting them and presenting them.

माननीय अध्यक्ष: आप पोलिटिकल भाषण देने लगे।

प्रो. सौगत राय (दमदम): अध्यक्ष महोदय, पोलिटिकल छोड़ दे रहा हूं। यह बिल वर्ष 2010 का था। वर्ष 2010 में स्टैन्डिंग कमेटी ने अपनी रिपोर्ट दी, आपको बिल लाने में नौ साल लग गए, क्या कर रहे थे? अचानक जल शक्ति मंत्रालय बना, इसलिए यह बिल ला रहे हैं। That is why, I oppose the introduction of the Bill in all its totality because it is outside the Constitution; it interferes into the realm of the State; and it does not really display the concern for dam safeties that should have been shown by the Government of India.

(1125/VR/MK)

SHRI MANISH TEWARI (ANANDPUR SAHIB): Sir, the legislative competence to introduce this Bill stands from the Resolutions of the two States, West Bengal and Andhra Pradesh in terms of Article 252(1) of the Constitution of India. This consent or the Resolutions were passed somewhere before 2010. Now, the question is that the State of Andhra Pradesh in its original form or the legislature of Andhra Pradesh in its original form, which had passed that Resolution, had ceased to exist today. Therefore, that Resolution is void *ab initio*. So, the Government cannot invoke Article 252(1) of the Constitution of India to enact this particular legislation and this is a fundamental flaw with

regard to the legal competence which the Government has in terms of this particular Bill.

Secondly, this Bill says that it will extend to the whole of India. Now, if a Bill is enacted in terms of Article 252(1), it can only extend to those two States for which it has been enacted and it can only be adopted by the other States by a Resolution passed either by one House, if it is a unicameral House, or by both Houses, if it is a bicameral House.

Thirdly, Entry 17 of the State List very clearly says that water and the storage of water, that is, dams, is a State subject. Entry 56 of List-I cannot be invoked by the Central Government because Entry 56 only deals with inter-State waterways. So, the Centre has authority to regulate upon only those inter-State waterways, which have been declared by Parliament.

Therefore, I oppose the introduction of the Bill. So, the Government does not have fundamental legislative competence to bring in this Bill in Parliament.

...(Interruptions)

डॉ. निशिकांत दुबे (गोड्डा): धन्यवाद अध्यक्ष महोदय। मुझे लगता है कि हमारे जो ... (Not recorded) थे, वे हम लोगों से ज्यादा होशियार और तेज थे। उन्होंने जो संविधान बनाया था, जिसकी बात श्री मनीष तिवारी कर रहे थे। ... (व्यवधान)

माननीय अध्यक्ष : ... (Not recorded) शब्द को कार्यवाही से हटा दिया जाए

...(व्यवधान)

डॉ. निशिकांत दुबे (गोड्डा): अध्यक्ष महोदय, जो सेवेन्थ शेड्यूल है, उसमें जो एन्ट्री 56 है, क्या वे तेज नहीं थे, क्या वे हमसे ज्यादा विद्वान नहीं थे या बड़ों का आदर नहीं करना चाहिए? एन्ट्री 56 साफ कहता है कि:

“Regulation and development of inter-State rivers and river valleys to the extent to which such regulation and development under the control of the Union is declared by Parliament.”

नियम 246 क्या कहता है? नियम 246 कहता है:

“Notwithstanding anything in Clauses (2) and (3), Parliament has exclusive power to make laws with respect to any of the matters enumerated in List I in the Seventh Schedule (in this Constitution referred to as the Union List).”

यदि एन्ट्री 56 कहती है कि हम नियम बना सकते हैं, नियम 246 एवं नियम 252 कहता है तो हम किस आधार पर लॉ नहीं सकते हैं। इसलिए मेरा आपसे आग्रह है कि आप मंत्री जी को इजाजत दें और यह बिल पास करें।

श्री गजेन्द्र सिंह शेखावत: माननीय अध्यक्ष महोदय, सबसे पहले मैं माननीय सदस्यगण को धन्यवाद देना चाहता हूँ कि कम से कम बांधों की सुरक्षा को लेकर सभी ने समवेत स्वर से चिंता व्यक्त की है। देश में 5344 बड़े बांध हैं और इन बांधों में से 293 बांध ऐसे हैं, जो 100 साल से भी ज्यादा पुराने हो गये हैं और इन्हीं बांधों में से 1041 बांध, almost 20 percent plus dams, ऐसे हैं, जो 50 से 100 साल से ज्यादा उम्र के हैं। जब एक बांध बनता है, उस पर करोड़ों-अरबों रुपये का खर्च होता है। बांध की सुरक्षा के साथ केवल बांध का इन्फ्रास्ट्रक्चर ही नहीं, जैसा कहा गया कि जो रिवराइन इकोलॉजी है, सब साथ जुड़ी होती है और एक फेल्योर से जान-माल की हानि के साथ-साथ वहां के फ्लोरा एंड फौना आदि सभी चीजें हमेशा के लिए अफेक्टेड होती हैं।

(1130/YSH/SAN)

अब तक देश में 36 रिपोर्टेड और 3 अनरिपोर्टेड ब्रीच डेम रजिस्टर्ड हैं। यह सदन के संज्ञान में है कि उन बांधों में अनेक जनहानि और धनहानि हुई है। माननीय अध्यक्ष महोदय, बांध सुरक्षा के लिए देश में कानून बनना चाहिए। जिस मुल्लापेरियार बांध की चर्चा अभी की गई, जब 1980 के दशक के प्रारम्भ में उस बांध में ब्रीच हुआ था, उस समय सी.डब्ल्यू.सी. को इसकी रिपोर्ट हुई थी, उसके बाद से ही बांध सुरक्षा के विषय को लेकर देश में चर्चा हुई, चिंता हुई। सी.डब्ल्यू.सी. ने एक कमेटी का गठन किया और कमेटी ने रिपोर्ट दी कि देश में बांध सुरक्षा को लेकर के एक प्रोटोकॉल बनना चाहिए। देश में बांध सुरक्षा को लेकर के एक कानून राष्ट्रीय स्तर पर बनना चाहिए, ताकि बांध की सुरक्षा, उसके ऑपरेशन, मेंटेनेंस के मैनुअल प्रबंध हो सकें। विश्वभर में जिस तरह से बांधों की सुरक्षा को लेकर के उपबंध हैं, उस तरह के प्रबंध हमारे देश में भी होना चाहिए। कमेटी ने अपनी रिपोर्ट प्रस्तुत की और उसके बाद वर्ष 2002 में पहली बार बिल इंट्रोड्यूस हुआ।

जो चिंता अभी मनीष जी ने की है कि हम आर्टिकल 252 के तहत इस बिल को लेकर आए हैं, तो आप आर्टिकल 252 के तहत यह बिल नहीं लेकर आए हैं। यह आप संविधान के आर्टिकल 256 के तहत लेकर आए हैं। वह पूर्ववर्ती प्रयास था। आर्टिकल 252, जिसकी चर्चा आपने की कि हमने आंध्र प्रदेश और पश्चिम बंगाल में जो अनुरोध किया था, अपनी लेजिस्लेटिव असेम्बली में प्रस्ताव पारित करके पार्लियामेंट से अनुरोध किया था, लेकिन जिसकी चर्चा आपने बाद में की कि आंध्र प्रदेश अब टैक्नीकल है कि नहीं है, वह चर्चा अब समाप्त हो गई है, क्योंकि हम यह बिल आर्टिकल 252 की जगह आर्टिकल 242 और 246 के तहत लेकर आए हैं।

माननीय अध्यक्ष महोदय, जब यह बिल वर्ष 2009 में इंट्रोड्यूस हुआ, इन्टर मिनिस्ट्रीयल कंसलटेशन के बाद जब बिल पार्लियामेंट में आया और स्टैंडिंग कमेटी को भेजा गया तो स्टैंडिंग कमेटी ने अपनी रिपोर्ट में बिल के प्रिम्बल में लिखा कि देश की पार्लियामेंट इसके लिए अधिकृत नहीं है और स्टैंडिंग कमेटी ने अपनी रिपोर्ट में लिखा कि जो प्रिम्बल में लिखा गया है कि देश की पार्लियामेंट डेम सेफ्टी बिल बनाने के लिए अधिकृत नहीं है इस उपबंध को हटाया जाना चाहिए।

यह स्टैंडिंग कमेटी की खुद की अनुशंसा है। उसी की रिपोर्ट के आधार पर इसको हटाया गया। बांधों की सुरक्षा का एक कॉमन प्रोटोकॉल देश भर में बनना चाहिए। माननीय सदस्यों ने चिंता व्यक्त की है कि वे कन्ट्रोल लेना चाहते हैं, हमने ऑपरेशन और मेंटेनेंस कन्ट्रोल को किसी भी तरह स्टेट से बाहर निकालने का उपबंध नहीं किया है। साथ ही साथ इसकी डेफिनेशन में शशि थरूर जी ने चिंता व्यक्त की है कि हमने इसमें केवल स्टेकहोल्डर्स लिखा है। बिल की डेफिनेशन में साफ लिखा गया है कि “dam failure” means any failure of the structure or operation of a dam which leads to uncontrolled flow of impounded water resulting in downstream flooding, affecting the life and property of the people and the environment including flora, fauna and riverine ecology.”

आपकी जो चिंता थी उस चिंता को इसमें पहले से ही शामिल किया गया है। जहां तक पार्लियामेंट का जो कॉम्पिटेंस का सवाल है तो बिल को बाद में सॉलिसिटर जनरल की राय के लिए भेजा गया था और सॉलिसिटर जनरल ने जो राय व्यक्त की, मैं वह क्वोट करना चाहता हूँ।

Here, I quote:

“I am of the view that Entry 17 of the State List does not act as an embargo for the Union to legislate on the issue of dam safety. Entry 17 specifically provides that the provisions of the Entry are subject to the provisions of Entry 56 of List I. While Entry 56, List I provides for the Centre to legislate on the issues of regulation and development of inter-State rivers and river valleys, the Entry also expressly envisages that Parliament has the power to declare the law to be expedient in the public interest. Therefore, from a plain reading, it is understood that Entry 17 would yield to Entry 56 and in my considered opinion, the Union Government has the power to legislate on the subject ‘dam safety’. The correct course of action for bringing this legislation would be by exercising power conferred under Article 246 read with Entry 56 and Entry 97 of List I of Seventh Schedule of the Constitution.”

(1135/RPS/RBN)

यह बिल्कुल स्पष्ट है... (व्यवधान) जो चिन्ता माननीय सौगत राय जी ने व्यक्त की है, मैं आपके माध्यम से सदन की जानकारी के लिए बताना चाहूंगा, जब बिल डिस्कस होगा तब विस्तार में चर्चा करेंगे, कि देश में कुल मिलाकर जो 5000 से ज्यादा बांध बने हुए हैं, जिनकी मैंने अभी चर्चा की है, उनमें से 92 प्रतिशत डैम्स इंटरस्टेट रिवर्स के ऊपर बने हुए हैं, जो एक से दूसरे प्रदेश को अफेक्ट करते हैं। इसलिए माननीय अध्यक्ष महोदय, मैं आपसे निवेदन करूंगा कि मुझे इस बिल को पुरःस्थापित करने की अनुमति प्रदान की जाए... (व्यवधान)

माननीय अध्यक्ष: प्रश्न यह है :

“कि बांध संबंधी विफलता से संबंधित आपदाओं के निवारण के लिए विनिर्दिष्ट बांधों की निगरानी, निरीक्षण, प्रचालन और अनुरक्षण का उपबंध करने और उनके सुरक्षित कार्यकरण को सुनिश्चित करने के लिए संस्थागत क्रियाविधि तथा उनसे संबंधित या उनके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री गजेन्द्र सिंह शेखावत: मैं विधेयक पुरःस्थापित करता हूं।

NATIONAL MEDICAL COMMISSION BILL

1136 hours

THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN): Sir, I beg to move:

“That the Bill to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of medical professionals accessible to all the citizens; that promotes national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto, be taken into consideration.”

Hon. Speaker, Sir, exactly 45 years back, I entered my alma mater, Ganesh Shankar Vidyarthi Memorial Medical College, Kanpur as a medical student. I spent almost a decade there, did my graduation and then post-graduation in ENT surgery. During these 45 years, I spent almost a decade working actively for the Delhi Medical Association as well as the Indian Medical Association.

I was President of the Delhi Medical Association 25 years back. Delhi Medical Association is the oldest body of medical professionals in the country, which was born even 14 years before Indian Medical Association was born. I was the President and Secretary of the largest branch of Indian Medical Association and the best branch of the Indian Medical Association 30 years back.

I had the privilege to work as Health Minister in Delhi Government as well as in the Union Government. I also had the privilege to work with the World Health Organisation as an Advisor for all the South-East Asian countries for many years.

I feel very fortunate that I had the privilege to experience and see the nitty-gritty of everything that happens within the medical profession, the difficulties that are encountered by the country in the health-care delivery system, and more particularly the difficulties that are encountered by people in the remotest parts of the country, especially in the Primary Health Centres and the Sub-Centres.

Having known all that for all these 45 years, out of which 25 years have also been spent in public life. Having won seven elections in a row, I can say with utmost conviction and firm belief that debating and passing the National Medical Commission Bill by Parliament today, will go down in history as one of the biggest reforms of the Narendra Modi Government in the field of medical education, which is going to serve the people of India in a big way.

It is beyond my vocabulary and linguistic abilities to really express my joy and also my satisfaction at this point of time when I am introducing this Bill in Parliament for the first time for a discussion.

(1140/SM/RAJ)

Since you said that I should save time, I thought that I should pen down my thoughts and put them in the proper perspective to make a humble beginning and at least make everybody in this House aware of what exactly the National Medical Commission is.

I am sure the Members have read about it. But just to give them a brief perspective of the Bill, I would just read out the salient features of the Bill starting from the history of Indian Medical Council.

You all remember that only a few days ago, we discussed in this House the Indian Medical Council (Amendment) Bill. During the debate on that Bill, everybody in this House had expressed a unanimous opinion that the Medical Council of India has failed to discharge its duties for the country effectively and was plagued by corruption.

Hon. Members had also pointed out that superseding the Medical Council of India by the Board of Governors was not a permanent solution and

everybody had desired that the National Medical Commission Bill should be introduced in this House.

Similar sentiment was expressed by Members in the Upper House. They echoed the same sentiment when the Bill was debated in the Rajya Sabha. There, many Members even questioned about the delay in introduction of the National Medical Commission Bill and some even expressed doubts about the intentions of our Government. I had assured in this House as well as in the Upper House also that very soon the Government would come up before both the Houses of Parliament with the National Medical Commission Bill.

Sir, all of you will agree that doctors are a precious resource for our country. Our doctors have done extremely well not only in our own country but they have proved their worth in several other countries including developed nations. Even in America, over a lakh of Indian doctors serve the healthcare delivery system and have made us proud.

The Government of India has the responsibility to preserve, protect and promote the health of all Indians and to provide equitable access to healthcare facilities which are holistic in nature. In this context, a mixture of doctors with good quality, quantity and distribution is critical and it forms the backbone of our healthcare system.

The medical education sector is of crucial importance. It has been regulated by the Medical Council of India so far. MCI was first set up under the Indian Medical Council Act of 1933. It was led by stalwarts such as Dr. Bidhan Chandra Roy in the initial years. Their contribution towards medical education was immense. They laid the foundation for maintaining high standards along with steady growth of this sector.

It is a matter of pride for all doctors in our country that Dr. B.C. Roy's contribution towards medical education and health was duly recognised and he was conferred with Bharat Ratna in 1961. Even today, we celebrate 1st July, as National Doctors' Day to commemorate his birth anniversary which also happens to be his death anniversary.

Sir, the Indian Medical Council Act was replaced by a new version in 1956 to provide for reconstitution of MCI and the maintenance of Indian Medical Register and for matters concerned therewith.

(1145/AK/IND)

With gradual increase in the number of private medical colleges and involvement of MCI in granting permissions, complaints started surfacing about corruption two to three decades ago. There were income tax raids against office bearers and a Board of Administrators had to be appointed by the Supreme Court for several years.

On 4th May 2010, the Parliament discussed a Calling Attention Motion about corruption in MCI following CBI action against MCI officials. Everybody, including the then Union Health Minister, had expressed concerns about corruption in MCI and there was broad agreement on the need for a major overhaul of the system. Sir, this is a copy of the proceedings of the Calling Attention Motion, which was discussed in this Parliament in 2010. ...(*Interruptions*)

The then hon. Minister for Health and Family Welfare, Dr. Ghulam Nabi Azad, had assured the House that some way will be found to streamline the system. However, no permanent solution could be implemented at that point of time, and a Board of Governors was appointed after dissolution of MCI. ...(*Interruptions*) MCI was reconstituted in 2013 and complaints started coming in again.

After the formation of a new Government under the dynamic leadership of our Prime Minister, Shri Narendra Modi, in 2014, a paradigm of zero-tolerance for corruption was quickly set in place. Corruption in MCI was one of the major problems facing medical education. An Expert Group under the great luminary Padma Shri Dr. Ranjit Roy Chaudhury -- who was an eminent clinical pharmacologist, medical academic and a great health planner -- was set up to recommend reforms in MCI within days of the new Government taking charge. The Expert Group gave its Report on 25th September 2014, and noted that MCI had completely failed in its duties.

Sir, I would like to read a few sentences from this Report. It states that :
“MCI has failed to envelop / evolve any mechanism to supervise and regulate the quality of educational process or of the medical graduate that the system produces. Expansion in under-graduate and post-graduate seats have occurred without heed to standards. There is an urgent need to restore faith in the profession and its

regulatory mechanisms. The concentration of power in a single agency, which lays down the educational standards, approves the creation of institutions for UG and PG education, and also oversees professional conduct of practicing physicians has not served its purpose. The structure of the present Council is such that its actions are uni-directional, leaving no room for dialogue, its structure violates the general principle in education, which is that laying down the educational standards and accrediting organizations based on their capability in achieving these standards need to be done by different agencies ...”.

Finally, it states that :

“In order to achieve this, major reforms in the existing structure are needed in keeping with global standards, and as is the practice in other educational fields in our country like AICTE and UGC, regulatory structure should be run by persons selected through a transparent mechanism rather than by the current process of election and nominations. To promote transparency and confidence-building in public, non-medical membership needs to be included in appropriate positions”.

At the same time, the 92nd Report of the Departmentally-Related Parliamentary Standing Committee on Ministry of Health and Family Welfare examined the role of MCI in great detail.

(1150/SPR/PC)

They held seven meetings on the subject and visited medical educational institutions spread over four States, besides examining a large number of expert witnesses. The Departmentally Related Parliamentary Standing Committee on Health exhorted that gamechanger reforms of transformational nature are the need of the hour, and that medical education needs to be elevated to contemporary global pedagogy and practices while retaining focus on national relevance.

The Departmentally Related Parliamentary Standing Committee also generally agreed with the recommendations of the Expert Group about formation of the National Medical Commission. This is the background in

which a new and comprehensive Bill has been introduced in this august House.

I must apprise this House that this Government has introduced new schemes and reforms to tackle challenges of skewed geographical distribution of medical seats, increasing the number of seats, allocation of seats according to merit, up to date MBBS curriculum, and improving the ratio of UG and PG seats. These include setting up of 82 Government Medical colleges in underserved areas, a proposal to set up 75 more colleges with reference to aspirational districts is under active consideration of the Government. Setting up of 21 new AIIMS, adding 28,000 MBBS and 17,000 PG seats in the last five years, uniform entrance examinations like NEET, UG and PG Super Speciality, allotment of seats only through common counselling at the level of DGHS and States to ensure that merit prevails while filling up of seats, introduction of a new competency-based MBBS curriculum, which will ensure that doctors acquired must have skills at each stage of their study, rationalisation of teacher-student ratio to increase PG seats and also starting of PG courses mandatory for all medical colleges in a graded manner.

Sir, the National Medical Commission Bill seeks to put in place a new structure to tackle the challenges in medical education effectively. The Commission would comprise of 25 members, which include five elected doctors from State Medical Councils and six representatives of State Health Universities. A committee chaired by the Cabinet Secretary, and consisting of four nominated experts, one elected doctor, and Secretary (Health) would select the chairperson of NMC and other members in a transparent manner.

Normally, a majority of members of NMC would be doctors. The Commission would be responsible for policy matters, and would hear appeals. Normal functions would be carried out through four autonomous boards – UG Medical Education Board, PG Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board. Each of these Boards would comprise of a president, two full time Members, and two part time members. One of the part time members would be an elected doctor. They would be free to take the assistance of advisory committees of experts, as required.

Sir, as everybody is aware by now, the NEET and Common Counselling have been made a part of the proposed Act. In addition, a common final year MBBS examination called 'NEXT' has been introduced to ensure quality of doctors getting MBBS degrees including those passing out of the AIIMS and the JIPMER. 'NEXT' would ensure that the NMC move away from a system of repeated inspections of infrastructure and to focus on outcomes rather than processes. Accordingly, yearly inspections have been done away with. This is expected to do away with Inspection Raj and foster addition of UG and PG seats in the country.

(1155/UB/SPS)

Sir, separation of functions by creating four boards would lead to more focussed attention to curriculum reforms, increase in number of PG seats, and assessment and rating of colleges.

Sir, I will take two or three more minutes. I think it is essential for everybody to know the basics. Since it is a long Bill, everybody should be aware of the basic concept. Creation of a separate board for ethics which will have one member with a background of quality assurance, public health, law or patient advocacy will lead to a greater attention to the enforcement of medical ethics which has been a somewhat neglected area so far.

The UG and PG boards have been mandated to frame guidelines for setting up of medical institutions having regard to the needs of the country and global norms. They will be expected to study the best international practices and work towards leveraging technology to reduce the cost of imparting medical education. This is urgently required to prevent commercialisation of healthcare in the country. Sir, for a long time it has been felt that allied health professional from modern medicine can be utilised to provide preventive and primary healthcare and, thus, to reduce the workload on doctors. The NMC Bill has a provision for creating a separate National Register for adequately qualified allopathic allied health workers to address this need. This measure is expected to make available a large number of community health providers from modern medicine for implementing National Disease Control Programmes.

Sir, huge investments are still required in the medical education infrastructure in the country and the Government has been encouraging private

sector to come forward. Private colleges are not subsidised and they also need to cover the cost of imparting education. However, meritorious students from economically weaker sections also need to get a fair chance to pursue medical education. Keeping this in mind, the Government of India has been investing resources in the new government medical colleges and, today, more than 50 per cent of the 80,000 MBBS seats in the country are government seats with low fee. This commitment towards creating government seats will continue in future also.

Sir, the MCI Act had no provision for prescribing the fee to be charged by private medical colleges. Hon. Supreme Court had to intervene and establish committees to decide fees of private medical colleges but their mandate was limited to fees only. Colleges often ask students to pay other charges when they join medical colleges. The deemed-to-be universities insisted that they were not within the purview of these committees. The NMC Bill has a provision of laying guidelines for fee fixation of 50 per cent seats in all private and deemed-to-be universities. This is well in excess of the 25 per cent reservation of seats for economically weaker sections under the Right to Education Act. Moreover, this provision is not confined to fees alone and covers all charges of any kind that can be levied by such colleges.

Sir, the Bill is thus a pro-poor legislation which would bring not only government seats, but also 50 per cent of all private seats within the reach of meritorious students belonging to economically weaker sections.

Looking at the numbers of government and private colleges, nearly 75 per cent of all medical seats in the country would be available to students at very reasonable fees. This is a progressive move which harmonises the need for private investment with the aspirations of bright students irrespective of their economic status. Needless to say, the State Governments that regulate fees on the basis of MoUs signed with colleges on the basis of mutual agreement would still be free to fix the fees for the seats beyond 50 per cent that would fall under the purview of the NMC.

Sir, it also needs to be mentioned here that medical education is in the Concurrent List and the States are free to take a call on State amendments to increase the percentage of seats under fee regulation. The need for this would vary from State to State and in the spirit of true federalism, it stands to reason that the Central Government should not take it upon itself to regulate these for all the seats.

(1200/KMR/SJN)

Sir, concerns have been raised by some sections of the Indian Medical Association about certain provisions of the Bill. I am myself a medical doctor and a strong supporter of upholding the dignity and integrity of the medical profession. I have led many IMA movements in the past and am sensitive to concerns raised by doctors on issues pertaining to my charge. I would sincerely like to assure the House that all the genuine concerns raised by IMA are adequately addressed in this Bill.

Sir, the issue of fee fixation has already been explained by me. The provision for a bridge course has been dropped. There is representation of elected doctors in all four autonomous Boards. Eleven States/UTs will be represented in the NMC at any given time. The system of penalties on medical colleges has been converted to a graded one. And the penalty for quacks has been enhanced. Increase of UP/PG seats will now require MARB approval. There is no separate licenciate examination. And NEXT will serve as entrance examination for PG courses also. In conclusion, the NMC Bill is a progressive legislation that will help address the challenges in the medical education sector.

Sir, I would like to quote from the 92nd Report of the Department Related Parliamentary Standing Committee regarding the need for this legislation at this juncture. I will just read the last paragraph and it is a summary of the Report. It reads:

“To sum up, the Committee observes, even at the risk of sounding repetitive, that the need for major institutional changes in the regulatory oversight of the medical profession in the country is so urgent that it cannot be deferred any longer. The Committee is, however, aware that any attempt at overhauling the regulatory framework will face huge challenges from the deeply entrenched vested interests who will try to stall and derail the entire exercise. But, if the medical education system has to be saved from total collapse, the Government can no longer look the other way and has to exercise its Constitutional authority and take decisive and exemplary action to restructure and revamp India’s regulatory system of medical education and practice. The Committee, therefore, exhorts the Ministry of Health and Family Welfare to

implement the recommendations made by it in this report immediately and bring a new comprehensive Bill in Parliament for this purpose at the earliest.”

Sir, this Bill has been framed broadly in line with the recommendations of the Department Related Parliamentary Standing Committee and has been thoroughly examined again by the Committee. The views expressed by the Department Related Standing Committee during re-examination have been adequately incorporated in the draft Bill itself. Of the 56 recommendations which were contained in the 109th Report of the Department Related Parliamentary Standing Committee, 40 have been agreed to or accepted, seven have been partially accepted, and only nine have not been accepted, after due consideration.

Sir, I request this august House to discuss the draft Bill and to pass it unanimously as a major step towards reforming medical education in the country. Thank you.

(ends)

माननीय अध्यक्ष : प्रस्ताव प्रस्तुत हुआ :

“कि ऐसी आयुर्विज्ञान शिक्षा प्रणाली का, जिससे पर्याप्त और उच्च क्वालिटी वाले चिकित्सा वृत्तिकों की उपलब्धता सुनिश्चित हो, जो चिकित्सा वृत्तिकों को उनके संकर्म में नवीनतम चिकित्सा अनुसंधान को अंगीकार करने और ऐसे अनुसंधान में योगदान करने के लिए प्रोत्साहित करे; जिसका एक उद्देश्य आयुर्विज्ञान संस्थाओं का आवधिक निर्धारण करना तथा भारत के लिए एक चिकित्सक रजिस्टर रखे जाने को सुकर बनाना और चिकित्सा सेवाओं के सभी पहलुओं में उच्च नीतिपरक मानकों पर बल देना हो; जो परिवर्तनशील आवश्यकताओं को अंगीकार करने में सुनम्य हो और जिसमें एक प्रभावी शिकायत प्रतितोष तंत्र हो तथा उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक पर विचार किया जाए।”

श्री अधीर रंजन चौधरी (बहरामपुर) : अध्यक्ष महोदय, मेरा एक छोटा-सा निवेदन है। बीएसी कमेटी में इस बिल पर चर्चा के लिए चार घंटे का समय अलॉट किया गया है। इसलिए, मैं यह चाहता हूँ कि मिनिस्टर साहब ने जो समय खुद लिया है, इस चर्चा में उस समय को अलग कर दिया जाए और हमें चार घंटे दिए जाएं। यह हमारी एक लेजिटिमेट डिमांड है, क्योंकि मिनिस्टर साहब ने खुद बहुत समय ले लिया है। इसलिए, सदन को अलग से चार घंटे का समय दिया जाना चाहिए।

1204 hours

VINCENT H PALA (SHILLONG): Thank you, Sir, for allowing me to initiate the discussion on the National Medical Commission Bill, 2019.

Sir, I stand here to oppose the Bill. I do agree with the Minister that the Standing Committee has recommended how to restructure the MCI and how to frame a new Bill.

(1205/SNT/GG)

Whatever the recommendations which he accepted are not very important. Nine of the recommendations which the Standing Committee has proposed are very important. This Bill is nothing but a dilution of power from the doctors' fraternity to the Government. This Bill, instead of decentralisation, helps in centralisation. They have diluted the MCI; they have diluted the RTI; they have diluted the ECI; and they have diluted the CBI. So, the same thing is happening in this Bill also.

The hon. Minister in his remarks mentioned about the entrance exam. I am not going into the details. In the entrance exam, there is NEET and NEXT. I understand the NEET has been in practise. Almost, 50 per cent of students who appeared in the NEET examination have passed and qualified. But in the NEXT examination, after the students have enrolled and studied for six years for MBBS, as per the University Act, the University is supposed to give a certificate. For example, whoever passes from AIIMS, a certificate will be given to him. But now, who will give a certificate, whether the Commission will give a certificate or a University will give a certificate? After the medical institution or medical college declared that the student has passed the exam and also has done a practice for one year, it is supposed to give a provisional or original certificate from the college as well as from the university. But now, until or unless he passes the NEXT exam, he will not be qualified. So, I want you to clarify on this issue. Who will give a certificate? After practising in AIIMS, one of the best institutes in India, if he fails the NEXT exam, will he get a licence to practise or not? That is one thing.

Another thing on which I want to seek your clarification is this. You said that as of now, more than 10 lakh doctors are there, out of which, certificate will be given to one-third of the doctors as the community health service provider. There is no clarity in this regard. There is no transparency how the certificate will

be given to this community health service provider. There will be a lot of misuse when a certificate will be issued to the service provider, especially, in the rural areas. How will the certificate be given? How will it be enrolled? What are the qualifications? I want a clarity on this issue.

I do agree with you that in AIIMS, there is a lot of corruption. I used to associate with a large number of Christian medical institutions. If there is a Good Friday, the MCI will come the next day on inspection because it is a holiday. Similarly, if it is the first day of a new year, they will come on inspection the next day as they know that there will be less doctors and less patients and will give a report. If it is so in terms of inspection of the medical colleges, how will you address this issue?

A lot of stress has been given on the integrity of the members in the Board. It is difficult for the MCI to inspect most of the colleges with only 100 members. How will you overcome this issue as you have reduced the number to 25 members? You have a board for the under-graduates; you have a board for the post-graduates; you have a board for the medical colleges; and you have a board also for the doctors. Separate boards are there of different categories. How will these boards work? How will the integration be done amongst these boards? I have seen that there is a proposal but there is no clarity. So, I want you to address these issues.

In respect of integrity, instead of the PMO, I think, it is better for you to find out on your own what you mean by integrity of doctors when you select them. There will be a Select Committee and the Select Committee will try to find out the best men, the best doctors amongst the members of the Board.

Sir, an IAS officer who has been opposed by the PMO office stating that he is not fit to be the Secretary in the department, is now the Secretary in the Board of Governors. So, how will you define integrity? I think that there is no clarity on it.

(1210/GM/GG)

The hon. Minister has said that there will be four autonomous boards and the State Councils or so. The State Medical Councils will have their own rules and regulations to regulate the fees. The Bill heavily concentrates on how to make rules for private institutions. But what about the Government institutions? There are many Government institutions. For example, NEIGRIHMS, which is in

my Parliamentary constituency, is one of the best institutions in India. It is not having even 40 per cent of the sanctioned posts. A lot of posts in the Government institutions have been de-sanctioned and moved to other institutions. They are supposed to be for super-speciality institutions and they have been de-sanctioned because of lack of doctors. So, instead of concentrating on the research and how to produce more doctorates in doctors, the Government is concentrating only on small things. I want an answer on this from the hon. Minister.

We have now 21 AIIMS and so many super-speciality institutions. The intention of the Bill is to increase such institutions, but there is no encouragement for the students. I would request the hon. Minister to look into this matter.

I would request the hon. Minister to withdraw this Bill and come with a comprehensive Bill. This Bill lacks structural integrity, structural vision, and institutional vision. In this Bill, the hon. Minister has proposed to replace an elected body with a nominated body which will be controlled by the Government. Out of 21 members, only six will be selected by the States. The rest will be from the Government and all of them will be either ex-officio members or part-time doctors. They will not have time to spare. There were 12 members in the Board of Governors; now the Government has increased it. How many times have they had a meeting? It was not even twice a year. Where do they hold their meeting? They do not have a meeting in MCI; they have a meeting in AIIMS; they have a meeting in JIPMER. The same thing is here. There are ex-officio members from different departments. How will they find time for conversation? Therefore, this issue has to be addressed. There must be full-time dedicated members so that they can go for a proper inspection. As of now, we have only 60 to 70 per cent of the seats. At the time of inspection done by the MCI just before the nomination or before the NEET examination, they would say that they would reduce the seats from 150 to 100. Many institutions do not have full capacity because of the corruption in the name of inspection. The hon. Minister may address this properly in the Bill. In the medical institutions, which are assets of this country, there is 30 per cent reduction in demand for doctors. Therefore, I request the hon. Minister to see to it that the medical institutions have full capacity so that we get more doctors in this country. (ends)

1214 बजे

डॉ. महेश शर्मा (गौतम बुद्ध नगर): अध्यक्ष जी, आपने मुझे इस राष्ट्रहित के मुद्दे पर बोलने का मौका दिया है, इसके लिए मैं आपका धन्यवाद करता हूँ। मैं अपनी पार्टी का भी धन्यवाद करता हूँ।

अध्यक्ष जी, बहुत बड़ा सवाल है कि यह बिल लाने की जरूरत क्यों पड़ी? बहुत सारे प्रश्न, बहुत सारी चिंताएँ होंगी, देशवासियों के दिल में भी होंगी, डॉक्टरों के मन में भी होंगी। लेकिन हमारी सरकार ने, हमारे मंत्री जी ने, जो चिकित्सा क्षेत्र में मेरे वरिष्ठ सहयोगी और साथी भी रहे हैं और जब-जब बात आई मानव मूल्यों की, जब-जब बात आई एथिकल प्रैक्टिस की, आप उसके संरक्षक रहे हैं। डॉ. हर्षवर्धन जी ने जो यह बिल इंट्रोड्यूज किया है, मैं इसके समर्थन के लिए आज खड़ा हुआ हूँ।

महोदय, आज देश को आज़ाद हुए 70 वर्ष से अधिक हो गए हैं। स्वास्थ्य, शिक्षा, गरीबी, बिजली, पानी, सड़क जैसी मूलभूत जरूरतों को चुनावी नारों के रूप में सुन कर देश की जनता आजिज आ चुकी थी।

(1215/KN/RK)

राजनीतिक व्यवस्थाओं और सरकारी व्यवस्थाओं पर देश के लोगों का विश्वास उठ-सा चुका था। वर्ष 2014 में नरेन्द्र मोदी जी के नेतृत्व में एक सरकार बनी, जिसने देश के करोड़ों लोगों में एक विश्वास की किरण जगाई। यह विश्वास वर्ष 2019 में अपने चरम पर पहुँचा। वर्ष 2019 में एंटी इनकम्बेंसी के बजाय प्रो-इनकम्बेंसी ने अपनी जगह बनाई। वर्ष 2014 के मुकाबले अधिक बहुमत से दोबारा मोदी जी के नेतृत्व में सरकार बनी और यहाँ तक कि इस चरम की परिणति थी कि राष्ट्र हित के मुद्दों पर लोगों का विश्वास यहाँ तक पहुँच गया कि मोदी हैं तो मुमकिन है। आज इसी व्यवस्था के तहत हर देशवासी को बिजली, घर, शौचालय, गैस, हर गाँव तक सड़क जैसी सुविधा के साथ-साथ एक ऐसी क्रांतिकारी योजना 'आयुष्मान भारत', शायद कम्युनिटी हेल्थ के विषय में हम पूरे विश्व के अंदर सोचें, 10 करोड़ परिवार यानी देश की 40 प्रतिशत आबादी को चिकित्सा सुविधाएँ उपलब्ध कराने की सोच के साथ हमारे प्रधान मंत्री नरेन्द्र मोदी जी इस योजना को आगे लाए। यह योजना सफलतापूर्वक लगभग पिछले एक साल से चल भी रही है। वर्ष 2014 में स्वास्थ्य सेवाओं की बात आई। अध्यक्ष जी, मैं पेशे से चिकित्सक भी हूँ और एक अस्पताल भी चलाता हूँ। मैं चिकित्सा पेशे से जुड़ी हुई जरूरतों को समझता हूँ और उनकी समस्याओं को भी समझता हूँ। मैं पेरेंट्स संस्था इंडियन मेडिकल एसोसिएशन के साथ भी जुड़ा रहा हूँ और मुझे डॉ. हर्षवर्धन जी का मार्गदर्शन भी वरिष्ठ साथी के रूप में मिलता रहा है। वर्ष 2014 के अंदर चार लाख चिकित्सकों की कमी थी। जहाँ डब्ल्यूएचओ की गाइडलाइन है कि एक हजार पॉपुलेशन पर एक चिकित्सक होना चाहिए, आज देश के अंदर मात्र 11,56,000 चिकित्सक मेडिकल काउंसिल में रजिस्टर्ड हैं, जिनकी लगभग 70 प्रतिशत उपलब्धता रहती है। इस देश के अंदर नौ लाख नर्सिंग और पैरामेडिकल स्टाफ की कमी थी। अगर आज हम हेल्थ केयर में कहें तो भारत पूरे विश्व के देशों में हेल्थ केयर रिसोर्स पर्सन के रूप में काम कर रहा है। अगर नेशनल हेल्थ स्कीम, यूके से हिन्दुस्तान के डॉक्टरों की संख्या हटा दी जाए तो 48 घंटे में नेशनल हेल्थ स्कीम शायद कोलैप्स कर जाएगी।

मैं राजस्थान की माटी से आता हूँ। मेरा दुर्भाग्य था कि उस वक्त कोटा, जो हमारे अध्यक्ष जी का कॉन्स्टीट्यूंसी शहर है, वहाँ चिकित्सा की शिक्षा प्राप्त नहीं होती थी, मैंने 30 रुपये महीने में सन् 1982 में दिल्ली के सफदरजंग अस्पताल से एमबीबीएस किया। शिक्षक का बेटा था, अगर किसी ने कह दिया होता कि मेडिकल कॉलेज में दाखिले के लिए एक लाख रुपये दे दो तो शायद पिताजी कहते कि बेटा डॉक्टर छोड़ मास्टर ही बन जा और नहीं तो कुछ और रास्ता देख ले, लेकिन वे शायद चिकित्सक नहीं बना पाते।

अध्यक्ष जी, सरकारी अस्पतालों में प्राथमिक चिकित्सा केन्द्रों में 25 से 30 प्रतिशत तक पद खाली पड़े हैं। अगर पोस्ट ग्रेजुएट की बात करें तो अभी एक डेटा क्वेश्चन में दिया गया कि 2000 सीटें उत्तर प्रदेश में हैं, बिहार में कुछ सीटें हैं, जिनमें से पोस्ट ग्रेजुएट डॉक्टरों की संख्या मात्र 192 ही हैं। आखिरकार इस कमी को पूरा करने की जिम्मेदारी किसकी थी? दक्ष चिकित्सकों के साथ-साथ क्वालिटी मेडिकल केयर के लिए चिकित्सकों की उपलब्धता कराना, किसकी जिम्मेदारी थी? सरकारों की जिम्मेदारी थी। वर्ष 1956 में एमसीआई एक्ट लाया गया, वह अपनी जिम्मेदारी से पूर्णतया फेल हुई। सिर्फ दक्ष चिकित्सक उपलब्ध कराने की बात ही नहीं थी, दक्ष चिकित्सकों के साथ-साथ वहाँ पर व्यवसायीकरण हो गया, भ्रष्टाचार ने अपनी जड़ें जमा लीं। व्यवसायीकरण की लिमिट यह थी कि प्राइवेट मेडिकल कॉलेजों में सीटें लाखों और करोड़ों में बिकने लगीं और तो और बोलियाँ लगने लगीं। अगर आज किसी ने एक सीट 50 लाख या एक करोड़ में ली और अगले दिन उसके लिए दूसरा ग्राहक एक करोड़ दस लाख में पहुँच जाता है तो पहले वाले को मना कर दिया जाता है, आज यह स्थिति आ गई थी। अध्यक्ष जी, हमारी सरकार ने तुरंत कदम उठाया और इस दर्द को समझा। मैं इस देश का पर्यटन मंत्री भी रहा हूँ। मैंने इस दर्द को समझा, जहाँ 6.8 प्रतिशत जीडीपी का हिस्सा टूरिज्म से मिलता है।

(1220/CS/PS)

जिसमें विश्व में ग्रोथ मात्र 4 से 6 प्रतिशत है, भारत में वह ग्रोथ 9 से 10 प्रतिशत रही, मेडिकल टूरिज्म में वह ग्रोथ 25 प्रतिशत रही। यह हमारा भविष्य है। भारत के अंदर मेडिकल टूरिज्म की अपार संभावनाएं हैं, लेकिन जब अच्छे चिकित्सक नहीं होंगे, दक्ष चिकित्सक नहीं होंगे, उनकी संख्या उपलब्ध नहीं होगी, तो कहाँ से हम मेडिकल टूरिज्म में आगे बढ़ेंगे। हम पाँच ट्रिलियन डॉलर की अर्थव्यवस्था बनने की ओर अग्रसर हैं। उसमें यह भी आता है कि देश की चिकित्सा सेवाओं की तरफ हम विश्व के लोगों को आकर्षित करें कि बेहतरीन चिकित्सा सुविधाएं, बेहतरीन चिकित्सक आज भारत के अंदर उपलब्ध हैं। इसी दिशा में हमारी सरकार ने बहुत सारे कदम उठाए हैं। जहाँ एक तरफ हम मेडिकल टूरिज्म की बात करेंगे, वहीं दूसरी तरफ आम आदमी, इस देश का सामान्य आदमी, इस देश के गरीब आदमी को भी चिकित्सा सेवाएं उपलब्ध हों, हम इसका इंतजाम करेंगे। ये बातें केवल भाषणों से पूरी नहीं हो सकती थीं। ये बातें जमीन पर काम करने से पूरी हो सकती थीं और इन बातों को पूरा करने के लिए हमारी सरकार ने जो कदम उठाए हैं, अभी तो बिल आया है, बिल आने से पहले हम लोगों ने इतने कदम उठाए हैं, जो मील का पत्थर साबित हुए हैं और उनके परिणाम भी आ गए हैं।

महोदय, मेडिकल काउंसिल की जिम्मेदारी थी कि वह क्वालिटी मेडिकल चिकित्सा दे। वर्ष 2009 में यशपाल कमेटी ने कहा था कि मेडिकल काउंसिल ऑफ इंडिया की जिम्मेदारी निश्चित की जाए, जवाबदेही निश्चित की जाए कि चिकित्सा सेवाओं के मानकीकरण के साथ-साथ चिकित्सकों की सुविधा उपलब्ध कराना, उनकी संख्या उपलब्ध कराना, जिसमें वह पूरी तरह से फेल रही, उसमें बदलाव लाए जाएं, लेकिन बदलाव नहीं लाए गए और 20 दिसम्बर, 2017 को तत्कालीन मंत्री, जो आज के हमारे राष्ट्रीय अध्यक्ष हैं, श्री जे.पी. नड्डा जी द्वारा यह बिल लोक सभा में लाया गया। आप सब लोगों की माँग पर ही यह पार्लियामेंट की सेलेक्ट कमेटी को भेजा गया और उन्होंने जो सुझाव दिए, उन सुझावों को पूरी तरह से इसमें सम्मिलित करके यह बिल आज आपके सामने दोबारा लाया गया है।

महोदय, बिल लाने के साथ-साथ हमारी सरकार द्वारा, अभी बिल आया नहीं है, इन तीन सालों में क्या-क्या कदम उठाए गए और इनके परिणाम भी आपके सामने हैं। तीन सालों के अंदर 121 नए मेडिकल कॉलेजों की स्थापना हुई है, जिसमें से 61 सरकारी क्षेत्र में और 60 प्राइवेट क्षेत्र में आए हैं। आज देश में 536 मेडिकल कॉलेजेज हैं, जिनमें से पिछले तीन सालों में 121 मेडिकल कॉलेजेज बने हैं।

महोदय, यह आइ ओपनर है कि 25 प्रतिशत से ज्यादा मेडिकल कॉलेजेज, जो पिछले सालों में आए, वे मात्र तीन वर्ष के अंदर यह सरकार लेकर आई। यह हमारी सरकार का काम करने का तरीका था। 80 जिलों में हमारी सरकार ने कहा कि नए मेडिकल कॉलेजेज खोले जाएं। डिस्ट्रिक्ट हॉस्पिटल्स को अपग्रेड करके एक सेन्ट्रल स्पॉन्सर्ड स्कीम के तहत मेडिकल कॉलेज में कन्वर्ट किया गया।

महोदय, मुझे यह बताते हुए खुशी है कि उन 80 में से 39 मेडिकल कॉलेजेज चालू हो चुके हैं यानी लगभग 50 प्रतिशत मेडिकल कॉलेजेज चालू हो चुके हैं। जहाँ मेडिकल कॉलेजेज के अंदर सीटों की कमी थी, एक मेडिकल कॉलेज की अधिकतम संख्या 150 तक जाती थी, हमने इस संख्या को बढ़ाकर 250 तक किया कि अब एक मेडिकल कॉलेज 250 सीट्स तक बढ़ा सकता है।

महोदय, एमबीबीएस की सीटों में 25 प्रतिशत बदलाव हुआ है, 25 प्रतिशत की बढ़ोतरी पिछले चार सालों में हुई है। आज 79, 652 अंडर ग्रेजुएट सीट्स, लगभग 80 हजार सीट्स हमारे देश के अंदर उपलब्ध हैं। वर्ष 2014 की बात करें, तो मात्र लगभग 63 हजार सीटें थीं। इस तरह से 25 प्रतिशत सीटों का बदलाव आया है।

महोदय, पोस्ट ग्रेजुएट सीटों की उपलब्धता - हमारी सरकार 33 प्रतिशत पोस्ट ग्रेजुएट सीटों में बदलाव लाई है और यह जमीन पर आ चुका है। यह हमारी सरकार के काम करने का तरीका था। पिछली योजना में इसकी प्लानिंग नहीं की गई, तो चिकित्सक शिक्षकों की कमी पड़ गई। चिकित्सक मेडिकल कॉलेज तो खुल गए, लेकिन शिक्षक कहाँ से लाएं?

महोदय, शिक्षकों की कमी को पूरा करने के लिए, हमारे प्रोफेसर बघेल साहब बैठे हैं, एस.एन. मेडिकल कॉलेज आगरा, देश के बहुतार्थ नॉर्थ इंडिया को मेडिकल टीचर्स प्रोवाइड करता था, स्टूडेंट्स प्रोवाइड करता था।

(1225/RV/RC)

जिस गणेश शंकर विद्यार्थी कॉलेज, कानपुर के हमारे मंत्री हर्ष वर्धन जी हैं, ये लिजेण्ड्स हुआ करते थे। आज उनमें शिक्षकों की कमी पड़ गई। हमारी सरकार ने शिक्षकों की उपलब्धता पूरी करने के लिए उनकी आयु को 65 साल से बढ़ाकर 70 साल की। तुरन्त मेडिकल कॉलेजेज खुले, उसके लिए शिक्षकों की भी व्यवस्था की।

एम.सी.आई. ने यह रूल बना रखा था कि प्रोफेसर और छात्र 1:1 होने चाहिए। अगर 23,000 सीट्स हैं तो 23,000 प्रोफेसर्स होने चाहिए और अगर 23,000 प्रोफेसर्स नहीं होंगे तो मेडिकल कॉलेजेज बंद हो जाएंगे। हमने उस रेशियो को 1:2 और 1:3 किया। एक प्रोफेसर दो और तीन छात्रों को भी पढ़ाएगा। यह रेशियो बढ़ाकर हमने उस कमी को पूरा करने के लिए काम किया। एम.सी.आई. की जो जिम्मेदारी थी, एम.सी.आई. अपनी उस जिम्मेदारी से भटक गया। वह भ्रष्टाचार का अड्डा बन गया। पूरे देश में इंस्पेक्टर राज से मुक्ति के लिए मोदी जी की सरकार ने यह क्रांतिकारी कदम उठाया। पूरे देश में हर मेडिकल कॉलेज की अपनी-अपनी व्यवस्था थी। दुकान खुली हुई थी। उनके यहां उनका अपना इम्तिहान होता था। उसमें अपना इम्तिहान, अपना मास्टर, अपना ही एग्जामिनर होता था। हमारी सरकार ने पूरे देश की चिकित्सा सुविधाओं का मानकीकरण किया और पूरे देश में आज अन्डर ग्रेजुएट के अन्डर 'नीट' परीक्षा के माध्यम से एम.बी.बी.एस. में एडमिशन होता है, जिस पर कहीं भी कोई प्रश्न चिह्न नहीं उठ सकता। यह हमारी सरकार के काम करने का तरीका था।

अध्यक्ष जी, मैं पेशे से डॉक्टर भी हूँ और चाहता हूँ कि इस डॉक्टरी के दर्द को भी आम जनता समझे। दिनांक 22.07.2019 को यह बिल डॉ. हर्ष वर्धन जी द्वारा लाया गया, जो वर्ष 1956 के एम.सी.आई. एक्ट की जगह लेगा तो यह सुनिश्चित करेगा कि उचित संख्या में दक्ष चिकित्सक हों। विश्व में जो नवीनतम अनुसंधान हो रहे हैं, उनकी उपलब्धता ह्यूमैनिटी को हो, चिकित्सा संस्थानों का समय-समय पर मूल्यांकन हो, चिकित्सा के क्षेत्र में जो सुझाव आएँ, उन सुझावों पर भी कार्य हो, यह बिल यह सब काम करेगा।

सर, हमने चार ऑटोनोमस बोर्ड्स बनाए - अन्डर ग्रेजुएट मेडिकल एजुकेशन बोर्ड, पोस्ट ग्रेजुएट मेडिकल एजुकेशन बोर्ड, मेडिकल असेसमेंट रेटिंग बोर्ड, और इथिक्स एण्ड मेडिकल रजिस्ट्रेशन बोर्ड कि कौन रजिस्टर मेनटेन करेगा और अगर चिकित्सा के इस पावन पेशे से जुड़े हुए डॉक्टरों से कहीं कोई गलती की शिकायत आई तो उसको एड्रेस कौन करेगा, ये विषय लाए गए।

अध्यक्ष जी, कम्युनिटी हेल्थ प्रोवाइडर की व्यवस्था पर बहुत सारे प्रश्न चिह्न उठे। लोगों ने प्रश्न उठाया कि क्या यह कहीं ब्रिज कोर्स की तरफ या इस पेशे की पवित्रता को डाइल्यूट करने की सोच तो नहीं है? आज हम यह भी मानते हैं कि मैं गांव से आता हूँ...(व्यवधान)

SHRI N. K. PREMACHANDRAN (KOLLAM): Bridge Course is far better than this. In Bridge Course, there was a six-month training. There is no training in Community Health Provider system. It gives arbitrary and discretionary powers to the Government. How can it be justified?...(*Interruptions*)

माननीय अध्यक्ष: ये माननीय चिकित्सा मंत्री थोड़े ही हैं जो जवाब दे दें।

क्या आप सब लोग इन्हें माननीय मंत्री जी मान रहे हैं? ये तो सरकार की तरफ से बोल रहे हैं। ये पार्लियामेंट के मेम्बर हैं। आपकी सभी बातों का जवाब माननीय मंत्री जी दे देंगे।

डॉ. महेश शर्मा (गौतम बुद्ध नगर): महोदय, मुझे उम्मीद है कि इनके सभी सवालों का जवाब हमारे मंत्री जी देंगे, इनकी सभी चिंताओं का निराकरण करेंगे। लेकिन, मैं एक बात कहना चाहता हूँ कि मैं इस पेशे से भी जुड़ा रहा हूँ और इसकी जरूरत को भी समझता हूँ क्योंकि मैं ग्रामीण अंचल से आता हूँ। मेरे गांव के 50 किलोमीटर रेडियस में एक भी एम.बी.बी.एस. चिकित्सक नहीं था। मैं वहां से पहला डॉक्टर निकला।

आदरणीय प्रेमचन्द्रन जी, आप विद्वान हैं।

माननीय अध्यक्ष : आप प्रेमचन्द्रन जी की बातों का जवाब न दें, माननीय मंत्री जी जवाब दे देंगे।

डॉ. महेश शर्मा (गौतम बुद्ध नगर): महोदय, प्रेमचन्द्रन जी वकालत अच्छी जानते हैं, मैं डॉक्टरी अच्छी जानता हूँ। जो मैं जानता हूँ, वह आप नहीं जानते और जो आप जानते हैं, वह मैं नहीं जानता, लेकिन जो हम दोनों नहीं जानते, वह मोदी जी जानते हैं।

महोदय, जब कम्युनिटी हेल्थ प्रोवाइडर की बात आई, तो मैं उसकी डेफिनिशन के शब्द पढ़ रहा हूँ -

“To grant a limited licence to a mid-level practitioner to prescribe specified medicines in primary and preventive health.”

(1230/MY/SNB)

जैसे रात में कोई डॉक्टर उपलब्ध नहीं है। वर्ल्ड में कम्युनिटी हेल्थ प्रोवाइडर तथा बेसिक मेडिसिन्स की भी व्यवस्था है। वर्ल्ड में वहां की ट्रेड नर्सिंग कुछ बेसिक दवाएं दे सकती हैं। इसके लिए अभी कमीशन बना है। इसके सामने भी सभी समस्याएं आएंगी और इनका निराकरण भी होगा।

अध्यक्ष जी, मैं आपके माध्यम से चिकित्सा पेशे से जुड़े हुए सभी लोगों को बताना चाहता हूँ कि वर्ष 2017 के बिल से इसमें दो नई व्यवस्थाएं लाई गई हैं। इसमें किसी नई सेपरेट एक्जिट एग्जाम की व्यवस्था थी। हमारे लिए चिंता की बात थी कि हमें बार-बार इम्तिहान देने पड़ेंगे। मैं कहता हूँ कि अब वह इम्तिहान नहीं देना पड़ेगा। हमारा जो नेक्स्ट एग्जाम एम.बी.बी.एस. का होगा, वही लाइसेन्सिएट एग्जाम होगा और वही पी.जी. के लिए भी एन्ट्रेन्स होगा। उसमें चिंता थी और मेरे पास कल से बहुत सारे विषय आ रहे थे। पिछले सप्ताह जब यह बिल आया था, तो इंडियन मेडिकल एसोसिएशन के लोगों तथा चिकित्सकों से भी शिकायतें आ रही थीं कि ये हमारी चिंताएं हैं और इनका समाधान होना चाहिए। मैं उन चीजों को माननीय मंत्री जी के संज्ञान में लाया था। अब माननीय मंत्री जी इसका समाधान आपके सामने बताएंगे। बहुत सारी क्वेरीज थीं कि क्या एम.बी.बी.एस. का एग्जिट एग्जाम होगा, क्या एक ही बार मौका मिलेगा? मुझे मंत्री जी ने बताया कि उसे अपनी अंक-तालिका इम्प्रूव करने का मौका मिलेगा, जैसे आई.ए.एस. में दो-तीन बार मौका मिलता है, उसी तरह उसे अगले साल मौका मिलेगा और उससे भी अगले साल मिलेगा। उनकी जो क्वेरीज थीं, मुझे लगता है कि अब उन लोगों को चिंतामुक्त हो जाना चाहिए।

अभी माननीय मंत्री जी ने बताया कि 50 परसेंट सीट्स की फीस रेग्युलेट करेंगे। इससे उनकी चिंता हो गई कि बाकी 50 परसेंट सीट्स पर प्राइवेट मेडिकल कॉलेजेज कुछ भी चार्ज कर सकते हैं। यह चिंता मेरी भी है। मैंने 30 रुपये महीने मेडिकल कॉलेज की फीस देकर एम.बी.बी.एस. किया है, इसलिए यह चिंता मेरी भी है कि एक आम आदमी तथा चिकित्सक की जरूरत पूरी होनी चाहिए और कमर्शियलाइजेशन नहीं होना चाहिए।

मैं यह बात भी बताना चाहता हूँ कि मुझे जो चिट्ठी मिली, उसमें ऐसे-ऐसे शब्द इस्तेमाल किए गए कि इससे ऑटोनमी खत्म हो जाएगी, एक्स्क्लूसिविटी खत्म हो जाएगी, डेमोक्रेसी खत्म हो जाएगी, फेडरलिज्म और ईक्वल ऑपरच्युनिटी खत्म हो जाएगी। इसकी मुझे चिट्ठी मिली है। उस चिट्ठी में ये सारे शब्द लिखे गए हैं। इस बिल के लाने से ये सब कुछ हो जाएगा। पिछले 40-50 सालों से क्या हो रहा था, क्या डेमोक्रेसी खत्म हो गई थी, क्या ऑटोनमी खत्म हो गई थी? आज जो बिल लाया जा रहा है, उसमें 25 सदस्य हैं। इन 25 सदस्यों में उसका चेयरमैन डॉक्टर होगा। उसमें पांच इलेक्टेड लोग होंगे और छह लोग राज्यों के स्टेट मेडिकल काउंसिल्स से चुनकर आएंगे। किसी भी स्थिति में इन 25 लोगों में कम से कम 60 प्रतिशत डाक्टर्स होंगे। यह विषय लोगों की तरफ से आता था... (व्यवधान)

स्वास्थ्य और परिवार कल्याण मंत्री; विज्ञान और प्रौद्योगिकी मंत्री तथा पृथ्वी विज्ञान मंत्री (डॉ. हर्ष वर्धन): 25 में से 21 डॉक्टर्स हैं।

डॉ. महेश शर्मा (गौतम बुद्ध नगर): माननीय मंत्री जी ने मुझे करेक्ट किया है कि 25 में से 21 डॉक्टर्स होंगे। यू.के. का जो मेडिकल काउंसिल बिल है, उसमें 24 सदस्य होते हैं, जिसमें 12 डॉक्टर्स और 12 अन्य एलाइड फील्ड के लोग होते हैं। उसमें एनजीओ भी होगा और उन्हें भी अपनी बात कहने का मौका मिलेगा। एम.सी.आई. पर इस प्रकार का इल्जाम लगता था। एम.सी.आई. में जिस डॉक्टर के बारे में एथिक्स की चर्चा की जाती थी, अगर एम.सी.आई. में सभी डॉक्टर्स हैं, तो वे अपने डॉक्टर का पक्ष लेंगे। आज उस जरूरत को भी पूरा किया गया।

अध्यक्ष जी, एलोपैथिक प्रैक्टिस सिस्टम में ब्रिज कोर्स की जो व्यवस्था थी, वह खत्म कर दी गई है। इस बारे में जितनी भी चिंताएं थीं, अगर कोई दूसरी चिंता भी होगी, तो माननीय मंत्री जी उसका निराकरण करेंगे, लेकिन मुझे नहीं लगता कि इसके बाद भी कोई विषय ऐसा रह जाएगा, जिस पर कहीं कोई बात कहने की जरूरत रहेगी। हाँ, यह विषय आया था कि प्राइवेट मेडिकल कॉलेज की जो एस्टैब्लिशमेंट कॉस्ट है, आज लगभग दोनों बराबर है, 276 सरकारी मेडिकल कॉलेज हैं और 260 प्राइवेट मेडिकल कॉलेजेज हैं।

अध्यक्ष जी, मैं भी एक छोटा-सा अस्पताल चलाता हूँ। मुझे वह दिन याद है कि मेरे ओपीडी के अंदर एक व्यक्ति आकर खड़ा होता है, वह मेरे स्टाफ से पूछता है कि मुझे अपनी पत्नी की डिलीवरी करानी है। शायद उसे मेरा स्टाफ बताता है कि 2000 रुपये लगेगा। अध्यक्ष जी, वह व्यक्ति वहां पर खड़ा होकर चिल्लाता है कि आम जनता के लिए क्या है, जानवरों के भी तो बच्चे पैदा होते हैं, मेरी बात कौन सुनेगा? जब मैं उसके पास गया और मैंने कहा कि मैं इस अस्पताल का बड़ा बाबू हूँ, क्या मैं आपकी समस्या का समाधान कर सकता हूँ? उसने मुझे डाँटते हुए कहा कि आप मेरी समस्या का

क्या समाधान करेंगे, आप मेरे लिए कुछ नहीं कर सकते हैं। मैंने कहा कि शायद मैं कोशिश करूं, क्योंकि मैं यहां का बड़ा बाबू हूं, इसलिए मैं कुछ कर सकूँ। उसने कहा कि मैंने आपके अस्पताल में पूछा, तो मुझे बताया गया कि 2000 रुपये में डिलीवरी होगी। उसने अपनी जेब से हाथ निकाला और मेरे सामने 56 रुपये रख दिए। उसने मुझसे कहा कि क्या आप 56 रुपये में डिलीवरी करेंगे?

(1235/CP/RU)

अध्यक्ष जी, ऐसे मौके हर चिकित्सक के जीवन में रोजाना आते हैं और पूरी जिंदगी भर आते रहते हैं। उस वक्त हमने डिलीवरी की। उससे 40 रुपये ले लिए और 16 रुपये उसको वापस कर दिए कि आप अब जाइए। यह मेरा मौका नहीं है। हर व्यक्ति के जीवन में ऐसा मौका आता है। मैं आपके माध्यम से तीन-चार मिनट में अपनी बात समाप्त करूंगा। मैं आपके माध्यम से इस पेशे से जुड़ी हुई पावनता ... (व्यवधान)

माननीय अध्यक्ष : मैंने खत्म करने के लिए नहीं कहा, मैं कह रहा हूँ कि लोग 40 रुपये में डिलीवरी करने के लिए आपके हॉस्पिटल पहुंच जाएंगे।

डॉ. महेश शर्मा (गौतम बुद्ध नगर): अध्यक्ष जी, वेस्ट बंगाल में एक घटना हुई, देश के कोने-कोने में घटनाएं होती हैं। डॉक्टरों पर असॉल्ट, जिसे भगवान का रूप मानते थे, उस पर असॉल्ट। अध्यक्ष जी, मेरी आत्मा रोती है। मेरे पूज्य दादा जी ने कहा था कि बेटा डॉक्टर बन जाना। पहले कहा था कि आईएएस बन जाना, आईएएस नहीं तो डॉक्टर बन जाना, नहीं तो मास्टर तो बन ही जाना, क्योंकि ये तीनों पेशे कहीं न कहीं मानव हित के साथ जुड़े हुए होते हैं।

अध्यक्ष जी, यह देख कर चिंता होती है। हम मशीन नहीं हैं। डॉक्टर मशीन नहीं है। डॉक्टर भगवान भी नहीं है। हम इन्सान हैं। हम इस देश की माटी के बच्चे हैं, हम आपके बच्चे हैं, आपकी बेटियां हैं। क्या कोई डॉक्टर यह चाहेगा कि अपने पेशे में कहीं कमी रखकर, किसी भी तरह से जाने-अनजाने में कोई कमी रखे। अगर हम मशीन नहीं हैं, भगवान नहीं हैं तो हमें भी इन्सान की तरह ट्रीट किया जाए। मैं उन सबसे आह्वान करना चाहता हूँ, जो डॉक्टरों पर असॉल्ट की बात भी सोचते हैं। इसके लिए कोई कानून नहीं हो सकता है। इसके लिए मानवता की भावना के साथ हमें जुड़ना होगा। आखिरकार वही डॉक्टर जो जीवनदायी हो सकता है, जीवन देने में भगवान का सहयोगी हो सकता है, आखिरकार वह किसी की जान कैसे ले सकता है? मैं इस भावना के रूप में कहना चाहता हूँ।

अध्यक्ष जी, समय में परिवर्तन आया। मेरे अस्पताल के अंदर एक दिन एक मरीज एडमिट हुआ था। उसको हार्ट अटैक आया था। उनसे कहा गया कि शाम को थोड़ी देर बाद आपका ऑपरेशन चालू होगा। कोई मैच आने वाला था। उस कमरे का टीवी का चैनल खराब हो गया। वहां टीवी पर स्पोर्ट्स चैनल नहीं आ रहा था। उसने कहा कि आज आप मेरी छुट्टी कर दें। आज मैच आएगा, कल मैं फिर आ जाऊंगा। उसे यह बताया गया कि आपकी जिंदगी को खतरा है। उसने कहा कि पहले मैच तो देख लूँ। लोगों की अपेक्षाओं में यह बदलाव आया है।

एस्टैब्लिशमेंट कॉस्ट एक अस्पताल की, एक प्राइमरी हेल्थ सेंटर की एक करोड़ रुपये हो सकती है। एक मेडिकल कॉलेज, एक प्राइवेट अस्पताल जिसके लिए हम मेडिकल टूरिज्म की अपेक्षाएं कर रहे हैं, उनकी कॉस्ट 200, 300 से 500 करोड़ रुपये तक जाती हैं। उनके रेट्स कॉमन

नहीं हो सकते हैं। बड़ा कष्ट होता था, जब अखबार के पन्नों में रचा जाता था कि फलां डॉक्टर लुटेरा है, फलां अस्पताल लुटेरा है। ब्लैक-शीप्स होंगे, मैं नहीं कहता के ये नहीं होंगे। ब्लैक- शीप्स होने के कारण इस पावन पेशे की पावनता को खत्म न किया जाए।

अध्यक्ष जी, मैं बताना चाहता हूँ कि सरकार की तरफ से किसी भी मेडिकल एस्टैब्लिशमेंट के लिए कोई भी सब्सिडी नहीं दी जाती है। बिजली का बिल उसी दर पर, इन्कम टैक्स उसी रेट पर, कस्टम ड्यूटी उसी रेट पर, अगर कोई ट्रस्ट कोई और काम कर रहा है, तो अलग बात है। मैं बताना चाहता हूँ कि आज से 35 साल पहले मैंने नोएडा में जिस जमीन को ऑक्शन के अंदर खरीदकर अस्पताल बनाया था, वह देश में सबसे महंगी जमीन थी।

कॉस्ट हमेशा सेंटर टू सेंटर डिपेंड करती है। हमारी व्यवस्थायें हैं कि प्राइमरी हेल्थ सेंटर में ये सुविधाएं उपलब्ध होंगी, टर्चरी केयर में ये सुविधाएं उपलब्ध होंगी। सभी में बराबर केयर होती है। आज सीजीएचएस है, ईसीएचएस है, ईएसआई है, आयुष्मान है, ये सामाजिक जिम्मेदारियां भी आज यही चिकित्सक उपलब्ध कराते हैं। इन सभी सुविधाओं में लगभग 60 से 70 प्रतिशत तक चिकित्सा सेवा के रेट्स रेग्युलेट होते हैं। ... (व्यवधान)

श्री गौरव गोगोई (कलियाबोर): हमारे राज्य से जो भी मरीज आते हैं, जो एम्स में दाखिल नहीं हो पाते हैं, आपसे दरखास्त है कि आपके अस्पताल में हम उनको भेजना चाहेंगे, ये सारी सुविधाएं आप उनको भी दे दीजिए। लोक सभा सदन में हमारी तरफ से यह एक छोटी सी दरखास्त है।... (व्यवधान)

श्री रमेश बिधुड़ी (दक्षिण दिल्ली): हॉस्पिटल भी सात-आठ हैं। एक तो बता ही रहे हैं, यह भी ले लीजिए। ... (व्यवधान)

डॉ. महेश शर्मा (गौतम बुद्ध नगर): अध्यक्ष जी, मैं आपको बताना चाहता हूँ कि हमारा हॉस्पिटल कोई भी चैरिटेबल हॉस्पिटल नाम से नहीं है, पब्लिक लिमिटेड कंपनी के नाम से है। ... (व्यवधान) लेकिन यह मैं नहीं करता ... (व्यवधान)

श्री गौरव गोगोई (कलियाबोर): ... (व्यवधान) बड़े लोग हो गए हैं। (व्यवधान) आपका बड़ा दिल होना चाहिए।

डॉ. महेश शर्मा (गौतम बुद्ध नगर): गोगोई जी, मैं व्यक्तिगत नहीं कह रहा हूँ, यह हर चिकित्सक करता है। मैंने जो उदाहरण दिया है, वह हर चिकित्सक करता है।

(1240/NK/NKL)

हमारे भाई रमेश बिधुड़ी जी जिस अस्पताल की बात कर रहे हैं, वह वहां जा चुके हैं। मैं उसी क्षेत्र से आता हूँ। अगर किसी की गाड़ी से किसी को चोट पहुंचे, वहां अस्पताल में जाकर अपना नाम बताइए और उसे छोड़ कर चले जाइए। आपको आपातकालीन चिकित्सा सुविधा बिना किसी ट्रस्ट सुविधा के मिलेगी। ट्रस्ट में हो सकता है कि आप इतने बेड फ्री देंगे, उतने बेड फ्री देंगे। उसको आपातकालीन सुविधाएं निःशुल्क मिलेंगी। यह हर डॉक्टर करता है, केवल मैं नहीं करता। हर्षवर्धन जी ने न जाने कितने हजार और लाखों लोगों का इलाज अपने क्लिनिक या ओपीडी में फ्री किया होगा, हमने समाज सेवा इनसे सीखी है। यह हर डॉक्टर करता है।

अध्यक्ष जी, आपके माध्यम से मेरी प्रार्थना है कि आज यह संदेश भी जाए, चिकित्सा पेशे से असॉल्ट नाम की चीज बड़ी कष्टकारी है, इस दर्द को भी समझा जाए। डॉक्टरों को जीवनदायी समझा जाए न कि लुटेरे और कमीशनखोरा। इसके लिए कहीं न कहीं हमारा समाज भी जिम्मेदार होगा। मैं इन्हीं शब्दों के साथ आपको यह विश्वास दिलाते हुए इस बिल जो भी आपके चार विषय थे, अभी मंत्री जी ने बताया कि अस्सी हजार सीटों में से चालीस हजार सीटें सरकारी हैं, वह चालीस हजार फ्री में हो गई, बाकी चालीस का फिफ्टी परसेंट यानी बीस हजार, अस्सी में साठ हजार सीटें रेग्युलेटेड हैं, केवल बीस हजार सीटें बची। कुल 75 परसेंट सीटों पर रेग्युलेशन है और यह फ्री हैं, 25 परसेंट सीटें अनरेग्युलेटेड हैं। यह स्टेट का सब्जेक्ट है। स्टेट इसमें और कुछ कर सकती है, स्टेट इसमें और कुछ करेगी।

हमारे प्रधान मंत्री जी ने आह्वान किया है कि हर चिकित्सक हर संस्थान 9 तारीख को हमारी प्रसूती माताओं व बहनों का निःशुल्क इलाज करेंगे। आज देश भर में उसे एडॉप्ट किया गया है, यह हमारे आह्वान करने का तरीका है, यह हमारे काम करने का तरीका है। मैं विश्वास दिलाता हूँ, मैं चिकित्सकों का भी प्रतिनिधित्व करता हूँ और सरकार की ट्रेजरी पक्ष की तरफ से भी हूँ। मैंने उनका दर्द सुना है, जिन लोगों ने मेरे पास सुझाव भेजे थे। मैंने इसे माननीय मंत्री जी को दिया है। मुझे लगता है कि आज एमबीबीएस के स्टूडेंट्स को अपनी रैंकिंग को इम्प्रूव करने का मौका मिलेगा। 50 परसेंट नहीं लगभग 75 परसेंट सीटों पर रेग्युलेशन है ऑटोनॉमी के नाम पर। मंत्री जी ने मुझे करैक्ट किया कि 25 में से 21 लोग चिकित्सक होंगे। ऑटोनॉमी कहां गई, लोग फैडरलिज्म की बात करते हैं। मैं इन्हीं शब्दों के साथ आपको धन्यवाद देता हूँ और इस बिल का समर्थन करता हूँ।

(इति)

1242 hours

SHRI A. RAJA (NILGIRIS): Thank you, Mr. Speaker Sir, for giving me the opportunity to express my views on behalf of my Party.

Sir, I carefully listened to the speech delivered by the hon. Minister.

1242 hours

(Shri N.K. Premachandran *in the Chair*)

I am having high respect for Dr. Harsh Vardhan, as a Minister but still, I want to submit before the House about a very big operation that was done by Dr. Harsh Vardhan but ultimately, the patient died. I will demonstrate.

HON. CHAIRPERSON (SHRI N.K. PREMACHANDRAN): Do not demonstrate. Please elucidate.

... (*Interruptions*)

SHRI A. RAJA (NILGIRIS): Sir, health is a State subject, and medical education is a concurrent subject. The Bill has been brought to the House without giving any constitutional values. I can demonstrate that this Bill is anti-poor, undemocratic, anti-social justice, and anti-federalist. What has been done to the Medical Council of India? I was in the Ministry under the leadership of Shrimati Sushma Swaraj as the Union Minister and Dr. C.P. Thakur as the Minister of State. I know, there were allegations of corruption against MCI. You repealed the Bill. You gave an alternative by bringing this Commission. But how are you going to eradicate corruption?

The Medical Council of India is a democratic body in which the elected members from the medical fraternity duly express their views. There must be democracy in the country. What is meant by democracy? Our Leader, Dr. Karunanidhi used to tell us that democracy means, the aspirations of the those who are living in the lowest ebb of social and economic order should reflect in the governance. Where is the governance? You are creating three bodies. One is Medical Commission, the second is the Advisory Board, and then, there are some Committees. So, it is a three-tier system. It means that almost 89 to 90 per cent of the members are going to be appointed by the Government, and there will be no election.

(1245/KKD/MK)

What does it mean? Are you going to eradicate corruption by doing this? All Members are appointed by the Central Government; there is no elected person there.

Let me demonstrate this. How many Members are they having in the Commission? There is: one Chairman; 10 *ex-Officio* Members from AIIMS, ICMR, PGIMIR and JIPMER, that is good; four persons as Government nominees; Vice-Chancellors from across the country. At least, one State must have one Vice-Chancellor. But how many Vice-Chancellors would be there? They are giving only six Vice-Chancellors. The rotation will come only after twelve years. If Tamil Nadu is getting one Chancellor there, Tamil Nadu would have to wait for a minimum of 12 years.

Then, there are State Medical Councils. How many people are they getting from the State Medical Council? It is just five out of 29 States. How long would it take for a State to get one person there? It would take 14 years.

So, all Members are being appointed by the Government; it is not by election.

Let me come to the second Board. It is another Advisory Board. It is a joke really. I can tell you tell you that it is a complete razzmatazz. How? How many Members are there in the Medical Council? It is having 10+1+3+25 Members. The Advisory Board is having 89 Members. This is the second body. Collector, Deputy-Collector and Tehsildar, is the protocol. They created a Board. How many Collectors are there as Members? It is 25. Then, let us come to the Sub-Collectors. Out of 89 Members, all those 25 Collectors are Members. What a joke? All 25 people in the Commission are under the Advisory Board, which is having 89 Members!

Then, there is a Clause 16(1) regarding Autonomous Board, which says: "The Central Government shall, by notification, constitute the following Autonomous Boards..."

So, there is the Commission, the Advisory Council and the Autonomous Boards. This is another joke.

How many Boards will be there? For Under-Graduates, there will be one Board; for Post-Graduates, there will be one Board. Then, there will be the Medical Assessment and Rating Board, which is very, very important. Students of law must be there. I am a student of law. What is the natural justice? One person cannot be a Judge in his own cause. In my case, I cannot be a Judge.

Let us see it here. There is a Medical Commission; there is a Medical Council. All Members in the Medical Commission come under the Council.

Then, there is the Medical Assessment and Rating Board. This Board is a very important Board. This Board has to give permission under Clause 28(1), which is on granting permission to the UG and PG. The Commission is useless. The Advisory Council is useless.

Then, coming to the small Boards, among the four, the Medical Assessment and Rating Board is very important and significant Board. This Board is going to give permission. The Chairman of this Board is a Member of the Commission again! There are Collectors, Sub-Collectors and Tehsildars. The Tehsildar will give the permission and that Tehsildars will be the Member in the Collectorate. What is this body? None of these persons is elected? Where is democracy? That is why, with due respect, I am telling them that it is completely undemocratic.

Now, I would come to the second point. What is their aim in the Bill that they are claiming? It is 'to provide for a medical education system that improves access to quality and affordable medical education.'

This is their motto. Then, why have they repealed the Indian Medical Council Act? In the Statement of Objects and reasons, it is said:

“Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, on delivery of quality health services. ”

Are they going to achieve these goals through this Commission? It is not at all possible. I would explain how it is not possible. They are appointing a Secretariat. But who will be the Secretary? Even in the Medical Advisory Board, Commissions are there, all Vice-Chancellors, Health University (each from one State) are there; one Member from the State Medical Board is there. Then, Chairman, UGC is there. I can understand about the Chairman. He is oriented with education. Then, there is a Director, NAAC, i.e., National Assessment and Accreditation Council. Is it okay? Let us leave it.

Then, they are bringing a Director of Indian Institutes of Management as a Member.

(1250/RP/YSH)

What is the role of the Indian Institute of Science, the Indian Institute of Technology and the Indian Institute of Management in the health sector? Is it

not rubbish? What about the Secretary? The Secretary could be nominated again. What is his age? It is 70 years. What is your thinking? You are having somebody in your mind from the PMO or from the Central Secretariat to accommodate them. Is it the way to eradicate corruption? How can you do that?

An hon. Member was saying: "We are going to reduce corruption. I come from a very poor family." I also come from a very poor family. I did not wear *chappal* upto the eighth standard. Is this how you are going to eradicate the corruption. Sir, I am telling you that it is nothing but a complete joke. What is this Section 10 (1) (i)? In Section 10 (1) (i), these people are going to reduce the fee. What is the way out? It says that the Commission shall perform the following functions namely: "Frame guidelines for determination of fee and other charges" for 50% of seats..." What about the remaining 50 per cent? You are inviting loot. It means, you will take, your people will take advantage. You are permitting the colleges to loot money or to suck the blood of the people. It further says: "frame guidelines for determination of fee and other charges" for 50% of seats in private medical institutions and deemed to be universities which are governed under this Act." It is okay. So, it is not mandatory. What is the earlier procedure? You are accusing the MCI. The MCI got the fee structure under the supervision of a High Court Judge. The High Court Judge will visit the property. He will see that particular district. He knows the salary of teachers. He knows the cost of water and other municipal expenses. All these things will be taken into consideration. And accordingly, under the supervision of a High Court Judge, fee was structured. Now, you are framing guidelines. What are these guidelines? Is this static? Is it dynamic?

You have already imposed NEET. I have to pass NEET. In Tamil Nadu, several poor people gave their lives. Suppose, I cleared NEET after this heavy exercise. I did all academic examinations for five years. I came up even as a topper by securing 60 per cent or 70 per cent marks. Am I not entitled to practice? You are saying that there is one more examination. If I failed in the NEXT examination, I am only a 10+2. I am only a 10+2 or I am a layman whatever may be the mode of examination. So, you want to impose another examination on OBCs and SC, ST people, those who came from the dust of this

civilized society or those who passed their academic examinations after a lot of hurdle, just not to get them the license to practice. Is this social justice?

Then, you are coming with the Community Health Provider. Who is the Community Health Provider? Section 32 says: "The Commission may grant limited license to practice medicine at mid-level as a community health provider to such person connected with modern scientific medical profession who qualify such criteria as specified by the regulations:..." What are these regulations? There is a complete silence on that. All the decisions taken by all the three bodies will be subject to the Government's decision. So, you are giving complete and absolute power to the Government by way of nominating a person to the Commission or by way of nominating a person to the Council and by way of nominating a person to the Board. So, this three-tier system is going to lead you to a very big problem of corruption.

(1255/RCP/RPS)

By enacting this Bill, you are going to make the medical system a mockery. You are going to paralyse the healthcare system in the country. You are going to give licence to the private colleges to suck the blood of the poor. You are going to give up the democratic values in the administrative process. You are going to make an onslaught on federalism. You are going to defeat the expectations for medical needs of the nation.

At last, I can say that a day will come to see the history describing that the measures taken by the BJP Government in regard are going to spoil the Health Index of the country.

(ends)

1256 hours

DR. KAKOLI GHOSH DASTIDAR (BARASAT): Thank you, hon. Chairperson, Sir. I stand here to oppose the National Medical Commission Bill, 2019. In its present form, it is totally unacceptable. It is an attempt and an attitude to take total control of the medical system of the country in the hands of the Central Government which is against the federal structure of the country.

It is unfortunate that health is neglected so much in our country that less than two per cent of the Union Budget is devoted to it. Today, doctors throughout the country are protesting against this Bill. They are also burning copies of the Bill.

I fully agree with Mr. Raja here who has elaborately explained that at every stage, you are trying to totally ignore the concern of the States and the concern of the doctors of the country. From the age of 17 and 18, the aspiring doctors start studying for 12 to 18 hours a day to become doctors. Even after passing the examination, they are always working for patients. I agree with the hon. Member from BJP when he said, at Rs. 40, he did a labour case. It is because, doctors are devoted to patients. But, here, this Bill tries to demolish the mentality of doctors, their attitude towards patients and their attitude towards learning. It is because when they say that the Exit Examination has to be taken – I again agree with Mr. Raja – if a would-be doctor does not pass the Exit Examination, he becomes a 12th standard student and not a doctor at all. So, what was the Board doing? What were the examiners doing when the professional examinations were being taken by a student at every phase of professional life? There are examinations for Anatomy, Physiology, Pathology, Pharmacology, Biochemistry, Gynaecology, and Surgery. So, he or she has passed through all these phases and then has become qualified. Then, there is one year of internship to practise as a doctor. But if you say, 'You have passed through these phases but we are not accepting the results; you sit for another examination, an Exit Examination', that means you are trying to derecognise all the other steps of examination that the child has passed through. You just cannot do this. This is an attack on the federalism of our country. The mood of the nation today is that we have to protect federalism. The notion is to nurture and also preserve the federal fabric formulated by our founding fathers, which is not there today. The total control would be going to the Central Government.

But, as per the law, the Central Government and the State Governments, both are supreme in their own jurisdiction.

As per Schedule 7, 'Health' is a State Subject. But here, there is a total disregard of the States' involvement in formation of this Bill. Previously, the State doctors used to be elected through the State Medical Councils. There is no doubt that there has been mafia control, there has been criminality, and there has been corruption. We agree to it that people sitting inside jails were controlling medical education. Steps have been taken in this regard. We agree that fee structure used to be controlled. The State Governments were kept on a short leash. They wanted perks like staying in a five-star hotel and there were other things which I do not want to mention in this august House. Officers of MCI have done it in the past. But that does not mean, we have to trample upon the federal structure of the country. This is totally against our country's federal structure in which we are trying to trample upon Article 12, Part 3 of the Constitution which clearly states, 'the State' includes the Governmental and Parliament of India and the Government and the Legislature of each of the States.

(1300/SMN/RAJ)

We absolutely do not have any involvement of the State Governments. We are neglecting them. Today, in the country, we have about one million modern medicine doctors to treat 1.3 billion people. The doctors are over-worked. So, we need more colleges, we need more teachers and we need more funds. Instead of talking about that, we are just trying to increase the number of healthcare professionals through the community health providers who are nothing but quacks. As many as 57 per cent of them do not have any medical qualification. One-third of them have not even passed the twelfth standard. They know that if there is pain, they can give ibuprofen but the reaction of anaphylaxis following ibuprofen might happen in some patients and kill them. The quacks do not know of this. So, we are letting loose these killers in the society when we are having the community practitioners. If a six months course was enough for the practice of modern medicine, then why do we have the four and a half or five years course at all? Do away with the course. After the twelfth standard, get these students, give them six months course and let them practice and kill the people. You will reduce the population. So, this is absolutely

unwarranted in the country. It is shameful. It is unfortunate that this country has to see this day which is going down the history. This cannot be accepted.

Fund has to be allotted for more seats, for more teachers and for more equipments. Cutting-edge research has to be done. I agree completely with hon. Minister here. They are trying to encourage medical professionals to adopt latest medical research in their work and to contribute to research. Cutting-edge research has to be done because we have to keep up with the latest developments in the world. Modern medicine can nearly bring back to life a dead man by proper timely intervention in the golden hour. I have done it so many times - once in an aeroplane, once in a busy road. A person going into asystole, that is blockage of heart, can just by pumping be brought alive. We can do it. So, that modern medicine has to be taught to the students of the country so that the last man in the last village of my India gets that kind of care. This cannot be done by a quack. This cannot be accepted. Enough fund has to be given and I agree that there is nepotism as far as research is concerned. The tendency is I scratch your back and you scratch mine. People who are doing integral research are given due recognition. I have worked for 25 years in a cutting-edge technology. I was the first person in the country to start it in 1985-86 and after publishing 28 papers in Peer Review International Journals, I have not got any recognition from anybody in the country. So many scientists like this commit suicide. But I am too strong for that. I have not committed suicide.

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Madam, we recognise you. ...(*Interruptions*)

DR. KAKOLI GHOSH DASTIDAR (BARASAT): Thank you Sir. So, research is one thing, particularly in medical subject where just knowing that a crocin can bring down your fever does not make you a doctor. We have to respect our doctors and doctors have to be given proper care and proper training particularly in the grey areas. The students have to be encouraged to take part right from the first year of college curriculum. They have to be encouraged to write small papers so that they know how to do research. Research is required today.

About the formation of the Commission, the total supervision of the Central Government without any election is very undemocratic. This has to be done away with. Mr. Raja has rightly elaborated that you have to have these Members coming in at every stage where they are elected like previously. At

every step, we cannot have the Chairman to be nominated. The Cabinet Secretary here becomes the Chairman. Three experts should be nominated by the Central Government. I also agree to the National Eligibility cum Entrance Test. I have spoken about this in this august House before also that our country is one of plurality of multi-languages and there are State Boards where students study in their mother-tongue.

(1305/MMN/IND)

This has been going on for ages. So, if you have one exam for the whole of the country, then you first prepare in such a way that the curriculum for the entrance examination is uniform throughout the country. That might take 3-4 years. Then, you start the National Eligibility Entrance Test. The regional languages are learnt by students. They are preparing in their own curriculum. Then, they are asked to sit for the CBSE exam. A brilliant girl commits suicide in Tamil Nadu. Many have done so. In West Bengal, many of our students did not get the chance because they have studied in Bengali, their mother tongue. Even the syllabus is different. Make a uniform syllabus, implement the uniform syllabus and after 3-4 years of that curriculum, then, let them sit for the exam. But for those 3-4 years, let the Board say, have our Joint Entrance Exam, like we were having in different States. So, neither do we approve of the National Eligibility Entrance Test nor we approve of the Exit Exam. These are not compatible with enhancement of knowledge in medical science.

As far as the different Boards that are being formed are concerned, the States are major stake-holders in the administration of the medical education but there is no effective representation granted in the Boards under the Bill. The MCI had direct representation of one representative from the State, which now goes away. Also, about those four bodies, the NMC will act as an Appellate Authority with respect to the decisions of those four Boards. But it is not clear whether the States have any authority to appeal against any decision of the Board. That is also not clear here.

The Medical Advisory Council has representation with one member from the State and the function is entirely advisory. Also, that single person representation is there in both the places, both in the Commission and in the Medical Advisory Council. It is like you were saying that the Tehsildar and the Collector became the same. So, that is also erroneous here. No rationale has

been given for determining the fee. It has been only for maximum of 40 per cent seats in the private medical institution and it is not clear why the balance, 60 per cent seats, has been left open. Is it for more corruption to take place? This 60 per cent is not in accordance with the hon. Supreme Court's verdict.

So, as it stands today, this Bill cannot be accepted. It should be sent back for re-consideration. We oppose this Bill. Thank you, Sir.

(ends)

HON. CHAIRPERSON (SHRI N. K. PREMACHANDRAN): Now, the House stands adjourned to meet again at 2.10 p.m.

1307 hours

The Lok Sabha then adjourned for Lunch till ten minutes past Fourteen of the Clock.

(1410/PC/VR)

1412 बजे

मध्याह्न-भोजन के पश्चात् लोक सभा चौदह बजकर बारह मिनट पर पुनः समवेत हुई।

(श्रीमती रमा देवी पीठासीन हुईं)

NATIONAL MEDICAL COMMISSION BILL – Contd.

1412 hours

SHRI LAVU SRI KRISHNA DEVARAYALU (NARASARAOPET): Thank you, Madam, for giving me this opportunity to speak on the National Medical Commission Bill, 2019. It is a privilege that this Bill is being presented by Dr. Harsh Vardhan, who is a very learned and highly qualified person.

Most of the stakeholders whether students, doctors, patients, medical colleges or the public at large are in a critical situation. The students feel that they study for almost 13 to 14 years but still are not settled. At the same time, patients think that they are being overcharged and are not treated well by the doctors. Doctors, who have worked hard at study and got qualified, think that they are working overtime and are being humiliated by people even for no negligence on their part. On the other hand, the management of medical colleges feel a lot of pressure day in and day out coming from every corner.

Right now, India produces around 65,000 medical professionals every year. But if we look at the population of this country, we should be producing a higher number of medical professionals than what we are doing right now. For example, a country like Cuba sends around 50,000 medical professionals and doctors every year to contribute and participate in different health and medical programmes in several countries around the world whereas we are producing just around 65,000 medical professionals every year.

(1415/SAN/SPS)

So, as Shri Harsh Vardhanji mentioned, we need to increase the number of medical students as well as the number of medical colleges.

As I was going through this Bill, I found that some deficiencies are there, or, I should say, there is a need for lot of improvements in whatever has been proposed in it. If we look at the preamble itself, it states that the principle of the regulated electing the regulator is flawed and creates a conflict of interest and

therefore, MCI should be discarded. In a way, it says let us not have anyone, doctor or someone else, in this National Medical Commissioner who is coming in by way of getting elected; rather, the Government will nominate the people.

Sir, the hon. Minister is here. He is a very learned man. He has practised the profession of a doctor for almost 30 to 35 years. Today, he is the Health Minister. He understands what happens in the medical profession better than anyone else does. So, he could actually come up with this Bill. Imagine someone who is not coming from medical profession and sitting there as Health Minister, trying to understand what actually happens on the ground, how many years will he take to understand what actually happens on the ground?

Here, you are saying that only 20 per cent of the representatives will be doctors, but by decreasing the number of representatives from the doctors' side into this, we are actually giving more powers to the bureaucrats who have a term of only five years or so. By the time, they come in, understand and actually implement something new, it will be mostly redundant.

I would like to mention that in National Medical Commission we are proposing, there will be various bureaucrats, various other people and also a small number of doctors that we are planning to have. If you look at the University Grants Commission, they also have nominated people. If you look at the AICTE, which controls the technical education in this country, they also have the nominated people. But in the last four to five years, a lot of things have been said by lot of people about these two bodies and that they are not working as per the wishes of the people of this country or not moving the technical education forward. There are a lot of such comments which have come in. I do not see a difference between the National Medical Commission and the existing UGC or AICTE, the institutions which we are trying to bring together in the new education policy, thinking that they are not working at the same level. On the one side, we are making defunct the UGC and AICTE and on the other side, we are going to create another UGC or AICTE like institution in the form of National Medical Commission in the field of medical science.

Coming to Sections 41(1) and (2) of the Bill, I would like to state that although autonomy is expected to be the hallmark of NMC Bill, 2019 and of the Boards that are called as autonomous boards, in reality, the same thing is not there. As Shri Raja mentioned earlier, all the five members are being appointed

by the Central Government. Again, the four chairmen are the *ex officio* members of the National Medical Commission. Even if the States get their representatives in the Commission, only two per cent of the representatives are there. Even then, if a State has to get representation in the National Medical Commission, it will take a cycle of 12 years for each State to actually get a representation in it. So, if a State, a norther-eastern State or some other State, has some issues, by the time, their member is actually present in the Commission, it will take a 12-year term for them to have their member in it.

In this whole process, we are not taking small and medium healthcare establishments which meet almost 70 per cent of the healthcare needs of the country. They did not have any representation in the MCI which was institution dominated nor is it represented in the National Medical Commission.

(1420/RBN/SJN)

Next issue is, about non-experienced people being in control. I have already mentioned as to what will happen if you bring too many bureaucrats into this. ...(*Interruptions*) Madam, give me two minutes. I will conclude.

As per section 10 of the Bill, "Commission will be framing guidelines for determination of the fees in respect of such proportion of seats not exceeding 50 per cent in the private medical institution." The problem in running a medical college is not running the college, but running a medical hospital. That is where the problem lies. We are not addressing that problem. Rather than addressing that problem we are trying to create a situation where 50 per cent of the seats are given to private medical colleges so that they can charge higher fees, they can earn money on that and run the medical hospital. Instead of actually addressing the problem that is there with the medical hospital, we are giving away 50 per cent of the seats to the other people.

Let me come to my next issue, which is about continuous evaluation. Even the New Education Policy framed by the MHRD talks about continuous evaluation from 4th Standard or 5th Standard. I am not talking of continuous evaluation in engineering or medicine. But we are talking about continuous evaluation from 4th Standard or 5th Standard. By having an EXIT examination after five years, we are actually forcing the students to prepare for the examination rather than preparing for medical subjects. Coming from Andhra Pradesh, I know students start preparing for NEET and JEE from 8th Standard

onwards. All that they do is they study only for these examinations instead of learning what they are supposed to learn in 8th and 9th Standards. So, please look into it. ...(*Interruptions*) Madam, just one more minute.

Thirty years back the open heart surgery was costing about Rs. 1.4 lakh. Even now, after thirty years or so, if you go to Narayan Hrudayalaya, it costs the same amount, whereas in other countries it costs Rs. 74 to Rs. 75 lakh. Hospitals like the Aravind Eye Hospital are performing the same number of operations as a reputed hospital in countries like UK does. What I am trying to say, with these two examples, is that let us do the best for the medical hospitals. Let us give the flexibility to the medical hospitals to survive so that through those hospitals the medical colleges can survive. Please look into it.

Shri Harsh Vardhan ji, you have got the kind of opportunity that people like M.S. Swaminathan had got in the field of agriculture. ...(*Interruptions*)

(ends)

1424 बजे

डॉ. आलोक कुमार सुमन (गोपालगंज) : माननीय सभापति महोदया, मैं आपको बहुत-बहुत धन्यवाद देता हूँ और आपका आभार प्रकट करता हूँ कि आपने मुझे राष्ट्रीय आयुर्विज्ञान आयोग विधेयक, 2019 पर बोलने की अनुमति प्रदान की है। यह बिल बहुत ही अहम है। इसका मकसद मेडिकल क्षेत्र में बड़े पैमाने पर सुधार करना है। मेडिकल क्षेत्र में सुधार से देश में गरीब एवं मध्यम वर्गीय परिवारों के बच्चों के लिए डॉक्टर बनने का सपना पूरा हो सकेगा। देश में मेडिकल शिक्षा को बढ़ाना, मेडिकल अनुसंधानों का उपयोग करने के लिए प्रोत्साहित करना और अनुसंधान के लिए सहयोग देना एवं चिकित्सा सेवाओं में पूरी तरह से उच्च एथिक्स मानकों को लागू करने से मेडिकल क्षेत्र में काफी प्रगति होगी। कुशल डॉक्टरों की कमी एक गंभीर समस्या है। मैं यह कहना उचित समझता हूँ कि माननीय मुख्य मंत्री श्री नितिश कुमार जी के प्रयासों से जिले के हर सदर अस्पताल में स्पेशलिस्टों की नियुक्तियां बड़े पैमाने की जा रही हैं, ताकि आम लोगों को हर प्रकार की मेडिकल सेवाएं ग्रामीण इलाकों में ही मिल सकें। हमारी केन्द्र की सरकार ने जिस तरह से लोगों के प्रति संवेदनाएं दिखाई हैं, मैं उसके लिए केन्द्र सरकार को धन्यवाद देता हूँ।

(1425/GG/SM)

महोदया, सरकार जो बिल लाई, इसकी वजह से मेडिकल क्षेत्र में आने वाले दिनों में बहुत सारे सुधार होने वाले हैं। इंडियन मेडिकल काउंसिल (अमेंडमेंड) बिल, 2019 से देश में चिकित्सा शिक्षा में पारदर्शिता, जवाबदेही और चिकित्सा शिक्षा के संचालन में निश्चित ही गुणवत्ता सुनिश्चित होगी।

महोदया, भारतीय चिकित्सा परिषद् के सूचना के अनुसार 31 जनवरी, 2019 तक राज्य चिकित्सा परिषदों/भारतीय चिकित्सा परिषद् में कुल 11,57,771 एलोपैथिक डॉक्टर्स पंजीकृत हैं। यदि हम इनको 80 प्रतिशत उपलब्धता मानें तो अनुमान है कि सक्रिय सेवा के लिए लगभग 9.26 लाख डॉक्टर्स वास्तव में उपलब्ध हो सकते हैं। 1.35 बिलियन की वर्तमान जनसंख्या के अनुमान के अनुसार डॉक्टर्स जनसंख्या के अनुपात को 1:1457 के रूप में दर्शाता है, जो विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के 1:1000 के मानदण्ड से कम है। इसके अतिरिक्त देश में आयुर्वेद, यूनानी और होम्योपैथी के 7.88 लाख डॉक्टर्स हैं। यदि हम इनको 80 प्रतिशत उपलब्धता मानें तो अनुमान है कि सेवा के लिए आयुर्वेद, यूनानी एवं होम्योपैथी के 6.30 लाख डॉक्टर्स वास्तव में उपलब्ध होंगे और यदि एलोपैथिक डॉक्टरों के साथ विचार किया जाए तो डॉक्टर और आबादी का अनुपात 1:868 होता है।

महोदय, देश में विभिन्न चिकित्सा शैक्षणिक संस्थाओं/चिकित्सा कॉलेजों में सीटों की संख्या बढ़ाने के लिए सरकार ने कई कदम उठाए हैं। सरकार स्नातक सीटों को बढ़ाने के लिए एमबीबीएस स्तर पर अधिकतम भर्ती क्षमता को 150 से बढ़ा कर 250 करना, उसी प्रकार स्नातकोत्तर सीट बढ़ाने के लिए देश भर में चिकित्सा कॉलेजों में सभी एमडी, एमएस विषयों के लिए छात्रों एवं अध्यापकों का अनुपात 1:1 से बढ़ा कर 1:2 और संवेदन हरण, न्यायिक औषधि, रेडियो थेरेपी,

मेडिकल अंकोलॉजी, सर्जिकल अंकोलॉजी और मनोचिकित्सा विज्ञान के क्षेत्र में 1:1 से बढ़ा कर 1:3 कर दी गई है। इससे निश्चित है कि देश में स्नातकोत्तर सीटों की संख्या में वृद्धि होगी।

महोदया, सभी मेडिकल कॉलेजों के एमबीबीएस की अंतिम वर्ष की परीक्षा एक साथ लेने एवं NEXT (नेक्स्ट) का प्रावधान बेहतर कदम है। इससे स्नातकोत्तर में प्रवेश के लिए अलग से छात्रों को परीक्षा नहीं देनी पड़ेगी। इससे स्नातकोत्तर की तैयारी करने वाले छात्रों को कोचिंग में भारी-भरकम खर्च की जरूरत भी नहीं पड़ेगी। निजी मेडिकल कॉलेजों की 50 प्रतिशत सीटों पर सरकारी नियंत्रण का प्रावधान पहली बार करने का प्रस्ताव है। इससे छात्रों को बहुत फायदा होगा।

महोदया, मेरा संसदीय क्षेत्र गोपालगंज है, जिसकी आबादी करीब 25 लाख है। यहां से कोई सीधी ट्रेन नहीं होने से हमारे संसदीय क्षेत्र के मरीजों को दूसरे जिलों में जा कर ट्रेन पकड़नी पड़ती है, ताकि वे महानगरों में उचित इलाज करा सकें। जैसा कि हम जानते हैं कि केन्द्र सरकार द्वारा तीन जिलों को मिला कर एक मेडिकल कॉलेज खोलने का प्रावधान किया गया है। अगर एक मेडिकल कॉलेज उत्तर बिहार के गोपालगंज जिले में खोला जाता है तो इससे ग्रामीण जिले के लोगों को उचित इलाज मिल पाएगा।

महोदया, द इंडियन मेडिकल काउंसिल (अमेंडमेंट) बिल 2019 के द्वारा किए गए अनेक उपायों का उद्देश्य देश में स्वास्थ्य चर्चा के मुद्दों का समाधान करने का है। देश भर में नए एम्स खोलने की योजना है एवं अनेक मेडिकल कॉलेजों में सूपर-स्पेशियलिटी ब्लॉक स्थापित किए जा रहे हैं। इसके अलावा चिकित्सा शिक्षा के विस्तार और सुधार के लिए कई नए मेडिकल कॉलेजों की स्थापना की जा रही है और भारतीय चिकित्सा परिषद् के स्थान पर प्रतिष्ठित चिकित्सकों की सदस्यता वाला नया (बोर्ड ऑफ गवर्नेंस) बनाया गया है। प्रधान मंत्री भारतीय जन औषधि परियोजना के तहत सभी के लिए विशेष रूप से गरीब और वंचित लोगों के लिए किफायती मूल्य पर जेनेरिक दवाएं उपलब्ध कराने के लिए देशभर में 4600 से अधिक मेडिकल स्टोर स्थापित किए गए हैं। इसके अलावा चिकित्सीय इम्प्लान्टों और कई जीवन रक्षक दवाइयों की लागत भी कम की गई है।

महोदया, ये सभी उपाय स्वास्थ्य सेवा को साकल्यवादी और सभी वर्गों के लिए अधिक उचित बनाने के इरादे से किए गए हैं। तथापि स्वास्थ्य देखभाल में सर्वाधिक दूरगामी पहल 'आयुष्मान भारत योजना' है, जिसे सरकार द्वारा शुरू किया गया है। यह योजना समाज के सर्वाधिक पिछड़े एवं वंचित देशवासियों पर लक्षित है।

महोदया, मैं कहना चाहूंगा कि शुभारंभ के तीन महीने के भीतर ही प्रधान मंत्री जन आरोग्य योजना-आयुष्मान भारत के तहत समाज के पिछड़े वर्गों के साढ़े छह लाख से अधिक मरीजों को देश भर के अस्पतालों में इलाज के लिए भर्ती कराया जा चुका है और अस्पताल में उनकी भर्ती के लिए 850 करोड़ रुपये से अधिक की राशि की स्वीकृति की जा चुकी है।

महोदया, मैं इन्हीं बातों के साथ इस बिल का समर्थन करते हुए माननीय स्वास्थ्य मंत्री डॉ. हर्षवर्धन जी एवं माननीय स्वास्थ्य राज्य मंत्री श्री अश्विनी कुमार चौबे जी को धन्यवाद देता हूँ तथा सभापति महोदया, आपका आभार व्यक्त करता हूँ।

(इति)

(1430/GG/AK)

1430 बजे

श्री अच्युतानंद सामंत (कंधामल): माननीय सभापति जी, आपने मुझे राष्ट्रीय आयुर्विज्ञान आयोग विधेयक, 2019 बिल पर बोलने का मौका दिया, इसके लिए मैं आपका धन्यवाद करता हूँ। हमें मालूम है कि जब डॉ. हर्षवर्धन जी ने इस बिल को इंट्रोड्यूज किया, उन्होंने अपने भाषण में बहुत अच्छे से इस बिल के बारे में बताया। वे स्वयं डाक्टर हैं और वे मेडिकल एजुकेशन और हैल्थ सर्विसेज के बारे में भी ज्ञाता हैं। हमें पता है that the MCI was established as per the IMC Act of 1956 to strengthen the medical education, approve the medical colleges and also to oversee the medical practitioners, etc. 50-60 साल से ज्यादा का समय हो गया है, एमसीआई इसे देख रहा है और आज 500 के आस-पास मेडिकल कालेज भारत में बने हैं। लाखों से ज्यादा की संख्या में डाक्टर्स यहां से निकलते हैं और सारी दुनिया में प्रैक्टिस करने के लिए जाते हैं। इस वजह से भारत में भी लोगों को स्वास्थ्य सेवाएं बहुत अच्छे ढंग से मिल रही हैं। हम लोगों को पता है that the doctors produced in India are the best doctors in the entire world. सारे विश्व में भारतीय डाक्टर्स की प्रशंसा होती है। मुझे जितनी जानकारी है चाहे कोई भी संस्था हो, चाहे सरकारी हो या प्राइवेट, जब 60-65 साल चल जाती हैं, तो उसके बाद कुछ न कुछ कमी जरूर दिखाई पड़ती है। ऐसे ही एमसीआई में भी कमी दिखाई दी। सरकार का काम है कि जब कमी दिखाई दे या अपने रास्ते से वे भटकते हैं, तो सरकार को इंटरवीन करना चाहिए। मेरे ख्याल से आज सरकार ने सही समय में इंटरवीन किया है। वर्ष 2009 से आप देखें, चाहे कमेटी रिपोर्ट कहिए, नेशनल नॉलेज कमीशन की रिपोर्ट कहिए, 2016 के बाद पार्लियामेंट स्टैंडिंग कमेटी की रिपोर्ट और एक्सपर्ट कमेटी की रिपोर्ट, यहां तक कि नीति आयोग ने भी कहा कि मेडिकल एजुकेशन में ट्रांसफॉर्मेशन आना चाहिए। मैं भारत सरकार को धन्यवाद दूंगा कि वर्ष 2017 में दि नेशनल मेडिकल कमीशन को लोक सभा में इंट्रोड्यूज किया गया। उसे भी पार्लियामेंटरी स्टैंडिंग कमेटी ने ध्यान से देखा और उसके बाद वर्ष 2019 में नेशनल मेडिकल कमीशन बिल माननीय मंत्री जी ने इंट्रोड्यूज किया है। मैं मेरी पार्टी की तरफ से इसका समर्थन करते हुए कुछ सुझाव देना चाहता हूँ।

हम सभी को पता है कि किसी भी देश की ग्रोथ के लिए सोशल इंडिकेटर्स होते हैं। उन सोशल इंडिकेटर्स में मेन इंडिकेटर हैल्थ होता है। जिस समाज में, जिस देश में हैल्थ का इंडिकेटर जितना उन्नत है, वह देश और राज्य उसकी वजह से सस्टेनेबल डेवलपमेंट गोल के ऑब्जेक्टिव उतना फुलफिल करे। हम लोगों को पता है कि हैल्थ कितना इम्पोर्टेंट है, इसलिए हम बातों-बातों में कहते हैं कि 'Health is wealth'। कोई किसी को टेलीफोन करता है, तो पहले पूछता है कि आपका स्वास्थ्य कैसा है। आज की जो मैटीरियलिस्टिक दुनिया है, इसमें हैल्थ प्रॉब्लम इतनी हो गई है कि सबके घरों में उच्च रक्तचाप, शुगर हो गई है। कैंसर की बीमारी भी बहुत बढ़ चुकी है, इसलिए डाक्टरों की संख्या कितनी बढ़ाई जाए, यह देखने की जरूरत है। भारत डेवलपिंग कंट्री बन रहा है, लोगों की पेइंग कैपेसिटी बढ़ रही है। पहले यदि किसी को कुछ होता था, तो पैरासिटामोल की गोली खा लेता था, लेकिन अब बिना डाक्टर से पूछे गरीब आदमी भी कोई दवाई नहीं लेता है।

आज डाक्टरों की संख्या पर्याप्त है, इसलिए यह जो नेशनल मेडिकल कमीशन आ रहा है, हम सोच रहे हैं कि माननीय मंत्री जी गुणात्मक स्वास्थ्य सेवा भारत में देने के लिए विस्तार रूप से इसे लाए होंगे। अभी महेश शर्मा जी बोल रहे थे, मैं प्रधान मंत्री और स्वास्थ्य मंत्री जी को धन्यवाद दूंगा कि प्रैक्टिकली तीन-चार पांच सालों के अंदर मेडिकल कालेज की सीट्स यूजी और पीजी कोर्से में इतनी बढ़ा दी हैं कि डिमांड और सप्लाई का गैप बहुत कम हो गया है। अब माफिया इस बारे में ज्यादा हेर फेर नहीं कर पा रहे हैं। इस वजह से मैं यह बात जरूर बोलूंगा कि अभी भी देश में डाक्टर्स की बहुत जरूरत है और जैसे कि रिपोर्ट आई है कि अभी देश में छः लाख डाक्टर्स की बहुत जरूरत है। आप जितने डाक्टर्स प्रोड्यूस करेंगे, उनमें से 50 परसेंट बाहर चले जाएंगे, इसे देखते हुए मेडिकल कालेजेज की संख्या बढ़ानी चाहिए और ज्यादा संख्या में डाक्टर्स प्रोड्यूस करने चाहिए। इस सिलसिले में माननीय सदस्यों ने बहुत बातें कही हैं। मैं तीन बातें जरूर कहना चाहता हूँ। पहला है नेशनल एग्जिट टेस्ट, उसके बाद फीस स्ट्रक्चर और उसके बाद ओडिशा राज्य की हैल्थ समस्या है।

(1435/KN/SPR)

‘नेक्स्ट’ के ऊपर सब लोग बोले हैं। ‘नीट’ इंट्रोड्यूस हुआ, बहुत अच्छा हुआ, यूनिफॉर्मिटी, स्टैंडर्ड वगैरह सब कुछ हो गया। माननीय सभापति महोदया, आपको सुनकर आश्चर्य होगा कि 18 लाख बच्चों ने इस साल नीट एग्जाम दिया था। उसमें नौ लाख क्वालिफाइंग मार्क्स आए। उसमें से लगभग 75-80 हजार बच्चों ने एडमिशन लिया। इसका मतलब है कि पाँच से छः परसेंट बच्चों को मेडिकल एजुकेशन पढ़ने के लिए स्कोप मिल रहा है। That too cream of the cream enter into the medical education. जब वे इतना कष्ट करके ‘नीट’ देकर मेडिकल एजुकेशन में पढ़ेंगे, करोड़ों रुपये खर्च करेंगे, छः साल पढ़ेंगे, उसके बाद जो नेशनल एग्जिट टेस्ट (नेक्स्ट) किया है, मैं आपके माध्यम से माननीय मंत्री जी से अनुरोध करूँगा कि इसको और अच्छे तरीके से देखना चाहिए, because it involves the lives of many people. बच्चे नीट क्वालिफाई नहीं होने पर स्यूसाइड करते हैं। जब पाँच-छः साल पढ़ने के बाद डॉक्टर नहीं बनेंगे तो स्यूसाइड ज्यादा बढ़ जाएगा, फ्रस्ट्रेशन ज्यादा बढ़ जाएगी, परेण्ट्स का डिप्रेशन ज्यादा बढ़ जाएगा। जो लोग मेडिकल कॉलेज चलाते हैं, उनका भी लॉस हो जाएगा। अभी 18 लाख बच्चे परीक्षा दे रहे हैं, जब पता चलेगा कि यह सब है, आप देखेंगे कि it will come down to nine lakh. हम सब लोगों को पता है कि एक बच्चा 12वीं में टॉप करता है, तब भी बीच-बीच में ‘नीट’ क्वालिफाई कर नहीं पाता है। इसके ऊपर बहुत सांसदों ने विस्तार से अपनी बात रखी है। अभी आप घंटी बजाएँ तो मेरे बोलने का समय समाप्त हो जाएगा। इसलिए मैं माननीय मंत्री जी से अनुग्रह करता हूँ कि इसके ऊपर सोचना चाहिए। It involves frustration of the students; it involves suicidal attitude of the students; it involves depression of the parents, who are spending crores of rupees on their son or daughter. Private medical college specifically incur losses in running it. Many things are there. इसके ऊपर अच्छी तरह से सोचकर, पॉलिसी मेकर से बातचीत करके जो भी करना है, करें। Next, I will touch, Madam, a little bit about the fee

structure. फी स्ट्रक्चर के ऊपर बहुत सांसद बोलते हैं, सुप्रीम कोर्ट ने बोला है, हाई कोर्ट ने बोला है, मीडिया ने बोला है, प्राइवेट मेडिकल कॉलेज को सब लोग गाली देते हैं, माफिया हो, चोर हो, यह सब हो। Can you imagine this? देश स्वाधीन होने के बाद और वर्ष 1953 से अभी तक less than 50 per cent of the private medical colleges are government medical colleges. The government medical colleges have less than 50 per cent seats as compared to the private medical colleges. एक मेडिकल कॉलेज जिस राज्य में होता है, उस राज्य का प्रेस्टीज बढ़ता है, गौरव बढ़ता है, सब कुछ होता है। एक मेडिकल कॉलेज खोलने के लिए कितना कष्ट है। जहाँ पर 1500 मेडिकल कॉलेजेज चाहिए, भारत सरकार ने 500 भी आज तक टच नहीं किए हैं। मेरा कहना है कि प्राइवेट मेडिकल कॉलेज जो भी करते हैं, कितना कष्ट करके करते हैं, कितना जूझते हैं, 500 करोड़ रुपये खर्च करेंगे तो एक मेडिकल कॉलेज बनेगा। माननीय सभापति महोदय, मैं एक बात बोलूँगा, सब को पता है कि एक मेडिकल स्टूडेंट को पढ़ाने के लिए हर साल सरकार खर्च करती है। Madam, Rs.30 lakh is spent per student per annum. This is a recurring expenditure. खुद माननीय मंत्री जी ने कहा है, मीडिया में आया है। Madam, AIIMS spends Rs.2 crore per student per annum. This is also a recurring expenditure. This is also stated by its administrative department. स्टेट मेडिकल कॉलेज में सरकार 30 लाख रुपये खर्च कर रही है, एम्स में दो करोड़ रुपये खर्च हो रहे हैं। Norms and standards are same. Everything is same for both private and Government medical college. अभी एक माननीय सांसद बोल रहे थे कि गवर्नमेंट मेडिकल कॉलेज में 30 परसेंट का अभाव है, अगर 30 परसेंट का अभाव होगा तो गवर्नमेंट मेडिकल कॉलेज को कोई छुएगा भी नहीं। इन केस ऑफ प्राइवेट मेडिकल कॉलेज, एक ग्लास की जगह में कप रख देंगे तो अप्रूवल कट जाएगा। इस सिलसिले में मेरा कहना है कि प्राइवेट मेडिकल कॉलेज में सबसे कठिन काम है 500 बेडेड जनरल हॉस्पिटल चलाना। उसके नॉर्म्स इतने स्ट्रिक्ट हैं। मेडिकल कॉलेज में 30 लाख रुपये सरकार खर्च करे, दो करोड़ रुपये एम्स खर्च कर रहा है। अभी प्राइवेट मेडिकल कॉलेज देश में 12 लाख से 20 लाख रुपये लेते हैं। मेरा भी है, मुझे पता है। I also have a medical college, etc. सारी दुनिया में कोई अच्युतानंद सामंत को एक शब्द बोल नहीं पाएँगे, माफिया है या कुछ भी है।...(व्यवधान) मेरी क्या इंटीग्रिटी है? सारी दुनिया को पता है। मैं माननीय मंत्री जी से अनुरोध करूँगा कि आप जितना पैसा स्टेट मेडिकल कॉलेज में देते हैं, उतना ही पैसा प्राइवेट मेडिकल कॉलेज के लिए फीस फिक्स कर दीजिए। कभी कोई नहीं बोलेगा। अभी आपने नीट कर दिया। हम लोगों के हाथ में एक भी एडमिशन नहीं है।

(1440/CS/UB)

जिसने मेडिकल कॉलेज बनाया, वह अपने पोता-पोती, बेटा-बेटी को भी उसमें दाखिला नहीं दे पाएगा। हम सब यहाँ सांसद बैठे हैं, सबके बेटा-बेटी पढ़ते हैं।...(व्यवधान)

माननीय सभापति (श्रीमती रमा देवी): माननीय सांसद, श्री श्याम सिंह यादव जी।

श्री अच्युतानंद सामंत (कंधामल): कोई एजुकेशन देने से पहले, स्कूल और मेडिकल एजुकेशन, वे ठक-ठक करते रहते हैं...(व्यवधान)

मैडम, मैं अंत में एक मिनट ओडिशा के बारे में बोलूँगा...(व्यवधान) ओडिशा एक गरीब राज्य है। ओडिशा ट्राइबल डोमिनेटेड राज्य है। उसके बाद भी आपको सुनकर खुशी होगी कि ओडिशा में हेल्थ एजुकेशन माननीय मुख्य मंत्री नवीन पटनायक जी के माध्यम से बहुत अच्छी हो रही है। पहले मात्र तीन गवर्नमेंट मेडिकल कॉलेज थे, आपको सुनकर खुशी होगी कि अभी सात मेडिकल कॉलेज हो गए हैं और छह मेडिकल कॉलेज पाइपलाइन में हैं। प्राइवेट सेक्टर में तीन मेडिकल कॉलेज हैं। जितने आकांक्षी जिले हैं, उनमें हम लोगों की सरकार ने, माननीय मुख्य मंत्री नवीन पटनायक जी ने इन्हें खोला है। उसके बाद मैं “आयुष्मान भारत योजना” के लिए भारत सरकार को जरूर धन्यवाद दूँगा। “बीजू स्वास्थ्य कल्याण योजना” को ओडिशा में हमारे माननीय मुख्य मंत्री जी ने किया है और उसमें पुरुष को पाँच लाख रुपये, महिला को दस लाख रुपये का स्वास्थ्य बीमा दिया जाता है। “बीजू शिशु सुरक्षा योजना से लेकर”, “अम्मा क्लिनिक” से लेकर, “सुनेत्रा योजना” आदि बहुत कुछ हमारे ओडिशा राज्य में हमारे माननीय मुख्य मंत्री जी ने किया है...(व्यवधान)

माननीय सभापति : आपकी बात हो गई है। अब आप बैठ जाइए।

श्री अच्युतानंद सामंत (कंधामल): मैं एक शब्द बोलकर अपनी बात समाप्त करूँगा। मैं माननीय केन्द्रीय मंत्री जी से अनुरोध करूँगा, उनको तो सब पता है, अश्विनी कुमार चौबे जी भी यहाँ बैठे हैं, आप लोगों को मेडिकल एजुकेशन को बहुत आगे बढ़ाना चाहिए...(व्यवधान) गवर्नमेंट और प्राइवेट के अंदर कोई भेद नहीं करना चाहिए। यह पहली बात है। Private sector is facilitating your service in the entire country. प्राइवेट नहीं होता, तो आज गवर्नमेंट में इतना नहीं होगा...(व्यवधान)

माननीय सभापति : आपकी बात हो गई है।

श्री अच्युतानंद सामंत (कंधामल): मैडम, एक मिनट। हेल्थ को कंट्रोल करना चाहिए...(व्यवधान)

माननीय सभापति : माननीय सांसद, श्री श्याम सिंह यादव जी।

...(व्यवधान)

माननीय सभापति : आपकी बात पूरी हो गई है। अब आपकी बात रिकॉर्ड में नहीं जा रही है।

(इति)

1442 बजे

श्री श्याम सिंह यादव (जौनपुर): महोदया, मैं अच्युतानंद साहब का भी धन्यवाद करूँगा, अगर वे शांत हो जाएंगे...(व्यवधान)

माननीय सभापति : आप बोलिए। उनकी बात रिकॉर्ड में नहीं जा रही है। अच्युतानंद जी, आप बैठ जाइए।

श्री श्याम सिंह यादव जी, आप बोलिए।

श्री श्याम सिंह यादव (जौनपुर): महोदया, आपका बहुत-बहुत धन्यवाद कि आपने मुझे इस बिल पर बोलने का मौका दिया...(व्यवधान)

महोदया, आपका बहुत-बहुत धन्यवाद कि आपने मुझे राष्ट्रीय आयुर्विज्ञान आयोग विधेयक पर बोलने का मौका दिया है। हम सभी लोग जानते हैं कि पूरे देश में और खास तौर से उत्तर प्रदेश में मेडिकल हेल्थ की पोजिशन बहुत खराब है। आम जनता अपनी दवा का खर्च भी नहीं उठा पा रही है। हर तरह के हॉस्पिटल में, सरकारी हॉस्पिटल में और प्राइवेट हॉस्पिटल में जनता का बहुत शोषण होता है। अभी कुछ दिनों पहले प्रश्न काल में एक सवाल के जवाब में माननीय स्वास्थ्य मंत्री जी द्वारा यह क्लेम किया जा रहा था कि प्रधान मंत्री योजना के अन्तर्गत यदि बीपीएल कैटेगरी के लोग सरकारी अस्पतालों में अपना इलाज कराने जाएंगे, तो वहाँ उनका कार्ड बना दिया जाएगा। या तो उनको मालूम नहीं है, या वे ठीक बात बोलना नहीं चाहते हैं।

महोदया, मैं आपके माध्यम से कहूँगा कि ये कभी भी इसकी जाँच करा लें और ये सरकारी अस्पताल में बीपीएल कैटेगरी के 10-5 लोगों को हेल्थ कार्ड बनवाने के लिए भेज दें, तो उनको खुद पता लग जाएगा कि कैसे उनका हेल्थ कार्ड बनता है। मैं अब बिल पर आता हूँ। पहले तो प्लानिंग कमीशन था, इस सरकार ने उसका नाम नीति आयोग कर दिया। यह मेडिकल काउंसिल ऑफ इंडिया थी, तो इसका नाम नेशनल मेडिकल कमीशन कर दिया। मैं कहना चाहता हूँ कि काम करने से अच्छा काम होगा, केवल नाम बदलने से अच्छा काम नहीं होगा। सरकार बहुत अच्छा काम दिखा रही है, करने जा रही है, लेकिन जो नींव रख रही है, जो धरातल है, मैं आपको पढ़कर सुनाना चाहता हूँ : Section 5 states that the Central Government shall appoint the chairperson, part-time members and so and so forth for the Search Committee और सर्च कमेटी का अध्यक्ष कैबिनेट सेक्रेटरी, एक सीनियर ब्यूरोक्रेट होगा। हम सभी लोग अपने अनुभव से जानते हैं, हम भी उस सिस्टम में रहे हैं, इसलिए हम जानते हैं कि कितना बड़ा से बड़ा शिक्षाविद्, मेडिकल स्पेशलाइज्ड डॉक्टर आएगा, जब वह किसी एसडीएम, एडीएम, डीएम या किसी प्रिन्सिपल सेक्रेटरी से बात करेगा, वह उसे कितना भी कन्विन्स करने की कोशिश करेगा, दो मिनट में उसकी सारी बात को काटते हुए वह सीनियर ब्यूरोक्रेट जो अपनी बात कहेगा, सब लोग हाथ जोड़कर नमस्कार करके उसको मानते हुए चलते-फिरते हैं।

(1445/RV/KMR)

अगर वह दिन को रात कहता है तो रात कहेंगे और रात को दिन कहता है तो दिन कहेंगे। मेरे कहने का मतलब है कि सर्च कमेटी की जो नींव है, यही गलत है। अगर आप इसको कैबिनेट सेक्रेटरी से हटाकर किसी स्वतंत्र व्यक्ति को दें, जैसे हाई कोर्ट के जज हैं, सुप्रीम कोर्ट के जज हैं, उन्हें रखना बेहतर होगा, क्योंकि वे फेयर और ट्रांसपैरेंट लोगों को चुनेंगे, नहीं तो यह सरकार अपने कैबिनेट सेक्रेटरी के माध्यम से अपने आदमियों का नाम, जिसे आप 25 मेम्बर कमेटी या जो भी कह रहे हैं, उसमें घुसेड़ देगा। सरकार जितने भी नाम लिख कर कैबिनेट सेक्रेटरी को दे देगी तो कैबिनेट सेक्रेटरी की हिम्मत नहीं होगी कि वे उसमें से एक नाम को भी रिजेक्ट कर सकें। इसलिए मेरा सबसे पहला ऑब्जेक्शन है कि सर्च कमेटी को स्ट्रेंथेन किया जाए। अपनी नींव को मजबूत कीजिए, जिससे इस मेडिकल कमीशन में अच्छे-अच्छे लोग, ईमानदार लोग, पारदर्शी लोग आएँ और वे अच्छा काम कर सकें। इसके बजाय आप सर्च कमेटी को स्ट्रेंथेन कीजिए, जो आपकी बड़ी कमेटी है। उसमें न केवल मेडिकल प्रोफेशन के लोगों को, बल्कि डायवर्स, विभिन्न फील्ड्स के स्पेशियलिस्ट्स लोगों को भी डालिए। उसमें पार्लियामेंटेरियन्स को भी डालिए। उसमें जजेज को भी डालिए। उसमें इस तरह की फील्ड्स के जो नामी-गिरामी लोग हैं, उन्हें डालिए क्योंकि एक ही ग्रुप के लोगों का पूरी कमेटी में रहने से एक वेस्टेड इंटेरेस्ट क्रिएट हो जाता है और वे जो गलत-सही करना चाहेंगे, वे कर लेंगे।

Medical Council of India was an autonomous body. लेकिन, आपने नेशनल मेडिकल कमीशन को ऑटोनोमस नहीं बनाया है। मैं सेक्शन-45 पढ़ता हूँ: -

“Without prejudice to the foregoing provisions of this Act, the Commission and the Autonomous Board shall, in exercise of powers and discharge of their functions under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to them from time to time.”

Going by this, your Medical Commission is not going to be autonomous. You should make it autonomous.

मैडम, मेरा दूसरा पॉइंट है कि हम जो 50 प्रतिशत सीट्स की फीस निर्धारित करने जा रहे हैं, यह बहुत अच्छी बात है। लेकिन, मेरी एक डिमांड है कि जो शहर के लड़के डॉक्टरी प्रोफेशन में आ जाते हैं और उनकी गांवों में प्राइमरी हेल्थ सेन्टर पर ड्यूटी लगती है तो वे वहां सालों तक नहीं जाते हैं और अगर जाते भी हैं तो कुछ देर के लिए, और साइन करके चले आते हैं। इसमें जो नोटिफाइड विलेज एरियाज़ हैं, उनमें सारी सीट्स में 50 प्रतिशत सीट्स गांव के लड़कों के लिए रिजर्व की जानी चाहिए क्योंकि गांव के लड़के उनके दुख-दर्द को समझते हैं और वे उसी माहौल में रहे हैं। वे प्राइमरी हेल्थ सेन्टर को बाकायदा अटेंड भी करेंगे, यह मेरी माँग है।

महोदया, एक जो सबसे बड़ी चीज है, आजकल का वह फण्डामेन्टल प्रिंसिपल है, वह है - 'क्लैश ऑफ इंटेरेस्ट', क्योंकि इसमें कमेटी में बड़े-बड़े डॉक्टर्स होंगे, जो खुद भी प्राइवेट प्रैक्टिस कर रहे होंगे या किसी हॉस्पिटल में होंगे। The Government should take care that there would not be any clash of interest because the same person sitting in the Medical Commission and the same person doing his private practice is likely to try to serve his personal agenda.

महोदया, इसमें एक चीज और है कि जब पाँच साल बाद कोई लड़का एम.बी.बी.एस. करके उसका सर्टिफिकेट लेगा तो वह अस्पतालों में जनता की सेवा करने के लिए जाएगा। आपने कहा कि एक नेशनल एग्जिट टेस्ट होगा। पाँच साल बाद उस टेस्ट को करवाने की क्या जरूरत है? अगर एक साल में 80,000 डॉक्टर्स पास हुए और आप नेशनल एग्जिट टेस्ट लेंगे तो मान लीजिए कि उसमें 40,000-50,000 या 60,000 भी पास हो जाते हैं तो बाकी 20,000 लड़के तो प्रैक्टिस नहीं कर पाएंगे। उनके लिए आप छः महीने में या एक साल में फिर आप नेशनल एग्जिट टेस्ट करवाएंगे। इसका ध्यान रखिए। उसकी कोई जरूरत नहीं है।

महोदया, मुझे और भी कुछ बातें कहनी हैं, लेकिन चूंकि आप बार-बार समाप्त करने के लिए कह रही हैं तो इन्हीं शब्दों के साथ मैं अपनी बात को विराम देता हूँ।

(इति)

(1450/MY/SNT)

1450 बजे

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): सभापति महोदय, आपने मुझे इस विधेयक पर बोलने के लिए मौका दिया, इसलिए मैं आपका बहुत-बहुत आभार व्यक्त करता हूँ।

मुझे लगता है कि इस सरकार ने अपने पिछले कार्यकाल में स्वास्थ्य के क्षेत्र में बहुत अच्छा कार्य किया है। उसका जीता-जागता उदाहरण 'आयुष्मान भारत योजना' है। सरकार ने जो 'आयुष्मान भारत योजना' लाई थी, उससे 10 करोड़ से ज्यादा परिवार जुड़े और हरेक परिवार को पांच लाख रुपये से ज्यादा की राशि मिलने वाली है, इसलिए मैं इस सरकार के तत्कालीन स्वास्थ्य मंत्री श्री नड्डा जी और मौजूदा मंत्री श्री हर्ष वर्धन जी को बहुत-बहुत धन्यवाद देता हूँ। आज यहां श्री हर्षवर्धन जी हेल्थ मिनिस्टर के रूप में बैठे हैं। वह खुद भी एक ई.एन.टी. सर्जन हैं। जब वह दिल्ली में स्वास्थ्य मंत्री थे, तब वर्ष 1994 में उन्होंने पोलियो इरैडिकेशन योजना को आरंभ किया था। आज हमारा पूरा देश पोलियो से पूरी तरह से इरैडिकेट हो चुका है।

स्वास्थ्य के क्षेत्र में सरकार की गंभीरता इस बात से भी स्पष्ट होती है कि इस कार्यकाल में मेडिकल से रिलेटेड यह तीसरा बिल है। पहले इंडियन मेडिकल काउंसिल एक्ट में अमेंडमेंट किया गया। उसके बाद डेंटल काउंसिल एक्ट में अमेंडमेंट किया गया और आज जो तीसरा बिल लाया गया है, वह नेशनल मेडिकल कमीशन बिल है। सरकार यह महत्वपूर्ण बिल लाई है। इन तीनों ही बिलों पर मुझे बोलने का अवसर प्राप्त हुआ है, इसलिए मैं अपनी पार्टी को भी धन्यवाद देता हूँ। इस मेडिकल बिल पर मैं एक डॉक्टर होने के नाते अपना सुझाव सरकार को देना चाहता हूँ। जब इंडियन मेडिकल काउंसिल (संशोधन) विधेयक आया था, तो मैंने चर्चा के दौरान कहा था कि जो एन.एम.सी. बिल है, वह एक रिफार्म लाने वाला बिल है। इतने सालों में पहली बार अगर किसी ने मेडिकल एजुकेशन का स्टैन्डर्डिजेशन किया है, तो इस सरकार ने किया है, इसलिए मैं इस सरकार का बहुत-बहुत धन्यवाद करता हूँ। मैं सरकार को इस बात के लिए भी धन्यवाद देता हूँ कि जो स्टैंडिंग कमेटी की रिपोर्ट थी, चाहे वह 92वीं रिपोर्ट हो या 109वीं रिपोर्ट हो, इन सभी रिपोर्टों को सामने रखते हुए सरकार ने स्टैंडिंग कमेटी के ज्यादा से ज्यादा सुझावों को ले लिया है। मैं भी स्टैंडिंग कमेटी का मेम्बर था, इसलिए मैं सरकार को बहुत-बहुत धन्यवाद देता हूँ।

स्टैंडिंग कमेटी के सुझावों को सामने रखते हुए सरकार ने जो सबसे बड़ा काम किया है, ब्रिज कोर्स के संबंध में बहुत से लोगों का प्रश्न था, उस ब्रिज कोर्स को हटाने का काम इस सरकार ने किया है। आज जो एन.एम.सी. बिल आ रहा है, वह पूरी तरह से एम.सी.आई. को बदल देगा। आज एन.एम.सी. बिल को लाने की जरूरत क्यों पड़ी है? जब से एम.सी.आई. फॉर्म हुई है, तब से वह हमेशा विवादों में घिरी रही है। मुझे लगता है कि विगत दो दशकों में एम.सी.आई. किसी न किसी करप्शन या किसी ट्रांसपेरेंसी के मामले में घिरी रही है, चाहे वह प्राइवेट पार्टी इन्फ्लूएन्स हो या अनेथिकल प्रैक्टिस हो। इस देश में मेडिकल एजुकेशन का जो स्टैंडर्ड है, उसको स्टैन्डर्डिजेशन करने में अनुकूल नहीं रही है। आज सभी लोग सवाल उठा रहे हैं कि जो एन.एम.सी. बिल लाया गया है

और उसके अंदर जो मेम्बर्स होंगे, वे सभी मेम्बर्स नॉमिनेटेड होंगे। मैं इस हाउस के संज्ञान में लाना चाहता हूँ कि पहले एम.सी.आई. की जो बॉडी थी, वह पूरी तरह से इलेक्टेड मेम्बर्स की बॉडी थी, लेकिन वहां पर कौन लोग इलेक्ट होकर जाते थे? वहां वही लोग इलेक्ट होकर जाते थे, जो प्रभावशाली तथा पैसे वाले होते थे। इस पर कोई भी पाबंदी नहीं थी कि कौन-सा मेम्बर कितनी बार इलेक्ट होकर जाएगा। जो पावरफुल इंसान होते थे, वही इलेक्ट होकर एम.सी.आई में जाते थे। ये जो करप्शंस तथा मैल्प्रैक्टिसेस हैं, वे इतने सालों तक चलते रहे हैं।

आज एन.एम.सी. को लाना बहुत ही जरूरी था। पहले एम.सी.आई. ही सब कुछ कंट्रोल करती थी, चाहे किसी कॉलेज को परमिशन देने की बात हो, कितने सीट्स देने के लिए परमिशन देने की बात हो, रेग्युलेशन लाने और उसी के साथ किसी को पिनलाइज करने की बात हो, ये सब कुछ एम.सी.आई. करती थी, इसलिए वहां कहीं न कहीं कान्फ्लिक्ट ऑफ इंटरैस्ट नजर आता था। जो बॉडी कॉलेजेज में सीट्स की अनुमति देती थी, वही उन कॉलेजेज को पिनलाइज भी करती थी। एन.एम.सी. फॉर्म होने के बाद आज उसमें चार ऑटोनमस बोर्ड्स हैं। जो चार बोर्ड्स इस एन.एम.सी. के अन्डर फॉर्म होंगे, वे इस प्रकार हैं – अन्डर ग्रेजुएट बोर्ड, पोस्ट ग्रेजुएट बोर्ड, मेडिकल असेसमेंट एंड रेटिंग बोर्ड और एथिक्स एंड रजिस्ट्रेशन बोर्ड।

(1455/CP/RK)

इन सभी का काम अलग-अलग होगा। मुझे नहीं लगता कि कहीं पर भी कानफ्लिक्ट ऑफ इंटरैस्ट आएगा। एनएमसी में कमेटी ने सुझाव भी दिए थे कि मेम्बर्स की संख्या 25 से बढ़ाकर 31 की जाए। मैं मंत्री जी से अनुरोध करता हूँ कि हर एक स्टेट का अगर रिप्रजेंटेशन एनएमसी में देना है, तो मेम्बर्स की संख्या बढ़ानी बहुत जरूरी है। नेशनल एलिजिबिलिटी कम एंट्रेंस टेस्ट हो या नेशनल एग्जिट टेस्ट हो, आज पूरे देश में नीट लागू हो गया है, मुझे लगता है कि नीट के माध्यम से एक यूनिफॉर्म प्लेइंग फील्ड हर एक बच्चे को, छात्र को मिल रहा है, जिससे उनको अलग-अलग कॉलेजेज में एडमिशन मिल सके।

नीट के एग्जाम्स सीबीएसई बोर्ड पर आधारित हैं। हमारे देश में अलग-अलग स्टेट्स के अलग-अलग बोर्ड्स हैं। अलग-अलग बोर्ड्स के अलग-अलग करिकुलम्स हैं। मुझे लगता है कि जब तक हम पूरे देश का एजुकेशन स्टैंडर्डाइज नहीं करते, तब तक हर एक छात्र को एक लेवल प्लेइंग फील्ड नहीं मिल सकती है। आने वाले समय में सभी स्टेट्स के बोर्ड्स का स्टैंडर्डाइजेशन करना बहुत जरूरी है।

मैं अब नेशनल एग्जिट टेस्ट पर आता हूँ। सभी को लगता है कि एमबीबीएस पास होने के बाद नेशनल एग्जिट टेस्ट का अलग एग्जाम देना होगा, लेकिन ऐसा नहीं है। पहले जब यह बिल आया था, तब नेशनल एलिजिबिलिटी टेस्ट के नाम से इस पूर्व बिल में उसको संशोधित किया गया था। कमेटी की सूचना के बाद उस नेशनल लाइसेंसड एग्जाम को डिलीट कर दिया गया। एमबीबीएस का जो फाइनल एग्जाम होगा, जो बच्चा एमबीबीएस का फाइनल एग्जाम देता है ... (व्यवधान) मैडम, मैंने अभी तो शुरू किया है। मैं अपनी पार्टी की ओर से एक ही स्पीकर हूँ। अभी पूरा बिल बाकी है।

माननीय सभापति (श्रीमती रमा देवी): आपकी पार्टी का आठ मिनट टाइम है। इनमें से सात मिनट हो चुके हैं।

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): एमबीबीएस का बच्चा जब फाइनल ईयर में जाता है, तब उसे यह नेशनल एग्जिट टेस्ट देना होगा। पहले ऐसा होता था कि हर यूनिवर्सिटी के अलग-अलग एग्जाम्स होते थे। प्राइवेट यूनिवर्सिटीज के अलग एग्जाम्स, डीमड यूनिवर्सिटीज के अलग एग्जाम्स एवं सरकारी अस्पतालों, कॉलेजेज से जो पास होते थे, उनके लिए अलग एग्जाम्स होते थे। आज जब नेशनल एग्जिट टेस्ट होगा, तब सभी बच्चों को, चाहे वह सरकारी कॉलेज से पास हो, प्राइवेट मेडिकल कॉलेज से पास हो या डीमड मेडिकल कॉलेज से पास हो, उन सभी का एक नेशनल एग्जिट टेस्ट होगा, जिससे एक स्टैंडर्डाइजेशन बना रहेगा। इसमें जो भी छात्र पास आउट होगा, वह एक अलग स्टैंडर्ड से पास होगा और एक अच्छा डाक्टर हमारी सोसाइटी को मिलेगा।

इसी से संबंधित साथ मेरा एक सवाल है। अगर एक बच्चा नेशनल एग्जिट टेस्ट पास करता है और वह पोस्ट ग्रेजुएशन के लिए क्वालिफाई भी कर जाता है, तो ठीक है। अगर कोई बच्चा नेशनल एग्जिट टेस्ट पास करता है और पोस्ट ग्रेजुएशन सीट के लिए उसे फिर से एग्जाम देना है, तो इस बिल में उसके बारे में क्लेरिटी नहीं है। मुझे लगता है कि मंत्री जी को इस पर प्रकाश डालना बहुत जरूरी है कि वह कितनी बार एग्जाम दे सकेगा।

डीमड यूनिवर्सिटी हो, प्राइवेट यूनिवर्सिटी हो या सरकारी अस्पताल हो, पहले उनके सर्टिफिकेट्स कॉलेज देते थे। ... (व्यवधान) मैडम, मैंने अभी शुरू ही किया है। मैं पांच मिनट लूंगा। यह एक जरूरी बिल है और सभी डॉक्टरों को मैं यहां पर रिप्रेजेंट कर रहा हूँ। यह जो सर्टिफिकेट होगा, उसे एनएमसी देगी या वह कॉलेज देगा। इसमें जो क्लॉज नंबर 27 है, वह एथिक्स एंड मेडिकल रजिस्ट्रेशन बोर्ड से संबंधित है। मेरा सुझाव है कि हमारे पास जो डाटा एवेलेबल होता है, डॉक्टरों का, नर्सों का, पैरा-मेडिकल स्टाफ का या मिड-लेवल हेल्थ वर्कर्स का, वह हमारे पास संक्षिप्त में नहीं है। यह जो मेडिकल एंड एथिक्स रजिस्ट्रेशन बोर्ड है, वह यह डाटा रखे, जिससे आने वाले समय में जहां-जहां हेल्थ केयर की व्यवस्था हमें उपलब्ध करानी होगी, तो वहां हम इसे उपलब्ध करा सकेंगे।

महोदया, कम्युनिटी हेल्थ प्रोवाइडर का मुद्दा बहुत महत्वपूर्ण है। मुझे यह समझ में नहीं आ रहा है कि हम लिमिटेड लाइसेंस किसको देंगे, एमबीबीएस को देंगे, बीएएमएस को देंगे, बीएचएमएस को देंगे, यूनानी वाले को देंगे, फार्मसी वाले को देंगे या किसको देंगे? कल मुझे एक ई-मेल आया कि फार्मसी वालों को लिमिटेड लाइसेंस देने के लिए आप सरकार से दरखास्त करें।

(1500/YSH/PS)

इस पर प्रकाश डालना बहुत जरूरी है क्योंकि एम.बी.बी.एस. की जगह कोई दूसरा डॉक्टर नहीं ले पाएगा। मैं मानता हूँ कि हमारे देश में डॉक्टर्स की संख्या बहुत कम है। आज डॉक्टर्स की संख्या 1,700 पर एक है, जो 1,000 पर 1 होनी चाहिए। हमें कॉलेजेज को बढ़ाना होगा, जिससे हमें ज्यादा से ज्यादा डॉक्टर्स उपलब्ध हों...(व्यवधान) मैडम मैं खत्म कर रहा हूँ। मैडम बहुत इम्पोर्टेंट बिल है...(व्यवधान)

माननीय सभापति (रमा देवी): आपको मैंने 10 मिनट का समय दे दिया है। अब खत्म कीजिए।

...(व्यवधान)

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): मैडम, बस दो मिनट दे दीजिए। मैडम इम्पोर्टेंट बिल है, बोल लेने दीजिए। जो फॉरेन मेडिकल ग्रेजुएट्स हैं, उनकी बात आपने रखी है। यह बहुत अच्छा डिजीजन है। पहले फॉरेन मेडिकल ग्रेजुएट्स को स्क्रीनिंग टेस्ट देना पड़ता था, जिसमें केवल 19 प्रतिशत लोग पास होते थे। आज फॉरेन मेडिकल ग्रेजुएट्स को एक्जिट एक्जाम देना होगा जिससे मुझे लगता है कि जो फाइनल ईयर का करीकुलम है, उन्हें उसी का ही अभ्यास करना होगा इससे हमें ज्यादा से ज्यादा फॉरेन मेडिकल ग्रेजुएट्स उपलब्ध होंगे।

माननीय सभापति: नामा नागेश्वर राव जी।

...(व्यवधान)

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): मैडम, खत्म हो गया, लास्ट पॉइन्ट है...(व्यवधान)

माननीय सभापति: मैंने आपको ग्यारह मिनट का समय दे दिया है।

...(व्यवधान)

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): मैडम, मैं डाक्टर्स को रिप्रजेन्ट कर रहा हूँ...(व्यवधान)

माननीय सभापति: सारी बातें रिकॉर्ड में आ गई हैं। आप बहुत अच्छा बोले हैं।

...(व्यवधान)

माननीय सभापति: आप आधे मिनट में कीजिए।

...(व्यवधान)

डॉ. श्रीकांत एकनाथ शिंदे (कल्याण): मैडम, मैं एक मिनट में खत्म कर रहा हूँ। जो क्लॉज 53, 54 और 55 हैं, उसमें मेडिकल कालेजेज को कोर्ट में जाने का राइट नहीं दिया गया है। मुझे लगता है कि इसमें संशोधन करना बहुत जरूरी है, क्योंकि मेडिकल कॉलेजेज को भी कोर्ट में जाने के लिए राइट होना चाहिए। अगर हम पूरी तरह पावर सरकार को दे देंगे तो यह बहुत गलत होगा। इस पर भी मंत्री महोदय प्रकाश डालें। मेरा लास्ट पॉइन्ट कर्मचारियों से संबंधित है। आज जो कर्मचारी एम.सी.आई. में काम कर रहे हैं, क्लॉज 60 के तीसरे पार्ट में लिखा गया है कि सभी को टर्मिनेट किया जाएगा। ऐसा नहीं होना चाहिए। मुझे लगता है कि ग्रुप बी, सी और ग्रुप डी श्रेणी के लोगों को किसी न किसी गवर्नमेंट सर्विस में लिया जाना बहुत जरूरी है। मैं इसी के साथ अंत में बस इतना कहना चाहता हूँ कि हम हैल्थ केयर में सिर्फ 1.4 परसेंट जी.डी.पी. में इन्वेस्ट करते हैं। सरकार इसमें ज्यादा से ज्यादा

इन्वेस्ट करे, जिससे ज्यादा से ज्यादा हैल्थ केयर हमारे देश में प्रोवाइड हो सकें और पीपीपी मॉडल का इस्तेमाल करना चाहिए। बहुत बहुत धन्यवाद।

(इति)

1503 hours

SHRI NAMA NAGESWARA RAO (KHAMMAM): Thank you, Madam, for giving me the opportunity to speak on the National Medical Commission Bill, 2019.

1503 hours

(Shri A. Raja *in the Chair*)

महोदय, इंडिया की पॉपुलेशन काफी बढ़ रही है। जिस तरह से पॉपुलेशन बढ़ रही है, उसी तरह से मेडिकल की रिक्वायरमेंट भी है। संसद में सभी लोगों को मालूम है कि इंडिया के बहुत से गांवों में लोगों ने आज तक डॉक्टरों को नहीं देखा है कि डॉक्टरों कैसे होते हैं। मिनिस्टर साहब बिल लेकर आए हैं, यह अच्छी बात है। मैं आपको एक बात बोलना चाहता हूँ। मैं पिछले हफ्ते दिल्ली के एम्स में गया था। सातवीं फ्लोर पर डॉक्टर से मुझे मिलना था। जब मैं वहां एन्टर हुआ, तो मुझे लगा कि कोई पॉलिटिकल मीटिंग तो नहीं हो रही है, इतनी भीड़ थी कि आम लोगों को सफर करना पड़ रहा था। जब मैं लिफ्ट में गया तो वहां पेशेंट आ गए, उन्होंने कहा कि सर, प्लीज आप रुक जाइए तो मैंने खुद कहा कि पहले पेशेंट्स को लेकर जाइए। यह कंडीशन अगर दिल्ली एम्स की है, तो कैसे आम लोगों को ट्रीटमेंट मिलेगा, कैसे यह स्थिति सुधरेगी।

(1505/RPS/RC)

इसके साथ-साथ, मिनिस्टर साहब, आपके ऊपर हाउस का भरोसा और विश्वास दोनों है। हाउस में आप सभी मिनिस्टर्स से आगे हैं, आपके ऊपर भरोसा अभी भी है, लेकिन आपके ऊपर कुछ प्रेशर होने की वजह से आप कुछ चीजें भूल रहे हैं, उनको जरूर इसमें एंटर करने की जरूरत है। मेरा समय कम है, इसलिए मैं बिल के बारे में दो-तीन प्वाइंट्स बताना चाहता हूँ।

एक, अभी सुप्रीम कोर्ट ने जिस प्रकार डायरेक्शन दी है, उसके अनुसार यह नॉन प्रॉफिट, चैरिटेबल होना चाहिए। डॉ. हम्बी, एक इंडो-अमेरिकन चैरिटेबल हॉस्पिटल है, जो हैदराबाद में फेमस है। वह एक कैंसर हॉस्पिटल है। उस हॉस्पिटल में एक ट्रस्टीज बोर्ड है। वहां हम लोग एक रुपया भी नहीं लेते हैं और उस हॉस्पिटल को गरीब लोगों के लिए ट्रस्ट के रूप में चला रहे हैं। वहां हम लोगों ने इंटरनेशनल डॉक्टरों जैसे अमेरिका के डॉक्टरों को भी बोर्ड में लिया है। हम लोगों के उस बोर्ड में चार अमेरिकन डॉक्टर भी हैं। आपने जिस तरह से बोर्ड को फॉर्म किया है, उसमें स्टेट गवर्नमेंट की पूरी पावर्स निकाल दी हैं।

दूसरे, इंटरनेशनल डॉक्टरों की जो रिक्वायरमेंट्स हैं, आप उसके लिए भी कोशिश कीजिए। ईवेन जिस डॉक्टर ने वाजपेयी जी का ट्रीटमेंट किया था, वह डॉक्टर भी हमारे कैंसर हॉस्पिटल के बोर्ड में मेंबर है। कुछ लोग जो नहीं बोलना चाहते हैं, वे भी वहां ट्रीटमेंट ले रहे हैं। ऐसे-ऐसे डॉक्टरों हमारे इस ट्रस्ट में हैं। आज भी आपने जो थ्री स्टेज, फोर स्टेज किया है, उसके साथ-साथ, अगर हम देखें कि यू.के. और यू.एस. में हमारे इंडियन डॉक्टरों टॉप पर हैं। अगर इंडियन डॉक्टरों यू.के. और यू.एस. से एक दिन भी बाहर आ गए तो उन लोगों की हालत पूरी तरह से खराब हो जाएगी। इस तरह के हमारे इंडियन डॉक्टरों वहां हैं, उन लोगों से भी कंसल्ट करना चाहिए।

अभी पूरी क्लॉजेज पढ़ने के लिए टाइम कम है, लेकिन डीएमके के हमारे कॅलीग श्री ए. राजा, जो अभी चेयर पर हैं, ने काफी डिटेल में इन चीजों के बारे में बताया है। उनको रिपीट करने के लिए मेरे पास उतना टाइम नहीं है, मगर मैं रिक्वेस्ट करना चाहता हूँ कि पेज नम्बर-9 में क्लॉज 10(1) को आपने जिस तरह से फ्रेम किया है, उसे आपने 50 प्रतिशत फ्री छोड़ दिया है और 50 प्रतिशत को आप रेगुलेट कर रहे हैं। उसके बारे में आपको सोचना चाहिए। पेज नम्बर-9 में पूरा कंट्रोवर्सी है, इसके बारे में काफी मेंबर्स ने बात की है। इसे आपको जरूर कंसल्ट करना चाहिए। आप इसके बारे में सीरिसयली थिंक करिए। उसमें पेज नम्बर-9 में क्लॉज 14(1), क्लॉज 15(1) और क्लॉज 15(5), इन तीनों को आप कम्बाइन्ड करके देख लीजिए। इसको करेक्ट करने की जरूरत है। उसके साथ-साथ, पेज नम्बर-16 भी देखिए। अगर मैं सारी क्लॉजेज पढ़ूंगा तो बेल बजेगी और मेरी पार्टी का टाइम भी कम है। इसलिए मैं आपसे यही रिक्वेस्ट कर रहा हूँ कि पेज नम्बर 16 पर क्लॉज 32(1) को देखिए, इन क्लॉजेज को थोड़ा रेफर करके, करेक्ट करने की जरूरत है।

इसके साथ ही, स्टेट गवर्नमेंट्स को ज्यादा पावर देनी चाहिए। मिनिस्टर साहब, आपने बात करने के टाइम कहा कि यह कनकरेंट लिस्ट में है, इसलिए स्टेट्स को पूरी पावर है, लेकिन दूसरी तरह से एक्ट के अनुसार पूरा कंट्रोल करके, आप स्टेट्स को पावर नहीं दे रहे हैं। आप इस एक्ट के अनुसार काफी कुछ कंट्रोल कर रहे हैं और स्टेट्स को यह बोल रहे हैं कि यह विषय कनकरेंट लिस्ट में है, इसलिए आपको पावर्स दी गई हैं। इसे भी थोड़ा करेक्ट करना चाहिए। एस्पिरेशनल डिस्ट्रिक्ट्स में मेरी कांस्टीट्यूंसी के भद्रादि कोथगुडम और खम्मम, दोनों जिलों में दो कॉलेजेज देने हैं। हमारा तेलंगाना राज्य नया राज्य है और एस्पिरेशनल डिस्ट्रिक्ट्स में नए कॉलेजेज देने हैं, ऐसा बोलते हुए, मैं अपनी बात समाप्त करता हूँ। धन्यवाद।

(इति)

1509 hours

SHRI SUNIL DATTATRAY TATKARE (RAIGAD): Sir, I thank you very much for giving me the opportunity to speak on this one of the important Bills of 2019.

The Parliamentary Standing Committee on Health and Family Welfare while reviewing this Bill said that the MCI has become captive to private commercial interests rather than the interests of the public. The Committee recommended that the functioning of MCI should be completely overhauled.

(1510/SNB/RAJ)

Sir, I would like to list out certain features of the Bill.

It talks about creation of four separate autonomous Boards to regulate education. NMC will be responsible for holding a uniform National Eligibility-cum Entrance Test for admission to undergraduate medical education and National Licentiate Examination for admission to post-graduate medical education and enrolment to the National Medical Register. The Bill gives NMC the power to hold a joint sitting with the Central Council of Homoeopathy and the Central Council of Medical Education to ensure interaction between Indian and modern systems of medicine. This Bill has been brought to implement the report of the Ranjit Roy Chaudhary Committee which suggested the establishment of a National Medical Commission.

Sir, I would now like to refer to some of the drawbacks in the provisions of the Bill. The first is about the under representation of the States. The PSC report on Medical Council of India has accepted the Ranjit Roy Chaudhary Committee recommendations in suggesting that the regulatory structures should be run by persons selected through a transparent process rather than through the current process of election and nomination. A healthy representation of the States within the Council is very much necessary which does not seem to have been there in this Bill. There is no process of election here. It only talks about nomination. This will lead to over-centralisation.

The Bill provides for a 'Search Committee' that would appoint the Chairperson and members of the 25-member National Medical Commission. The members of the Search Committee would be appointed by the Central Government whose Chairperson would be the Cabinet Secretary. The State Medical Councils have also been divested off their functions of nomination. This could lead to an undemocratic way of selecting members of the NMC and this

could also lead to over-centralisation. This point has also been highlighted by the members of the Indian Medical Association. This Bill does not provide for any specific solution for the MCI regulations.

Sir, as per Section 45(1)(2) of the Bill, although autonomy is expected to be a hallmark of the National Medical Commission Bill 2017, the Boards under this are called 'Autonomous Boards'. In reality, the same is a misnomer as in the proposed Bill, the Central Government would be entitled to give directions to the Commission and 'Autonomous Boards'.

I would also like to point out that the Government proposes to give recognition to students with foreign medical degrees. This would be an injustice to the Indian doctors. A Standing Committee Report has noted that instances of unethical practice continue to grow due to rampant commercialisation of the health services in India owing to which respect for the medical profession has dwindled and distrusted has replaced the high status doctors once enjoyed in society. The impact of this on the employees of the Medical Council is also important in this.

Sir, I would like to point out one thing. Today in India there is one doctor for 1674 people, whereas WHO has recommended that there should be one doctor for 1000 people. Doctors available for active practice is much less in number. I would like to point out that in the State of Maharashtra, there are 1823 Primary Health Centres, out of which 26 PHC have no doctors. There are no lab technicians in 572 PHCs; in 182 PHCs there are no pharmacies to provide medicines; the number of sanctioned posts of doctors in the State of Maharashtra is 1171 but the number of vacancies is 1759 doctors. I would like to urge upon the hon. Minister that a provision should be made either in the Act or in the rule that minimum doctors needed for these district and sub-district hospitals, PHCs, sub-centres should be filled up within six months of the post falling vacant.

Sir, my Raigad Parliamentary constituency has a population of around 2,26,000. But all that we have to cater to such a population is one district hospital, four 50-bedded sub-district hospitals; 52 Primary Health Centres and there are no specialists, no radiologists, no lab technicians. A report prepared by the Central Bureau of Health states that each serving doctor has to treat 27970 persons. That is not correct. There are three districts in the Konkan

region. There is no medical college in this region. When I was the Finance Minister of the State, I sanctioned one medical college. But unfortunately, there is no land in the district headquarters at Alibag. There is a place called Loderia where the Babasaheb Ambedkar Technology institute is located. About 600 acres of land is available at that place and if a medical college is also sanctioned there, then that will help boost medical tourism also and help the local residents, the residents of the hilly area and coastal area. At least a rule should be made where there are Government hospitals, the vacancy for doctors in such hospitals should be filled within six months. If that is done, then that will help the people in the rural areas.

(ends)

(1515/RU/IND)

1515 hours

SHRI MANISH TEWARI (ANANDPUR SAHIB): Hon. Chairperson Sir, I thank you very much for this opportunity which you have given me.

This Bill has been brought to supersede the Medical Council of India. The problems with the Medical Council of India are very well documented but unfortunately, this Bill underscores the adage that cure seems to be worse than the disease. The Bill unfortunately throws out the baby with the bath water. It seeks to replace peer review with a completely Government controlled and Government dominated body. Since this is an important Bill, Sir, I will quickly make nine or ten points in order to point out the infirmities of the Bill.

First of all, this Bill itself is a constitutional travesty. It has been brought under article 117(1) of the Constitution which deals with Financial Bills in terms of article 110 of the Constitution. It just beats or defies logic as to how the National Medical Commission Bill can actually be termed as a Financial Bill. It has primarily been done in order to avoid closer scrutiny in the Council of States.

Secondly, this Bill creates a four-tier structure. You have the National Medical Commission at the top; then you have the Medical Advisory Council; then you have the Autonomous Boards; and then you have the Secretariat.

Let me first deal with the National Medical Commission. It has a total of 25 members. There is one Chairperson, ten ex-officio members, three nominees of the Government of India and six people who are going to be nominated in terms of Sub-Sections 'c' and 'd' of Section 11(2). They will get their turn once in 12 years. Each State will find representation in terms of sub-sections 'c' and 'd' of clause 11 only once in 12 years. Those who come under sub-section 'e' of clause 11, that is, from the medical profession, will get representation only in 14 years. Therefore, you have a strange structure whereby the Government nominees are permanent but the representatives of the States and the representatives of the medical profession will only get a chance once in 12 years, in one case, and once in 14 years in another case. This is a strange logic to say the least.

Then you have the Medical Advisory Council. The Medical Advisory Council has 103 members. All the 25 members of the National Medical Commission are members of the Medical Advisory Council. The principal

function of the Medical Advisory Council is to advise the National Medical Commission. This is a paradox that you will have the National Medical Commission members advising themselves as members of the Medical Advisory Council. Therefore, I do not think there has been any application of mind in so far as the Bill is concerned.

Then you have the Autonomous Boards. You have them four in number like the Under Graduate, the Post Graduate, the Ethics and the Registration Boards but the real power vests with the Medical Assessment and Registration Board. In fact, this nominated body, the Medical Assessment and Registration Board, has all the powers under the National Medical Commission Bill for this is the body which is going to grant recognition, increase seats and conduct the inspections of Medical Colleges.

(1520/NKL/PC)

Now, Mr. Chairperson, here is the next travesty. All the four Chairpersons of the autonomous boards are also members of the National Medical Commission. The National Medical Commission is supposed to be the appellate body which is supposed to sit in judgment over the performance of these autonomous boards. So, you have this strange situation whereby these people, who will first pass orders or judgments in their capacity as Chairpersons of the Boards, will then as members of the National Medical Commission sit in judgment over their own decisions. So, it defies logic how you can be a judge in your own case, and how you can sit in judgment over your own decisions. Then, if you come to the Medical Assessment and Registration Board, Clause 28 (1) says that "No person shall establish a medical college without the consent, permission, etc. of the Medical Assessment and Registration Board." But Clause 28 (7) says that "The MARB may conduct an evaluation." I will pause for a moment. It is not mandatory that before granting recognition in terms of Clause 28 (7), they have to conduct an evaluation of the Medical College which is going to be established. They may conduct or may not conduct an evaluation. So, you will have medical colleges coming up in this country without going through an evaluation process. But it is Clause 29 (b) which is the icing on the cake. It says that permission can be granted without any infrastructure. I would like to read out Clause 29 for your kind consideration. It says:

“While approving or disapproving a scheme under Section 28, the Medical Assessment and Rating Board, or the Commission, as the case may be, shall take into consideration the following criteria, namely: -

- (a) adequacy of financial resources;
- (b) whether adequate academic faculty and other necessary facilities have been provided to ensure proper functioning of the medical college or would be provided within the time-limit specified in the scheme”

Therefore, even if you do not have facilities at the time of establishing a medical college but in your scheme, you promise to do it one or two years down the line, you will be granted permission to start a medical college without appropriate infrastructure.

Then, you come to the fourth tier where you have the Secretariat of the National Medical Commission. The qualification for the Secretary who is going to head the Secretariat is that he does not have to be a medical person. So, this is a clause which has been designed primarily in order to accommodate retired bureaucrats. You have a National Medical Commission the Secretariat of which will be headed by a non-medical person.

Then, you come to the point of fees. The hon. Minister is a very distinguished doctor. I have great respect for him. He said about the fee structure that it will only apply to a certain number of seats. But if you were to read Clause 10 (i), it says that NMC will frame guidelines for determination of fees and all other charges in respect of fifty per cent of the seats”. Therefore, the remaining 50 per cent of the seats are totally within the purview of private medical colleges, and even for those 50 per cent of the seats, they are not going to fix the fee. They are only going to frame the guidelines whereby giving latitude to the private medical colleges, and then to fix the fee in accordance with those guidelines. So, this is nothing else but legalisation of capitation fee. This will actually take medical education totally through the roof.

Then, you come to the clause which deals with NEET and the National Exit Test. May I very respectfully point out that if you were to read Clause 14 (1), it says;

“There shall be a uniform National Eligibility-cum-Entrance Test for admission to the undergraduate and postgraduate super-speciality medical education in all medical institutions which are governed by the provisions of this Act” ...(*Interruptions*)

Please give me two more minutes because this is important. Now, if you were to read Clause 15 (5), it says:

“The National Exit Test shall be the basis for admission to the postgraduate broad-speciality medical education...”

(1525/RP/SPS)

This means that there will be three exams. Once you complete your MBBS, you will have to appear in an exam which will give you a degree. Then, you will have to appear in the Exit exam which will give you a license. Then, you will have another exam, which is a NEET Exam, in order to get into a Post-Graduate course. Why are we building this super-structure of examination? Mr. Minister, since you are nodding in disagreement, I think, you need to clarify the contradiction between 14(1) and 15(5) which is so apparent that it stares you in the face.

Finally, I will just make two more quick points. One is with regard to the removal of existing employees of the Medical Council of India. Now, Section 60 (3) says that they will be removed by giving three months of salary. The people who have been with the Medical Council of India over the year, who are not associated with the aberrations of the Medical Council of India, who are supporting it as its secretarial staff, are you going to dispense with them by just giving them three months' salary at the end of, may be, a 20-year or a 30-year career? This, in my respectful submission, hon. Minister, is blatantly unfair. It is arbitrary. It goes against the interest of the workers and, I think, you must reconsider this clause.

Since, Mr. Chairperson, you have given me enough time, I will stop there. Thank you very much.

(ends)

1526 बजे

डॉ. किरिट पी. सोलंकी (अहमदाबाद पश्चिम): सभापति जी, मैं आपका बहुत-बहुत आभारी हूँ कि आपने मुझे नेशनल मेडिकल कमिशन बिल, 2019 पर बोलने की अनुमति दी है। हमारे गुजराती में

एक कहावत है। वह कहावत है कि *जीवन में पहला सुख निरोगी काया। इसका मतलब होता है कि अगर हम हैल्दी हैं, अगर हम अच्छे और स्वस्थ हैं तो इससे बड़ा सुख जीवन में कोई नहीं होता है। मैं अपने प्रधान मंत्री श्री नरेन्द्र मोदी जी और हमारे दोनों विद्वान मंत्रियों का आभार व्यक्त करता हूँ कि वे मेडिकल सिस्टम में एक आमूलचूल परिवर्तन लाने के लिए, मेडिकल सिस्टम में एक ट्रांसपेरेंसी और पारदर्शी सिस्टम लाने के लिए इस बिल को लाए हैं। मैं उनका बहुत-बहुत स्वागत करता हूँ और अपनी सरकार का अभिनन्दन करता हूँ।

सभापति जी, मैं पेशे से डॉक्टर हूँ। I am professor of surgery in medical college. भारत के डॉक्टरों की जो पहचान है, वह सिर्फ भारत में ही नहीं पूरे विश्व में भारत के डॉक्टरों की बहुत ऊँची पहचान है। इण्डियन डॉक्टर्स का जो क्लिनिकल एक्जामिन है, जैसे हमारे यहां पहले सुश्रुत, जो सर्जरी के पिता थे और चरक, जो फिजीशियन थे, वह नाड़ी देखकर बता देते थे। मैं आपको दावे के साथ बताना चाहता हूँ कि पूरे वेस्टर्न वर्ल्ड में डॉक्टर्स पूरी की पूरी इन्वेस्टीगेशन रिपोर्ट्स, जिसमें ढेर सारी ब्लड की रिपोर्ट्स होती हैं, इसके अलावा रेडियोलॉजिकल, सोनोलॉजिकल, सी.टी. स्कैन, एम.आर.आई. और न जाने कितनी सारी रिपोर्ट्स उनकी टेबल आती हैं, उसके बाद वे मरीज को एक्जामिन करते हैं। हमारे यहां अलग सिस्टम है। हमारे यहां डॉक्टर पहले क्लिनिकल हिस्ट्री लेता है और उसका फिजिकल एक्जामिनेशन करता है। Then he arrives on a provisional diagnosis. इसके बाद वह इन्वेस्टीगेशन करता है, वह भी जरूरी इन्वेस्टीगेशन करता है। उसके बाद डायग्नोसिस पर आता है। यह हमारी पहचान है। मैं समझता हूँ कि हमारे डॉक्टरों का जो क्लिनिकल एक्जामिन है, मैं पढ़ता था तो हमारे एक टीचर थे, जैसे ही रूम में मरीज प्रवेश करता था, वह कभी-कभी उसकी दूर से देखकर डायग्नोसिस करते थे। यह हमारी क्लिनिकल पहचान है। वर्ष 1956 में मेडिकल काउंसिल बनी थी। उसमें कई संशोधन आए। मगर मेडिकल काउंसिल ने पहले कुछ काम किया है और उसको मैं संज्ञान में लेता हूँ। पिछले कुछ समय से मेडिकल काउंसिल पर अंगुलियां उठी हैं, जिसकी वजह से हमारी सरकार यह बिल लेकर आई है। इसके लिए मैं सरकार का बहुत-बहुत धन्यवाद करता हूँ। मैं बताना चाहता हूँ कि इस बिल की विशेषता क्या है। यह बिल प्रो-पीपल बिल है और एण्टी वेस्टेड इण्ट्रैस्ट का बिल है। जो मेडिकल सीट्स हैं, वे इसकी वजह से ज्यादा होंगी। एक सिंगल विण्डो होगी और ट्रांसपेरेंट तरीके से लोग एडमिशन ले सकेंगे। जो मेडिकल में कॉस्ट है, वह कम होगी। पहले मेडिकल काउंसिल आती थी, इतने कमरे प्रोफेसर के लिए होने चाहिए, इतने कमरे इसके होने चाहिए। इस बिल में प्रावधान है कि एक ही मेडिकल कॉलेज के इनफ्रास्ट्रक्चर को ज्यादा से ज्यादा यूटिलाइज करके, जरूरत पड़े तो दो शिफ्टों लगाकर कॉस्ट इफैक्टिवनेस होगी। (1530/SJN/RCP)

कोई भी हिडेन चार्जेस नहीं होते हैं और स्ट्रांग पनिशमेंट ओवर द क्वैक होगा। जो लोग क्वैक्स होते हैं, उनके प्रति स्ट्रांग पनिशमेंट दी जाएगी, यह इस बिल में सरकार लेकर आई है। यह एंटी वेस्टेड इंट्रैस्ट बिल है। इसमें मेडिकल काउंसिल के वक्त काउंसिल के इंस्पेक्टर आते थे। हमारे एक मित्र

* Original in Gujarati.

अभी बोल रहे थे कि ईसाई लोगों के यहां न्यू ईयर के दिन इंस्पेक्शन करने के लिए आते थे। मैं यह समझता हूँ कि इस बिल के माध्यम से इंस्पेक्टर राज्य समाप्त होगा, ट्रांसपेरेंसी ज्यादा होगी और फुल टाइम रेग्युलेटर होगा। कई लोगों ने फेडरल स्ट्रक्चर के बारे में सवाल उठाए हैं। मैं उनको जवाब देना चाहता हूँ कि इस बिल के माध्यम से फेडरल स्ट्रक्चर मजबूत होगा। State essentiality certificate is essential. जो मेडिकल काउंसिल में है, वह जरूरी नहीं था। इस बिल में यह प्रावधान रखा गया है कि स्टेट की ओर से भी वह आना चाहिए। Registration of doctors will be done by the State Medical Council. इसकी वजह से एथिक्स भी ज्यादा होगी। अगर मैं माननीय प्रधान मंत्री श्री नरेन्द्र मोदी जी की सरकार के पांच सालों की उपलब्धियों के बारे में बताऊँ, तो 155 नए मेडिकल कॉलेज खोले गए हैं। आज कई सारे मेडिकल कालेजेज खुलने के लिए रोड मैप पर हैं। हर तीन जिलों के बीच में एक मेडिकल कालेज होगा।

माननीय सभापति जी, हमारी सबसे बड़ी चुनौती यह है कि we are not able to provide the healthcare system. हम गांवों में हेल्थ केयर और डिलीवरी नहीं कर सकते थे। लेकिन इस बिल के माध्यम से हम गांवों में हेल्थ केयर सिस्टम को पहुंचा सकेंगे। जो मेडिकल कालेजेज हैं, वे अंडमान, निकोबार, मिजोरम और अरुणाचल प्रदेश, ऐसे क्षेत्रों में माननीय नरेन्द्र मोदी जी की सरकार ने और माननीय मंत्री श्री हर्ष वर्धन जी ने मेडिकल कालेजेज खुलवाए हैं। इसके माध्यम से लगभग 28,000 नई मेडिकल सीट्स बढ़ने वाली हैं। कुल मिलाकर 80,000 मेडिकल सीट्स होंगी। पीजी के लिए 17,000 सीटों की बढ़ोतरी होगी। हमारे यहां जो पीजी में आपूर्ति कम है, हम उसको पूरा कर सकेंगे। आज तक श्री नरेन्द्र मोदी जी की सरकार ने 10,000 करोड़ रुपये से भी ज्यादा की लागत को मेडिकल एजुकेशन में निवेश किया है। जहां तक एम्स का सवाल है, 21 नए एम्स खोले गए हैं। इसमें लगभग 30,000 करोड़ रुपये का इन्वेस्ट किया गया है।

मैं यह बताना चाहता हूँ कि इसके लिए उन्होंने राजकोट (गुजरात) में जो रिकगनेशन दिया है, मैं इसके लिए सरकार का विशेष आभारी हूँ। एमबीबीएस के लिए जो नीट प्रवेश परीक्षा है, वह हमारी सरकार लेकर आई है। पहले अलग-अलग कालेजों के लिए अलग-अलग प्रवेश परीक्षा देनी पड़ती थी, लेकिन आज नीट के माध्यम से एक ही सिंगल विंडो एग्जाम देना पड़ता है। विद्यार्थियों को उनकी मार्किंग के आधार पर किसी भी मेडिकल कालेज में एडमिशन मिलता है। मैं मेडिकल काउंसिल और एनएमसी की कुछ तुलना कराना चाहता हूँ। यह बोलते हैं कि प्राइमरी मेडिकल काउंसिल, प्राइमरी इलेक्टेड बॉडी है तथा स्टेट और उसके नॉमिनी आते हैं। यहां कुछ नॉन मेडिकल मेंबर्स भी होते हैं और सेलेक्टेड मेंबर्स भी आते हैं। एमसीआई एक ह्यूज बॉडी थी। उसमें लगभग 100 लोग थे। अब उसमें 25 लोगों को करके इसको और मोर कॉम्पैक्ट बना दिया गया है। There was no power to prescribe seats. पहले गरीबों को कम दामों पर सीट्स उपलब्ध कराने की कोई भी व्यवस्था नहीं थी। हम इस एनएमसी बिल के जरिए 50 प्रतिशत गरीबों की फीस को कम करने का प्रावधान किया गया है। मैं समझता हूँ कि यह गरीबों के लिए, गांवों के लिए और मध्यम वर्गों के बच्चों के लिए बहुत बड़ी सुविधा है। पहले एप्लीकेशन गवर्नमेंट ऑफ इंडिया करना पड़ता था और एमसीआई का

रेकमेंडेशन लेना पड़ता था। एनएमसी के जरिए application for permission by Medical Assessment and Rating Board के जरिए किया गया है।

सभापति जी, मैं आपके माध्यम से कहना चाहता हूँ कि यह जो बिल है, यह एक ट्रांसपैरेंट बिल है। आज इस बिल के माध्यम से एक बहुत ही ऐतिहासिक दिन आया है। आज के दिन भारत के लोगों को एक नया तोहफा मिलेगा। हमारी सरकार ने पहले से ही एक मंत्र दिया था कि हम हेल्थ फॉर ऑल देना चाहते हैं। इस बिल के माध्यम से हम सभी लोगों को हेल्थ दे सकेंगे। एनएमसी के कुछ प्रमुख कार्य हैं, जैसे वह रेग्युलेट करती है और पॉलिसी बनाती है। स्वास्थ्य सेवाओं संबंधी मानव संसाधनों को रोजगार देती है। यह भी सुनिश्चित करती है कि राज्य मेडिकल काउंसिल उसको रेग्युलेट कर सकती है या नहीं कर सकती है, राज्यों को भी उसकी पावर मिलेगी। बिल के अंतर्गत रेग्युलेट होने वाले प्राइवेट मेडिकल संस्थानों की 50 प्रतिशत फीस में कटौती होगी।

(1535/GG/SMN)

सर, यहां माननीय मंत्री, डॉ. हर्षवर्धन जी बैठे हैं। मैं आपसे गुजारिश करना चाहता हूँ कि सरकार की मंशा अच्छी है, मगर वह धरातल पर आनी चाहिए। गरीब लोगों को फीस में राहत मिलनी चाहिए। आप उनके लिए जो स्टैट्यूटरी बॉडी बनाएं और प्राइवेट मेडिकल कॉलेज की कितनी लागत होती है, वह वहां बता कर, वे अपनी फीस को नक्की कर सकेंगे। हमें उसको सुनिश्चित करना चाहिए कि वह फीस इनफ्लेट न हो और गरीब लोग उसका फायदा ले सकें। इसके लिए हमें उसमें कुछ प्रावधान करना चाहिए। ... (व्यवधान)

HON. CHAIRPERSON (SHRI A. RAJA): Hon. Member, please conclude.

...(Interruptions)

डॉ. किरिट पी. सोलंकी (अहमदाबाद पश्चिम): सर, मैं कुछ सजेशंस रखना चाहता हूँ कि मेडिकल कॉलेजिस आज रिसर्च के नाम पर ज़ीरो हैं। कोई रिसर्च वर्क नहीं होता है। उस वक्त, जब हम पढ़ते थे, तब पेपर्स प्रेजेंट होते थे, इंटरनेशनल कॉन्फ्रेंस में, नैशनल कॉन्फ्रेंस में होते थे। इस बिल के जरिए हमें रिसर्च पर ज्यादा बल देना चाहिए। मेडिकल कॉलेज के गांव में स्वास्थ्य सुविधाओं के लिए पीजी में एडमिशन के लिए, जो आपने नैक्स्ट टैस्ट का प्रावधान रखा है, उसके लिए मैं आपसे रिक्वेस्ट करना चाहता हूँ कि नैक्स्ट टैस्ट के तीन महत्वपूर्ण पहलू हैं। पहला – एमबीबीएस पास करने के बाद सरकारी नौकरियों में जाना है या प्रैक्टिस करना है, उसको लाइसेंस ... (व्यवधान)

HON. CHAIRPERSON (SHRI A. RAJA): Hon. Member, please conclude.

...(Interruptions)

डॉ. किरिट पी. सोलंकी (अहमदाबाद पश्चिम): सर, मैं बस दो मिनट में कनक्लूड करता हूँ। उसको नैक्स्ट पास करना पड़ेगा। दूसरा, पीजी में एडमिशन के लिए उनको नैक्स्ट टैस्ट पास करना पड़ेगा। तीसरा, जो विदेश से डिग्री ले कर आए हैं, उनको भी नैक्स्ट टैस्ट पास करना पड़ेगा। लेकिन जो गांवों के विद्यार्थी हैं, जो गरीब विद्यार्थी हैं, अगर वे नैक्स्ट पास नहीं कर सकते हैं, तो उसका भविष्य क्या होगा, वह हमें सोचना पड़ेगा। क्योंकि अगर वह नैक्स्ट पास नहीं कर सकता है तो उसकी क्वालिफिकेशन 10+2 ही हो कर रह जाएगी। हमें इस बात पर कुछ सोचना चाहिए ताकि गरीब लोगों

के लिए कुछ हो सके। मेरी तो गुजारिश है कि जो प्रैक्टिस करना चाहते हैं या जो एमबीबीएस के आधार पर सिर्फ नौकरी करना चाहते हैं, उनके लिए उसमें एग्जम्पशन देना चाहिए। दूसरा, गांवों में अभी डॉक्टरों की जो समस्या है, उस पर मेरा एक सुझाव है कि जो डॉक्टर एमबीबीएस पास करने के बाद गांवों में एक साल नौकरी करेगा तो उसको मार्किंग में दस प्रतिशत का मुनाफा मिलना चाहिए। अगर वह दो साल करता है तो उसको बीस प्रतिशत मिलना चाहिए ताकि गांवों के लोग उसमें भागीदार होंगे और पीजी में उनको एडमिशन भी मिलेगा। आज-कल डॉक्टरों पर हमले हो रहे हैं। यह विषय इनसे नहीं जुड़ा हुआ है। मगर मैडिकल प्रोफेशन पर बहुत हमले होते हैं। हमें एक ऐसा प्रावधान भी इसमें रखना पड़ेगा कि हॉस्पिटल में या मैडिकल कॉलेज में डॉक्टरों पर हमला न हो, इसके लिए हमें एक नीति निर्धारित करनी पड़ेगी।

सर, आपने मुझे बोलने की अनुमति दी, इसके लिए मैं आपका बहुत-बहुत आभार व्यक्त करता हूँ... (व्यवधान)

सर, मैं अंत में एक बात कहना चाहता हूँ कि हमारे गुजरात में पाकिस्तान से कई लोग आकर रहते हैं। ... (व्यवधान)

HON. CHAIRPERSON (SHRI A. RAJA): Hon. Member, please conclude.

...(Interruptions)

डॉ. किरिट पी. सोलंकी (अहमदाबाद पश्चिम): सर, सिटीजनशिप अमेंडमेंट बिल के जरिए उनकी सिटीजनशिप हो गई है, मगर उनमें से जो डॉक्टर्स हैं, उनको नीट देना पड़ेगा। उसमें उनको कुछ रिलैक्सेशन मिल जाए तो अच्छा होगा। ... (व्यवधान)

(ends)

HON. CHAIRPERSON (SHRI A. RAJA): Dr. S.T. Hasan, you can speak.

...(Interruptions)

HON. CHAIRPERSON (SHRI A. RAJA): Nothing will go in record except Dr. Hasan's speech.

...(Interruptions)

1535 बजे

डॉ. एस. टी. हसन (मुरादाबाद): सर, मैं आपके माध्यम से मंत्री जी का ध्यान दिलाना चाहता हूँ ... (व्यवधान) मैं बहुत शॉर्ट में आपसे यह कहना चाहूंगा कि जिस तरह से यह बताया गया है कि 50 पर्सेंट सीट्स ओपन कर दी जाएंगी। ... (व्यवधान) मैं पूछना चाहूंगा कि क्या इन 50 पर्सेंट सीट्स की कोई अपर लिमिट होगी कि कितना पैसा मैडिकल कॉलेज लेगा या पूरी तरह से इसकी नीलामी शुरू हो जाएगी? ... (व्यवधान) अगर आपने इसकी कोई लिमिट रखी है तो अदर मीन्स से जो मैडिकल कॉलेजेस पैसा ले रहे हैं, जो कि आपकी लिमिट के अलावा है, उसको रोकने का कोई प्रावधान है या नहीं है? ... (व्यवधान) मैं आपके माध्यम से कहना चाहता हूँ कि एग्जिट एग्जाम, पांच साल आदमी ने मेहनत की, मैं भी एक डॉक्टर हूँ, सर्जन हूँ, अपना छोटा सा नर्सिंग होम चलाता हूँ, पांच साल के बाद वह एग्जिट एग्जाम देने आया और उसमें पास नहीं कर पाया, उसके लिए क्या प्रोविजन है? आपके माध्यम से मंत्री जी से मेरी यह दरखास्त है, क्योंकि आपकी मैजोरिटी है, आप बिल पास करा लेंगे, लेकिन पांच साल के बाद एग्जिट एग्जाम भी आप अगर हर तीन महीने में रखें और उन तीन महीनों में, मुख्तलिफ़ टाइमिंग्स में एग्जाम दिए हैं और उसकी कोई लिमिट नहीं होनी चाहिए कि साहब, आप तीन बार ही बैठेंगे या चार बार बैठेंगे। आदमी जितनी बार भी बैठना चाहे, उसमें बैठे और उसको क्वालीफाई करे।

(1540/KN/MMN)

मैं आपके माध्यम से मंत्री जी से ब्रिज कोर्स के बारे में कहना चाहता हूँ। हमारी समझ में नहीं आया कि ब्रिज कोर्स किनके लिए हैं? क्या यह बीयूएमएस, बीआईएमएस, बीएचएमएस या पैरा मेडिकल के लिए हैं? अगर यह ब्रिज कोर्स बीयूएमएस, बीआईएमएस या आयुर्वेद लोगों के लिए है या यूनानी मेडिसिन वालों के लिए हैं तो कहीं न कहीं हम इन पैथीज को डिसकरेज तो नहीं कर रहे? सिर्फ छः महीने का ब्रिज कोर्स करने के बाद वे एमबीबीएस के लेवल पर आकर काम करें, उससे जनता को कितनी असुविधा होगी? न तो वे कॉम्प्लिकेशन जानते हैं, न ही ड्रग्स के बारे में जानते हैं, न ही हम छः महीने में सारा ज्ञान दे सकते हैं, इसलिए मेरी दरखास्त है कि इस ब्रिज कोर्स के ऊपर पुनर्विचार किया जाए। इस ब्रिज कोर्स को हटाया जाए। मैं डॉक्टर होने के नाते आपसे कहना चाहता हूँ, हो सकता है इस बिल में न हो, लेकिन बहुत बड़ी समस्या डॉक्टरों के साथ है। आज के दौर में जब से कंज्यूमर प्रोटेक्शन एक्ट हमारे ऊपर लगा है, हमारे डॉक्टर-पेशेंट्स रिलेशनशिप काफी खराब हुए हैं। लोग वायलेंस का सहारा लेते हैं। कॉम्प्लिकेशन हमारे बस में नहीं होते हैं, मंत्री जी ने ठीक कहा है कि हम कोई भगवान या अल्लाह नहीं हैं। कॉम्प्लिकेशन छोटे से छोटे ऑपरेशन के भी होते हैं। अगर हो जाते हैं, आम जनता नहीं जानती, वह तोड़-फोड़ करती है, मैनहैंडलिंग करती है। डॉक्टर के साथ भी बदसलूकी होती है। उसके लिए कोई न कोई ऐसा प्रोविजन होना चाहिए कि यह अपराध भी नॉन-बेलेबल हो। आगे से किसी भी डॉक्टर की बेइज्जती उसके नर्सिंग होम पर न हो। बहुत-बहुत शुक्रिया।

(इति)

1542 hours

SHRI HASNAIN MASOODI (ANANTNAG): Hon. Chairperson, I am grateful to you for giving me an opportunity to speak on this important Bill.

First, I would speak in the context of Jammu and Kashmir and then try to dilate on different aspects of the Bill. As per section 1(2), the Act extends to the whole of India. Jammu and Kashmir enjoys a special status in the Constituent Scheme. In case of Jammu and Kashmir, we have two Lists, the Concurrent List and the Union List. We do not have a State List. Under the consensual arrangement arrived at between the Central Government and the State Government, way back in 1952, the State of Jammu and Kashmir enjoys all the residuary powers. Whatever is not included in the Union List or in the Concurrent List belongs to the State of Jammu and Kashmir.

Where do we trace the power or the authority to enact this law? I believe that we draw it from Entry 25 of Concurrent List read with Entry 66 of the Union List. The Entry 25 of the Concurrent List owes its origin to 42nd Amendment. You see, earlier education was dealt with by Entry 11 of the State List. By 42nd Amendment, this was taken away and this was transposed to the Concurrent List. Entry 25 was recast and now Entry 25, after this 42nd Amendment, reads as, education, including technical education, medical education and universities, subject to the provisions of Entries 63, 64, 65 and 66 of the List.

I believe that you get this power from Entry 66 of the Concurrent List. But 42nd Amendment was never extended to the State of Jammu and Kashmir. Entry 25 of Concurrent List is not applicable in case of Jammu and Kashmir once the 42nd Amendment was not extended to the State of Jammu and Kashmir. So, in case of the State of Jammu and Kashmir, we do not have Entry 25 that gives this power to enact this law or provide for NEET, and the Government cannot fall back on Entry 25 in case of Jammu and Kashmir. So, this Act may be extended to the whole India, except the State of Jammu and Kashmir. Then, it is for the State of Jammu and Kashmir to decide whether it may allow its jurisdiction to the State of Jammu and Kashmir or not. This is my first point. The hon. Minister may just take a second look at this provision, that is, section 1(2).

(1545/VR/CS)

Now, I come to the proviso of the Act. The hon. member, Mr. Tewari earlier said that the Government threw the baby with the bath water. We can use one more adage, that is, you chop off the head to get rid of a heavy headache. This is the story of replacing the Medical Council of India (MCI), an elected body with a new entity, that is, the National Medical Commission.

HON. CHAIRPERSON (SHRI A. RAJA): This is a warning bell. You have only one-minute time left to speak.

SHRI HASNAIN MASOODI (ANANTNAG): The very first casualty is to do away with the autonomy, the independence of a body. It is no more an elected body now. I may sound repetitive because everybody has dilated on this aspect of the Bill. It will no more be a body representing experts in the field. It is again the same story that we have been hearing for the last one month that this would be a Government-appointed committee.

There is no doubt that the objective of the Bill is laudable. The objective is to establish a medical education system that ensures availability of adequate and high-quality medical professionals. Who can say 'no' to it? But, does the Bill achieve that objective? Is there any kind of significant mechanism set up through the Bill to achieve that objective, to encourage medical professionals to adopt latest medical research? We do not find any mention about it. We do not find any kind of elaborate mechanism to achieve this objective. We also do not find any mention about contribution towards research.

Let me now come to the main provisions of the Act. The Chairperson is an appointee of the Government. The Search Committee mentioned in the Bill is just an eyewash to be headed by the Cabinet Secretary. Moreover, Autonomous Boards are just autonomous in name only. Whoever will head the Advisory Boards, are again appointees of the Government. Directly or indirectly, they are representatives of the Government, who can control it.

Please refer to Section 9 (4), which says:

"The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson."

Here again, the Chairperson is an appointee of the Central Government. There is a big departure from the earlier mode and method of constituting the Medical Council of India. That was purely an elected body.

Regarding National Eligibility-cum-Entrance Test (NEET), Clause 14(3) says:

“The Commission shall specify by regulations the manner of conducting common counselling by the designated authority.”

HON. CHAIRPERSON: Please conclude.

SHRI HASNAIN MASOODI (ANANTNAG): Unless and until the Government provides a level playing field, it will be difficult for the students from rural areas to qualify it. Around 60 per cent of our population lives in rural India. The candidates who mostly get selected in the NEET exams are from urban areas. They are exposed to and familiar with CBSE pattern, as an hon. Member said. But the students from rural India do not have that background of study. So, the Government should provide some kind of a programme to the students coming from rural areas before they appear in NEET exam so that they become competent to qualify that exam. The Government should provide some kind of bridge courses to them. ...(*Interruptions*) The rural poor, marginalised and unidentified sections of society are not able to qualify it. ...(*Interruptions*)

HON. CHAIRPERSON: Please sit down.

Dr. Heena Gavit.

SHRI HASNAIN MASOODI (ANANTNAG): The National Exit Test is okay. But why should there be an Exit test for post-graduation? So, we expect the hon. Minister to give a second look to this Bill. Thank you, Sir.

(ends)

1548 hours

DR. HEENA VIJAYKUMAR GAVIT (NANDURBAR): Sir, I rise to support the National Medical Commission Bill, 2019. This Bill in a sense is a very important Bill because it is going to replace the Medical Council of India and a new National Commission is being set up to improve the medical education in our country.

The Bill proposes creation of a new institutional framework in the form of National Medical Commission, Medical Advisory Council and four Autonomous Boards for regulating all the aspects related to medical education, medical profession and medical institution. The National Medical Commission will formulate and lay down policies for regulating medical education and developing a roadmap for meeting the requirements in the healthcare, including human resource and infrastructure.

The Bill also proposes to create four autonomous boards, which is a clear demarcation of functions to regulate various aspects of medical education, institution and practice. These are: the Undergraduate Medical Education Board, the Post-Graduate Medical Education Board, the Medical Assessment and Rating Board and the Ethics and Medical Registration Board.

(1550/SAN/RV)

Sir, the National Medical Commission will have one chairman, ten *ex officio* members and 14 part-time members. The entire selection process is going to be done by a Search Committee. This is, in a way, bringing in transparency in the selection process and appointment of chairperson, secretary and part-time members. This would bring in more transparency. What we have seen in MCI earlier is that the same people were becoming the chairman and the same people were repeated as members of the MCI. In order to bring a proper transparent process, the Government has included a provision which says that the chairperson and part-time members will hold office for a maximum period of four years and will not be eligible for extension or reappointment. Not only this, the Medical Advisory Council will advise the Commission on measures to determine, to maintain and to coordinate maintenance of minimum standards in all matters related to medical education, training and research.

Sir, again, one more step towards bringing in transparency is that in Section 6 of this Bill, the Government has introduced a provision whereby the chairperson and the members of the Commission will have to declare their assets and liabilities when they take charge of the office and they will also have to declare their assets and liabilities when they vacate the office. Earlier, when there was MCI, there always used to be charges of corruption. Due to Section 6 being introduced in the Bill, transparency will be followed. This entire information is going to be available in the public domain. So, any person in the country will have access to the information that will be declared by the chairperson and the members of the Commission.

When our Prime Minister says *saaf niyat, sahi vikas*, it is a move towards a clear intent and right development. Also, a provision in the same section is that a person, who is a chairperson or has been a member on this Commission, cannot work in any private medical college as an advisor or as a consultant for at least two years after demitting his office as chairperson or as member. This is also a very good step taken by the Government.

I would just like to throw some light on clause 10(1)(i) which talks of framing of guidelines for deciding the fee structure of private medical colleges up to 50 per cent. Clause 29 talks of the criteria for approving or disapproving of establishment of a new medical college. I would like to make a request to the hon. Minister. When we have formed the criteria for starting a new medical college and when there is a fixed criterion of what are the things required in a medical college, then why should there be a difference in the fees taken from the students? When we say that fees of only 50 per cent of the students will be fixed or regulated, I would submit that when we are admitting all the students in a private medical college through one entrance exam and one merit list, then how we can differentiate about taking fees, charging different fees from different persons coming through the same merit list. So, I would request the hon. Minister to clarify this point as to what criterion will be there.

Along with this, I would also like to request the hon. Minister about the NEXT exam which is being introduced through this Bill. It is going to be a licentiate exam, PG entrance exam and also licentiate exam for foreign medical graduates. What will be the pattern of this exam? If a student clears this exam,

but does not get a field in PG of his choice, what will be the option for him? Will the student have to appear again in the same exam? Since I myself am a doctor and have undergone this entire process, I would just like to request the hon. Minister one thing. When there are practical exams, there is a factor of being biased. If a student has some grudges or if a teacher has some grudges against a student, there are possibilities that he would purposely be given less marks or there can be a possibility just to favour some students and give them more marks. When we are talking of the NEXT exam, regarding the practical exam, I would request the Minister that the practical exam should not be taken in the same institute where the student is studying. There should be a completely transparent process so that there does not exist any chance of bias.

Many of the Members of Parliament have spoken about the shortage of doctors. I would like to congratulate the hon. Minister that in this Bill, for the process of starting a medical college, a timeframe has been fixed. That is why, a new medical college will now be started in a time-bound manner and we can have a greater number of medical colleges in the country.

(1555/RBN/MY)

Along with this, my another concern is over Community Health Providers. In the earlier Bill, namely the National Medical Commission Bill, 2017, there was something called as Bridge Course. In the rural areas, in villages and in small towns, ayurvedic and homeopathic doctors are the ones who take care of their health. In my State, Maharashtra, there already exists a Bridge Course for more than five years. Many doctors have passed this Bridge Course and are giving very good service to the people in the rural areas.

In the Bill, they have mentioned only about the Community Health Providers. I would like to know whether there would be any capacity building, any kind of training that would be given to the health professionals. I request the Minister to kindly clarify this point.

Finally, I would like to mention about the DNB course. It is a very important Course in the country. Most of the DNB courses are in the private hospitals. Very few DNB Courses are in the teaching institutes. I have myself done post-graduation from a medical college. I would like to bring to the notice of the House that while doing post-graduation in a medical college, we have case presentations and lectures. When we are talking about the DNB Courses being

run by private hospitals, not many hospitals have teaching facility. A student just gets admission to the DNB Course, the professor would come in the morning for rounds, just teach something for an hour or so and then go back. There is a provision in the Bill which says that the DNB Courses which will be in the medical institutes where the hospitals will have 500 beds, will be considered equivalent to the post-graduate or equivalent to super speciality. I would request the hon. Minister to kindly make little changes in this. Those students who are DNB students in non-teaching institutes should also be given a chance to do one-year senior residency in a teaching institute and then they should be recognized equivalent to post-graduate or super speciality.

With these words, I whole-heartedly support the Bill. Thank you.

(ends)

1558 hours

SHRI E.T. MOHAMMED BASHEER (PONNANI): I oppose this Bill. The Preamble and the Statement of Objects and Reasons of this Bill look good and meaningful. But if we do a critical analysis, we can see a lot of bend curves and deep ditches in this Bill. In a way, this is an old wine in a new bottle. To an extent, I can say, this is not progressive. On the other hand, this is regressive.

Many Committees went in to this subject. The Yashpal Committee in 2009, Standing Committee on NMC Bill, 2017, which submitted its Report in March, 2018, and the Expert Committee under the chairmanship of Shri Ranjit Roy Choudhury, studied this subject. Then NITI Aayog and National Knowledge Commission also made recommendations with regard to this. Unfortunately, I think, the Government has not applied its mind over the serious recommendations of these Committees. I am sorry to say that this Bill consists a lot of ambiguities and inconsistencies.

Coming to the Bill, the NMC will consist of 25 members, of which at least seven members, that is 68 per cent, will be medical practitioners. Of course, I agree that doctors must be given preference in that. But it should be a judicious combination. It should consist of not only doctors but also people from other fields. Many Committees have said this. The Standing Committee recommended that the MCI should include diverse stakeholders, such as public health experts, social scientists, health economists, health related NGOs, etc.

Another handicap of this Bill is the mode of selection. It is mainly on nomination basis. If you go through the constitution of various Boards, you will see that it is jeopardising the democratic set-up. That is highly objectionable in this.

(1600/SM/CP)

Similarly, Sir, as you have correctly mentioned, federalism has been affected very much by this Bill. States must have a say in a law applicable to all India. States must have a say in that. That has been completely ignored in this Bill. That is a highly objectionable part.

Clause 32 has been discussed thoroughly. I do not want to take much of the time. Clause 32 says that the Community Health Providers who are granted limited licences under sub-section 1 may practise medicine to such an extent, in such circumstances and for such a period, as may be specified by the regulations. Sir, it will be the opening of a floodgate. It is very dangerous as correctly mentioned by my previous learned Members. I appeal to the Government to withdraw this for the betterment of medical education.

1601 hours

(Dr. Kirit P. Solanki *in the Chair*)

Sir, regarding the fee structure, the NMC will make some guidelines for 50 per cent seats in the private medical colleges. We all know that commercialisation is taking place in a ruthless manner in private medical colleges. It is a very negative stand. As you have mentioned, Sir, let it be as it is now. Any change should not be there. The Parliamentary Standing Committee has also said that the present system should continue. So, we have to curb the commercialisation. This kind of step will adversely affect the quality of medical education.

Sir, with regard to National Exist Test, I suggest very strongly that it need not be there. It will be better to continue the present system. Otherwise, it may create a lot of confusion and things like that in this sector.

With regard to opening of medical colleges, I would like to say that it is very liberal in this regard. Permission will be given only once in a year; there is no annual renewal; colleges can increase seats on their own with a capacity from 200 to 250 for PG etc. ...(*Interruptions*) This kind of open general licence should not be given to the managements. They will misuse it. We will have to be very careful.

HON. CHAIRPERSON (DR. KIRIT P. SOLANKI): Please conclude now.

SHRI E.T. MOHAMMED BASHEER (PONNANI): Yes Sir. I would like to say only thing about marginalised sections. We will have to be very very careful in this regard. Marginalised sections are deprived in every field. In the medical education also, the case of marginalised sections should be discussed thoroughly. I urge upon the Government to think over that. The marginalised sections are ignored. That should not be there. With these words, I conclude. Thank you.

(ends)

1603 hours

SHRI KESINENI SRINIVAS (VIJAYAWADA): Thank you, Sir, for the opportunity. I have five major concerns on this National Medical Commission Bill, 2019.

Firstly, Sir, the MCA is being replaced by the National Medical Commission. In the MCA all the members had been elected by the doctors themselves. So, there was a pure representation from the community of doctors and it is appropriate. Now, under the National Medical Commission Bill, it will be totally a selected body and it will be selected by the Government of India. Right from the Chairman to the Board Member, everyone will be selected by the Government of India. It is not fair. Such a step is surely going to introduce bureaucratic interference and favouritism in the proposed Commission.

Secondly, Sir, according to Section 46 of the Bill, the powers of the State Governments are being curbed. All the powers relating to health is being taken over by the Central Government. Sir, health comes under the Concurrent List. In this matter, both Central Government and the State Governments have equal powers. But, according to Section 46, this Bill is very autocratic, anti-federal and also undermines the authority of the State Governments.

Thirdly, the hon. Minister must ensure that in such a centralised system, the interests of the economically and socially marginalised students must not be overlooked because this Bill favours private colleges. Medical education will become much more expensive due to this Bill. Equal opportunities must be ensured for deserving and disadvantaged backward candidates.

(1605/AK/YSH)

The National Exit Test (NEXT) is a proposed test for the students to get into post-graduation, and also for students who have completed their graduation for practice as this is a license-like thing for them. This defeats the objective of the Government to provide greater number of trained health manpower, and this will be an added pressure on the students who already go through various rigorous final exams in the MBBS course.

Under the National Medical Commission regime, the medical colleges will need permission only one time, that is, if permission is granted initially, then no permission is required in the following years. There will be no annual renewal,

and the colleges will be free to increase the number of seats on their own compared to the present cap of 250. They would also be able to start post-graduate courses on their own. This will create unregulated environment, which would lead to mushrooming of private medical colleges and will create chaos. These are the main five concerns of the Bill.

I will conclude by mentioning one good initiative that has been taken regarding health in my Constituency, namely, Vijayawada. Health is wealth, and many studies say that 1/3rd of the average income of a common man is going towards paying the medical bills. So, I should appreciate Tata Trust and Mr. Ratan Tata who have taken care of health of 10 lakh people in my Constituency in the last three years. I am concluding in a minute. So, 10 lakh people have been given free medical care in the last three years in a place where Government medical care is non-existent. We have opened up 26 referral hospital, and provided all the tests for free. It is a very good scheme. I would urge upon the Minister that when this type of an initiative is taken by one private and credible trust like the Tata Trust and Mr. Ratan Tata, then why can the Government not give free healthcare for all the citizens of this country? It is the responsibility of the Government of India. With these words, I conclude my speech. Thank you, Sir.

(ends)

1607 hours

*SHRI S. VENKATESAN (MADURAI): Hon. Chairman Sir, Vanakkam. We completely oppose the National Medical Commission Bill, 2019. This Bill is unconstitutional. This is against the rights of the State Government. This is also against the social justice. Tamil Nadu produces large number of Doctors in the country. But due to several examinations including NEET, Tamil Nadu has become the worst affected State in the country. There are laws to govern the fee structure of private medical institutions in the State of Tamil Nadu. Most particularly this Bill is only to regulate the fees of 50 per cent of seats of private medical institutions. The remaining 50 per cent can in no way be controlled. Those private medical colleges can decide the fee for those 50 per cent seats on their own. As in the case of Private Universities and Deemed Universities, there is no fee regulation for 100 per cent of medical seats. At the time of introduction of NEET, what did you say? You said that NEET is introduced to check and stop commercialization of medical education. But that aim has become a failure. Those who paid as donations earlier are now forced to pay as fees. This is what is taking place. The recommendations of Dr. Roy Choudhury Committee of 2014 and the 92th Report of the Parliamentary Standing Committee say that this is to control the wrongdoing of the private medical institutions and if the State Government does not want, it cannot be compelled. But you have violated both the recommendations. Today, the rights of the State Governments are totally taken away. While delivering speech in the Constituent Assembly on 25 November 1949 Dr. Ambedkar said that the rights given to the State are provided by the Constitution of India and not by the Union Government.

“It is, therefore, wrong to say that the States have been placed under the Centre. Centre cannot by its own will alter the boundary of that partition”, Dr. Ambedkar said.

You are not trying to alter but to destroy the boundary. Since the beginning of the 17th Lok Sabha, time and again this Union Government is into attacking mode aimed at mercilessly snatching away the rights of the State Governments. I am pained to say this. Most importantly this Union Government

* Original in Tamil

wants to treat the State Governments as lifeless local bodies. Not only this Act every other Act of this present Government is aimed at this. If you have some problems in the Indian Medical Council, you should rectify them. The present Council is under the philosophy of federalism and is also democratic. It is a representative body of doctors who can elect their representatives for this Body from themselves to govern them. At one point of time only 6 States will have representation in the National Medical Commission as per the present Bill. There is a situation that approximately 23 States will have no representation in the high level committees of this Commission. Therefore we are totally opposing this Bill. It is unconstitutional. It is against the verdict of the Hon Supreme Court I want to register here that this Bill is against social justice. Thank you.

(ends)

(1610/SPR/RPS)

1611 hours

DR. RAJDEEP ROY (SILCHAR): Mr. Speaker, Sir, I come from a far flung area, Silchar, in Assam. Medically, we have been very deprived. I entered the medical college in 1989. Thirty years after walking through the corridors and wards of medical college in both Government sector and private sectors, I stand here with all my conviction to support the National Medical Commission Bill, which has been tabled by Dr. Harsh Vardhan on the floor of Lok Sabha today.

Sir, someone from the Opposition said that Dr. Harsh Vardhan has done a very splendid surgery but the patient will be dead in a few minutes time. May I remind him that Dr. Harsh Vardhan all his life has been doing brilliant surgeries. I can assure him that today after four hours of his surgery, the patient will walk on his foot to the surprise of my Opposition Members and the Bill will be passed in Lok Sabha.

Before I start speaking on the Bill *per se*, I would like to draw the attention to the medical system that has been existing in the country for the last 70 years. Our medical system is somewhat like the mix of American and the British systems. I had the honour of working in the NHS for a few years there. I can say with all conviction, Sir, that Indian doctors are the best doctors probably in the whole world. Why? If today, the entire doctors of Indian origin withdraw from the NHS system, the entire NHS system would collapse. It may be so in the United States of America.

Our system has got the rural base and an urban base. Fortunately, or unfortunately, 80 per cent of the urban patients go to the private sector hospitals as on today. It is almost the reverse in the rural areas. So, we have to walk through a fine thread to bring a balance between the rural and urban health sectors. We know, many of us have spoken, that doctor patient ratio in our country is slightly skewed. It is almost to the tune of one doctor is to 1,600 patients.

In our country, Allopathic practitioners are to the tune of 10.5 lakh today. Out of which, 3.5 lakh doctors are the members of the IMA. I stand here as a member of the IMA also, as a politician also, as someone who has seen the

health sector in our country, and also as someone who has seen the health sector in the U.K.

I must compliment here the Narendra Modi *ji* Government and the work done by our two Ministers in bringing the Bill before the august House. A lot of hard work has gone into it. It is very important to point out a few things that I would like to take the privilege of. The Board of Directors that was constituted two years back had done a commendable job in bringing somewhat the health sector back on track.

(1615/UB/RAJ)

Today, we have a transparent system as far as the entrance examination to the medical colleges is concerned. Other than the All India Institute of Medical Sciences, we have a common entrance examination for all the medical colleges.

The National Medical Commission, as proposed, is to set up four committees under the guidance of the chairman or the president; there will be five members in each of them. All these bodies will be autonomous. The first body will be taking care of the undergraduate curricula and the undergraduate examination system; the second body will be taking care of the post-graduate; the third body will be taking care of the ethical part of the doctors; and the fourth one will be taking care of the medical assessment and the registration. So, the work is absolutely divided unlike what was there in the previous system, and that was the reason why we had corruption in the previous form of medical system.

Mr. Chairman, it was the Government during those days in 2010 which had actually dismantled the previous committees and we are proposing to get this National Medical Commission Bill which will be proving to be a game changer in the medical system.

I would like to draw the attention of the House to a few points which have been raised. I will seek your indulgence for two minutes, Mr. Chairman. A few of our hon. Members from the Opposition have raised the question that NEXT is not up to the tune that doctors like. May I remind them about what they have asked: "If someone fails in NEXT, what is to be done"? My counter question to them is, if someone fails in B.Tech, B.A., B.Sc. or B.Com, what do they do? They appear for a second or third term. So, similar things will happen

here. They will appear for a second or third term. If they pass, it is well and good; if they fail, I think the Bill needs to answer that and other important questions which Dr. Harsh Vardhan will probably be looking into.

Mr. Chairman, I as a doctor was from the first batch of medical students who entered medical college in Assam through an entrance examination and we had to look into all the autonomous medical colleges. What NEET has done is that it has given a one-point entrance examination. It has brought down the troubles of the parents of those students who are seeking admission into medical colleges through one-point examination. Similar things will happen now. When I know that many of my family members, my relatives or kids of my friends will try for post-graduate entrance examination, there will only be a single route of entry which is absolutely correct in this situation.

Sir, regarding transparency in the National Medical Commission Bill, they have to declare their assets and liabilities at the time of induction and also at the time of demitting the office.

HON. CHAIRPERSON (DR. KIRIT P. SOLANKI): Please conclude.

DR. RAJDEEP ROY (SILCHAR): Sir, I would like to make one last point. There has been opposition primarily from doctors. There was a survey which was conducted among the doctors, and it is astonishing to know that only 8.75 per cent of the doctors have actually read the Bill and only 25 per cent have got knowledge of the Bill through social media. It is very pertinent to mention here that they should not just oppose for the sake of opposing. Come and study the Bill. If there are any clarifications required, our hon. Minister will be more than happy to do it.

(ends)

1618 hours

SHRIMATI ANUPRIYA PATEL (MIRZAPUR): Sir, I rise to speak in support of the National Medical Commission Bill, 2019 which seeks to repeal the Indian Medical Council Act of 1956. It is indeed a move to bring in sweeping changes in the medical education sector because the National Medical Commission is now going to replace the Medical Council of India which was marred with corruption charges for a number of years and there was really a need to replace this body with a more effective body which is now going to be the National Medical Commission. So, I welcome this Bill and I congratulate the hon. Minister for introducing this Bill.

It has several important provisions like allowing one single uniform medical entrance test across the country along with a single exit examination which is going to be the final-year examination. It is not going to be a licentiate examination. It is a screening test for the foreign medical graduates as well as an entrance for those seeking admission to the PG courses.

Under this Bill, there will be regulation of fees for 50 per cent of the total number of seats for private medical colleges as well as the deemed universities. Also, there are provisions for the constitution of a Medical Advisory Council through which the States and UTs would be able to put forth their concerns to the National Medical Commission. As everybody else has talked in detail, the four autonomous boards are going to be performing different functions. I am not going to elaborate on that.

(1620/KMR/IND)

While I agree with all the important provisions, I have a few questions to ask the hon. Minister. My first question relates to the competence of the National Medical Commission in hearing the appeals which are related to the professional or ethical misconduct of the medical practitioners. Under the Bill, it has been said that the State Medical Council will receive complaints which are related to any misconduct of the doctors, and it has all the powers to take any disciplinary action or impose any monetary penalty. If a medical practitioner is aggrieved of any decision of the State Medical Council, they can appeal to the Ethics and Medical Registration Board which enjoys similar powers just like the State Medical Council. If a doctor is still aggrieved of any decision of the Ethics

and Medical Registration Board, then he or she may appeal to the National Medical Council.

I fail to understand why this role of an appellate authority is being assigned to the National Medical Commission. That is because such matters which are related to the ethical or professional misconduct of the doctors must actually be looked into by a tribunal. In respect of this I want to mention the observation which was made by the Parliamentary Standing Committee which said that giving this appellate jurisdiction to the Central Government does not really fit into the Constitutional provision on separation of powers. It recommended that there should be constitution of a Medical Appellate Tribunal. So, I want to understand from the hon. Minister why we cannot constitute a separate Medical Appellate Tribunal and instead why we are giving these powers to the National Medical Commission.

My second question, hon. Minister, relates to the composition of the State Medical Councils. We have the State Medical Councils which have been constituted in as many as 29 States. Wherever they are, they are an elected body. So, it is basically the doctors who are electing from amongst themselves certain doctors who will form part of the State Medical Councils. Here I remember what the NITI Aayog on a draft Bill said that there could be a conflict of interest if the members of the regulatory body are going to be elected by those who are going to be regulated by this body. So, we have to see how the election to the State Medical Council goes and who actually is going to form part of the State Medical Council. Even the Parliamentary Standing Committee in 2016 had observed that the State Medical Councils tend to delay the decisions beyond the six-month period which is supposed to be the stipulated time for giving any decision as far as the misconduct of any doctor is concerned. So, no action virtually gets taken against any errant doctors. So, it recommended that it should be important to introduce and give place to some lay persons in these bodies so that there is more accountability on the issue of medical ethics. So, I want to understand from the hon. Minister what we are thinking about it.

My third question relates to the validity period for the licence which we are giving by way of the national licentiate examination, the National Exit Examination, to the doctors. There are countries like the UK and Australia

where there is a specific validity period for this licence. This is just to ensure that the doctors stay in tune with the newer practices, are able to provide good level of care and they are up to date. We do not have any provision specified in the Bill which says that there is going to be some validity period for the licence which is being given to the medical practitioners by way of the National Exit Examination. These are the three questions which I want the hon. Minister to answer.

With this, I support the Bill and I conclude. Thank you very much.

(ends)

1624 hours

SHRI M. SELVARAJ (NAGAPATTINAM): Sir, the National Medical Commission Bill, 2019 was introduced in this august House on 22nd July, 2019. This Bill seeks to replace the Indian Medical Council Act, 1956 thereby abolishing the Medical Council of India (MCI) because over the years there have been several issues with the functioning of the MCI in respect to its regulatory role, composition, allegations of corruption, lack of accountability, etc. (1625/SNT/PC)

The present Bill is a new version of the one introduced in Parliament in 2017 which was lapsed with the dissolution of the 16th Lok Sabha. The new Bill has some welcome modifications such as scraping the proposal to conduct an additional licentiate exam that all medical graduates would have to take in order to practice; removal of the proposal for a bridge course for AYUSH practitioners to make a lateral entry into allopathy; introducing a single National Exit Test (NEXT) across the country replacing final year MBBS exam which allow medical graduates to start medical practice; to seek admission to PG courses; and to screen foreign medical graduates who want to practice in India; etc.

As per the proposed amendment to the long title of the Bill, it is said that the Bill is to provide for a medical education system that improves access to quality and affordable medical education, etc. But, Sir, this Bill would promote privatisation of medical education and make it more expensive and deprive deserving students from getting into medical colleges. The clause dealing with opening up of medical colleges for profit organisations is a clear pointer to this. The Bill gives the NMC the power to frame guidelines for determination of fees for up to 50 per cent of seats in private medical colleges and deemed universities, leaving 50 per cent seats to the will of the private management.

Sir, the fees of all seats should be regulated and 50 per cent seats shall have same fees as in government colleges, and other seats could have a marginal difference.

The Commission has 80 per cent appointed members, no space for democracy. There should have been at least 30 per cent elected members and with some representation from the health organisations struggling for ethics in

healthcare, social scientists, health economists, etc. The MCI was an elected body but NMC is not an elected body.

Sir, abolishing MCI and replacing it with NMC will not solve the problems that MCI was facing earlier. It will pave the way for more authoritarianism, since most of the NMC members will be nominated by the Central Government and States are not represented.

HON. CHAIRPERSON (DR. KIRIT P. SOLANKI): Please conclude.

SHRI M. SELVARAJ (NAGAPATTINAM): Sir, I am concluding in a minute. The shortcomings of MCI should have been rectified through suitable amendments in the Indian Medical Council Act itself.

Sir, my constituency Nagapattinam, covers two districts. There is no medical college in Nagapattinam. Nagapattinam is the home district of our memorable leader, Dr. Kalaignar Karunanidhi. I request the hon. Minister and the Union Government to allocate one medical college in the name of Dr. Kalaignar Karunanidhi in this district of Nagapattinam.

Thank you, Sir.

(ends)

1629 hours

SHRI P. RAVEENDRANATH KUMAR (THENI): Thank you, Sir, for giving me the opportunity to speak on the National Medical Commission Bill, 2019.

Sir, I would like to express our gratitude to our hon. Prime Minister that he has entrusted the Ministry of Health and Family Welfare to an apt personality like Dr. Harsh Vardhan, following the inability of the Medical Council of India, in performing its statutory duties and responsibilities. I heartfully thank our hon. Prime Minister for providing AIIMS to the people of Tamil Nadu. I congratulate our hon. Minister of Health and Family Welfare for the successful implementation of the pilot project of Pulse Polio Programme in Delhi, in the year 1994. Later, the programme was launched nationwide, leading to more than 88 million children being immunized.

(1630/RK/SPS)

Sir, when Shri Narendra Modi took charge as the Prime Minister for the second term, all the corrupt people in the country got admitted in the hospitals. They are daily taking tablets for blood pressure and that pressure sometimes is reflected in the House also. I agree with the statement made by the hon. Minister with regard to the NMC. It will be the backbone of the entire system which would wipe out the challenges being faced by the existing medical system. It will clean and regulate the medical system which is severely damaged due to corruption.

One of the important goals of our hon. Prime Minister, Shri Narendra Modi is to provide quality health coverage to every citizen of India. I would like to bring to the notice of the House, through you, that our leader, Puratchi Thalaivi Amma had repeatedly urged the Central Government not to intervene in the procedure of the medical college admission and exempt students, studying the State Board syllabus, from appearing in NEET.

Despite all the positive elements of the NMC Bill, on behalf of my AIADMK Party and Tamil Nadu State Government, I would like to represent our stand to abolish both the NEET and the NEXT. With this protest, on behalf of my Party, I oppose this Bill. Thank you.

(ends)

1632 hours

SHRI M. K. RAGHAVAN (KOZHIKODE): Thank you, Sir, for giving me this opportunity to participate in the discussion on the NMC Bill. I oppose the Bill.

I have great respect for the hon. Minister. He is a gentleman, but this Bill is not like him. On going through this Bill, I have come across the following drawbacks which need immediate attention for rectification by the Government.

While considering this Bill, the Parliamentary Standing Committee on Health has suggested many improvements and given recommendations also. Unfortunately, none of these recommendations has been included in this Bill. What is the nature of this Bill? This Bill is totally against our federal structure. Who are the beneficiaries of this Bill? Is it the student community, medical professionals, or poor people? Unfortunately, it is the business community who will gain from the provisions of this Bill.

As per the directions of the hon. Supreme Court, the State Governments determine fees for 85 per cent of the seats and the rest 15 per cent of seats are set aside for NRIs. We know that the apex court had reminded us that the poor children of farmers and jawans can also dream of becoming doctors. What has happened? Unfortunately, this Bill has totally neglected the advice given by the Supreme Court to help the down-trodden. Therefore, it can be presumed that the intention behind introducing this Bill is to protect the interest of the private players and not the common Indians.

According to the Bill, 50 per cent of the admission is controlled by the private sector, which includes determining the fee structure, deciding about admission and the number of seats for PG, establishing medical colleges, without any standard operational procedure and experience in the field, at will. This clause will lead to open medical education market which will attract only the rich community of the society. It means that this Bill is not pro-poor but pro-private players.

We all know that this will lead to an increase in the cost of medical treatment and ultimately adversely affect the poor and common people of the society. This leeway of giving freedom to the private sector to determine the fee structure will attract the verdict of the Supreme Court. Currently, the State Governments determine fee for 85 per cent of the seats. I think this provision should continue.

(1635/PS/SJN)

Again, instead of allowing independent decision to have medical colleges and determine the number of seats, etc. by private players, the decision to establish such an institute should be taken by an authority or a Council and definitely not independently by an individual or a business conglomerate.

I also wish to discuss Clauses 14 and 15 of this Bill. I would like to request the hon. Minister for clarifications on following points.

Clause 14 stipulates NEET for admission to the UG and PG super-speciality medical education. This is a common final year exam on the basis of which even admission to PG is decided. What the students would like to know: the number of attempts one can make; the frequency at which the exam is conducted year-wise; and whether repeat exam can be attempted. But the concerns are as to where and how these students will undertake their screening test to become medical partners. I would like to know whether they will be designated to Government institutions or private institutions for their practical exams under NEXT.

HON. CHAIRPERSON (DR. KIRIT P. SOLANKI): Now, please conclude.

SHRI M. K. RAGHAVAN (KOZHIKODE): Another major concern is this. How will the malice of expected corruption in getting licences to practice and PG admission, be contained for those taking exams through private medical institutes, where partisan and nepotism and even corruption is expected? This will open to corruption and nepotism.

With the prevailing fee structure, the medical education will be a financial investment which will also percolate to the high cost of treatments. Crores will be spent for PG admission. This will lead to overall financial bugling in the medical education sector.

Now, I am coming to the points.

HON. CHAIRPERSON: Now, you please conclude.

SHRI M. K. RAGHAVAN (KOZHIKODE): Therefore, I would request that the Clause leading to the fee structure should be withdrawn and a new fee structure, as envisaged by the hon. Supreme Court, should be re-drawn, also indicating a cap of the fee to be collected for each speciality. This can be decided by a committee headed by the respective Vice Chancellors.

HON. CHAIRPERSON: Thank you very much. Now, Dr. Subhas Sarkar.

Conclude in one sentence.

SHRI M. K. RAGHAVAN (KOZHIKODE): I would also like to touch upon Clause 60 which relates to the MCI. While the Bill indicates that the MCI will be disbanded forever, the concerns of the employees of this organisation needs further addressing, including financial benefits or alternative employment. With this Bill, the MCI has now become defunct. It is a fact that they failed to discharge their duties by indulging in corruption practices.

One thing is very clear that the Commission is proposed to be a selected body and not an elected body. This is against the democratic principles.

HON. CHAIRPERSON: He has already started his speech. Now, you can conclude. Please conclude.

(ends)

1638 hours

DR. SUBHAS SARKAR (BANKURA): Hon. Chairperson, I would like to thank you, the august House as well as my Party for providing me the opportunity to be a part of discussion on 'The National Medical Commission Bill, 2019.'

Sir, I have prepared so many points. But the time is very much less. So, I should come to the main points. In the discussion many of my friends have opposed the Bill with a hue and cry that it goes against the federal structure.

I would like to place on record the work done in the health department by those who are opposing this Bill and saying such things about federal structure.

सभापति महोदय, मैं कल एक अस्पताल का विजिट करने के लिए उसके मॉर्ग में गया था। बंगाल में जो पांच मेडिकल कालेजेस हैं, वह अस्पताल उनमें से एक है। उसकी स्थिति कैसी है? उसमें एक भी एयर कंडीशनर नहीं है। कोई मॉर्चूरी नहीं है और छत से सब कुछ गिरता है। उसकी वजह से दो लोग हताहत होने से बचे थे, एक कैमरा मैन था और दूसरा ... (Not recorded) था। जब मैं कल वहां पर गया था, तो उसके अंदर 800 बेबी भ्रूण मृत पड़े हुए थे, लेकिन अभी तक उसका डिस्पोजल नहीं हुआ है। उसकी ऐसी स्थिति है और फेडरल स्ट्रक्चर को रिस्पेक्ट करने वाले आदमी के काम का नमूना ऐसा है। आज बंगाल के पांच अखबारों में यह खबर छपी है। एक और बात है कि बहुत लोगों ने कहा कि आपने 50 प्रतिशत सीट्स को छोड़ दिया है, उसकी फीस कैसे देंगे, उसके बारे में किसी ने नहीं बताया है।

(1640/GG/RC)

मेरा कहना है कि तीन साल पहले जब टेबल के ऊपर एक फीस जाती थी और टेबल के नीचे से एक दूसरी फीस जाती थी, भईया! उस समय आप कहां थे? यह तो तीन साल से हम देख रहे हैं कि जो बच्चे प्राइवेट कॉलेजों में जाते हैं, वे नीट के एग्जामिनेशंस के स्कोर के बराबर जाते हैं। यह होता है। यह तो हम देखते हैं। ट्रांसपेरेंसी पर हम जाते हैं, इसका कोई एक नमूना हमने बता दिया है। देखिए, हमारी जो कमिटमेंट है, कैसे होता है कि – पीएमएसएसवाई माने प्राइम मिनिस्टर स्वास्थ्य सुरक्षा योजना – इसके अंदर बंगाल से तीन प्रोजैक्ट प्लेस किए गए। हमारे माननीय आज के स्वास्थ्य मंत्री जी ने सन् 2014 में यह किया और तीनों ही दिए थे। वे तीनों 150 करोड़ रुपये के प्रोजैक्ट थे, जो कि आज तक कंप्लीट नहीं हुए हैं। आप देखिए, ऐसी स्थिति है। हम लोग यह चाहते हैं कि जो फीस की लिमिट है, इसके बारे में कुछ सुझाव होने चाहिए। केवल पढ़ाई की ही फीस नहीं, होस्टल की फीस के बारे में भी होना चाहिए। क्या है कि मेडिकल कमीशन में जो सदस्य होंगे, उनके जो एसेट्स हैं। Whenever they will be members of the National Medical Commission, उनके एसेट्स का डिक्लेयरेशन हो जाए। when they will leave the membership, उसका भी डिक्लेयरेशन हो जाए। This will give a very nice and transparent scenario. I hope those who are saying that कि यह क्या होगा, यह

ऑटोक्रेसी हो जाएगी, उनके बारे में हमारा कहना है कि हमारा मंत्रक केवल कागज़, कलम और कम्प्यूटर के टुकड़े नहीं है। यह एक जीता-जागता मंत्रक है। जब जो सुधारना है, वह जरूर हो जाएगा। हमारे नैशनल एग्जामिनेशंस तीन साल के बाद हैं। उसके अंदर जो सुझाव आपके आएंगे, वे जरूर इनकॉर्पोरेट हो जाएंगे।

Keeping in view all these improvements in the National Medical Commission Bill, I urge all the Members of the House to unanimously support this Bill. This Bill will help in improving the health condition of our 130 crore fellow citizens.

Thank you one and all.

(ends)

1643 hours

SHRI DNV. SENTHILKUMAR S. (DHARMAPURI): Vannakam Chairperson, Sir. I rise to strongly and vehemently oppose the National Medical Commission Bill 2019. Who else other than great DMK has got the responsibility to oppose it since we have set high social indices in health and education. We are the right persons since we have set role models.

As we have constraint of time, let me just rush through four clauses. Let me go through clause 15(v) about NEET and the EXIT Examination. Why does Tamil Nadu oppose NEET? It is because I have the information under RTI pre-NEET and after NEET. We did we have pre-NEET? We have had students from State Government schools, Government aided schools and schools which had private education under the State Boards. The number of seats available was 2500 and the number of students who had got the medical seats from that pool was 1500. But what has happened now? In spite of the inept AIADMK Government running NEET classes in Tamil Nadu, not even one student has got through NEET examination and got into a medical college. The rural students are not able to afford the cost.

Our great leader, Dr. Kalaignar Karunanidhi, had taken away the entrance examination so that the rural students can afford to go straight to the medical colleges after their examinations. Why did we lose Anitha? Why did we lose Prathibha? Why did we lose seven students who would have been in the second year of medicine if they had followed the rule of taking the marks obtained in the State Board into consideration. That is why, we strongly oppose this.

Under clause 8(ii), you have brought bureaucrats into this. I would like to make a strong representation to the Minister of Health that there is only one clause where bureaucrats are not included to do the operations. Please do include them there too and then all other things will be taken care of.

HON. CHAIRPERSON (DR. KIRIT P. SOLANKI): Please conclude.

SHRI DNV. SENTHILKUMAR. S. (DHARMAPURI): Sir, please, this is important. Please give me two minutes. I have to make my point clear.

HON. CHAIRPERSON: Your time is over. You conclude in few words.

SHRI DNV. SENTHILKUMAR. S. (DHARMAPURI): Sir, the voice of Tamil Nadu has to be heard inside this House. Where else will I go and raise my voice?

(1645/SNB/KN)

So, is it the role of bureaucracy to set the norms of education? If they are going to do everything, then what is the use of this?

Sir, clause 32 is the worst clause in this Bill. One gentleman colleague raised this issue and I thank him for raising this matter. I thank you for bringing in the AYUSH Bridge course but what have you done now? You talk of bringing in mid-level practitioner. The World Health Organisation even does not recognise such persons to prescribe allopathy medicine. Even a paracetamol cannot be prescribed by a person who has done a nursing course and such other para-medical courses. There are so many side-effects. The Government is taking a risk in this case. They want to include one-third of the para-medical staff into this. We have around 11 lakh doctors in the country. We already have shortage of para-medical staff and so this cannot be done. ...*(Interruptions)*

Sir, I am making a suggestion in this regard, I would like to refer to a model which is in practice in the State of Tamil Nadu where it has been running very successfully. If the Government proposes to bring in mid-level practitioners to cater to the medical needs of the rural population, then please take the Tamil Nadu model. We have set up a very successful model. What we have done is that we have taken graduates from the medical colleges ...*(Interruptions)*

HON. CHAIRPERSON (SHRI KIRIT BHAI SOLANKI): Thank you.

Shri N.K. Premachandran.

SHRI DNV. S. SENTHILKUMAR (DHARMAPURI): Sir, please give me some time. The model followed in the State of Tamil Nadu in this matter is running successfully ...*(Interruptions)*

HON. CHAIRPERSON: Nothing, except what Shri N. K. Premachandran is saying, will go on record.

(Interruptions... Not recorded)

(ends)

1647 hours

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, thank you very much for giving me this opportunity to speak on the National Medical Commission Bill, 2019.

Sir, the intent, the Long Title, of the Bill is to provide for a medical system that improves access to quality medical education and affordable medical education thereby achieve the goal of availability of adequate highly qualified medical professionals which will improve the equitable and universal healthcare system in our country. This is the intent and the Long Title of the Bill, the heart and soul of the Bill.

Sir, I am confining my speech to a particular point. I would like to know whether the contents of the Bill or the provisions of the Bill would be able to achieve the goals which is enshrined in the Long Title of the Bill. To my understanding and reading of the Bill, this Bill is not going to serve the purpose which is mentioned in the Long Title as well as in the Statement of Objects and Reasons. My first opposition to the Bill is this.

The proposed National Medical Commission do not have a representative character with respect to the elected, nominated and appointed members. I am not going into the details into the structure of the National Medical Commission because of paucity of time. I know it very well. The National Medical Commission is having only 20 per cent elected Members while the rest 80 per cent members of this Commission and other bodies will be nominated by the Central Government.

Sir, similarly, clause 11(i) of the Bill proposes to constitute a Medical Advisory Council in which also the composition will be more or less the same. Coming to the four Autonomous Boards, namely, Undergraduate Medical Education Board, Post-graduate Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board, if you examine the constitution of all these Boards, then you will see that these Boards are not having a representative and democratic character. It is Central-centric legislation. That is the first reason why I would like to oppose this Bill. There is no federal and democratic character in this.

Sir, my next point is on the fee structure which is mentioned in clause 10(1)(i). I do not have the time. If you permit me, I will read the clause. I have given notices of 54 amendments to this Bill, but I will not speak on the

amendments. So, kindly allow me some time. In this clause we find that the National Medical Commission shall frame guidelines for determination of fees for 50 per cent in private medical institutions. What about the rest of the 50 per cent? The rest of the 50 per cent means, it is only 50 per cent of the fees will not be regulated. The terms that the hon. Minister has used in the Bill is 'frame guidelines' not even 'regulating the fees' or 'fixing the norms'. It talks about only framing the guidelines. I would like to know whether the guidelines are mandatory or not. Are the guidelines mandatory and binding on all the State Governments?

(1650/RU/CS)

I would like to have a clarification from the hon. Minister. In my State, we do have a Statutory Committee headed by the retired Justice of the High Court. They are determining the fee structure of the State Medical Colleges. What about the Statutory Committees which are prevailing in a particular State? I am seeking a clarification from the hon. Minister on this aspect.

There are 68,000 medical seats in the country out of which 36,000 seats come under the private sector and 32,000 seats come under the Government sector. Out of this, 18,000 seats will be offered on the fees as prescribed by the guidelines and 18,000 students will be sent to the private entities for robbing the students in the country. That cannot be allowed. That is the second point on which I would like to oppose.

Coming to the third point, it is a very important point regarding NEET and NEXT examinations. Sir, I am not explaining Clause 15 of the Bill fully. I am in full support of NEET examination. NEET Examination is one of the wonderful things which the Government has done as meritorious students will be getting an opportunity to study in the Medical Colleges. Even rural students, meritorious students and poor students are getting an opportunity to study in Medical Colleges. Exploitation by private Medical Colleges, to an extent, has been curtailed by way of having the NEET Examination.

My point is, last year, 1,43, 000 students have appeared in NEET Examination for Post Graduate Course out of which 75,000 students have qualified. Where will those 68,000 students, who have not qualified but have completed their MBBS course, go? It is because it is a licensiating examination. Those students who have not been able to qualify the NEXT

examination are not entitled to have that profession. What is the remedy available to them? As rightly said by Shri A. Raja today morning, he will be a minimum higher secondary student only. What would be the fate of those students who have not been able to qualify these examinations? That matter has to be addressed. I would like to seek a clarification from the hon. Minister on this point.

My fourth point is regarding total liberalisation. Clause 28(1) deals with permission to establish new Medical Colleges. Who is the authority to grant permission for it? It is the Medical Assessment and Rating Board which gives that authority. Kindly go through sub-clause 7 of clause 28. I would draw the attention of the hon. Minister to this part of the clause. It says that the Medical Assessment and Rating Board 'may' conduct an evaluation. It is not said as 'shall'. After granting permission to start Medical Colleges or a fresh course, it 'may' conduct evaluation and assessment at any time. There is no time limit for it. That means you are liberalising the entire system of Medical Colleges at the whims and fancies of private medical institutions. What explanation does the Government have on this point? The word used is 'may'. There is no time limit prescribed here.

On quality of medical education, a mention is made about community health provider. Today morning also, I told the hon. Minister that it is better to have a bridge course. Training is given there. I do agree that as per prescribed norms and conditions, you will do it. The Parliament is not aware as to when the regulations will be enforced.

Regarding Appellate jurisdiction, Shri Raja, my learned friend, cited it today morning. Who is the Appellate Authority? The National Medical Commission is the Appellate Authority in which Chairmen of all the Boards are there as members. No person can be a judge of his own cause. It is against the basic principles and norms of justice that the person is making decisions sitting as an Appellate Judge.

My last point is on a very sympathetic matter to be considered by the hon. Minister. It is about termination of the employees and officers of the Indian Medical Council immediately after passing of this Bill. Immediately after the notification, all the staff, employees and officers will be losing their jobs. Their jobs have to be protected.

With these words, I seek clarifications from the hon. Minister and I raise my opposition to the National Medical Commission Bill.

(ends)

1654 hours

*SHRI THOL THIRUMAA VALAVAN (CHIDAMBARAM): Hon. Chairman Sir, Vanakkam. This Bill is snatching away the rights of the State Government. Education is in the Concurrent List where the Union and State Governments have equal powers to decide. But at the time of drafting the National Educational Policy or while setting up the National Medical Commission, NMC, this Union Government has decided unilaterally through an autocratic approach, without worrying to get the consent of the State Governments in this regard. This is not a welcome step. Therefore I oppose this.

Secondly, MCI is a professional and elected body. This body functioned with doctors and the representatives elected by these medical professionals. But after dismantling this body, the National Medical Commission is being proposed to be set up by mostly Bureaucrats who are not even related to this medical field. This is somehow can be referred as a Bureaucratic body. Therefore on behalf of my party VCK, I oppose this Bill. A Government can be considered good only when it provides medical care to people and education to students free of cost. This is Good governance. I want to say that the move for privatization of education and medical care by this Government, is against the interests of the people. Now this Commission will be leading to privatization of medical education and to increase the corrupt practices. This will never help to improve the standard of education or medical care in the country.

HON. CHAIRPERSON: Please conclude.

SHRI THOL THIRUMAA VALAVAN (CHIDAMBARAM): Sir, Just a minute. I request you to permit me to raise an importance issue. We have been strongly opposing the NEET. Even the State Government of Tamil Nadu has sent its report to the Union Government on this issue. But the Union Government has not taken any decision in this regard. NEET makes school education useless. After getting education for 12 years, this NEET makes that education useless. Hon. Chairman Sir, just give me a minute. NEET makes school education useless. Now NEXT makes five year medical education useless for students. Only if they appear for NEXT and subject to clearing it, medical students can get registered as medical practitioners. I would therefore say that we do not want NEET, NEXT and NMC. This Bill should be withdrawn. Thank you for this opportunity. Vanakkam.

(ends)

* Original in Tamil

(1655/NKL/RV)

1657 hours

SHRI KANUMURU RAGHURAMA KRISHNARAJU (NARSAPURAM): Thank you, hon. Speaker Sir, for giving me an opportunity to speak on this prestigious Bill. On behalf of my Party, I wholeheartedly support the initiative of the hon. Prime Minister through the hon. Minister, Dr. Harsh Vardhan. Here, while I appreciate the Bill, I know my time limitation, I want to give only a few suggestions by way of request. We have around 65000 seats for MBBS, and around 30000 seats for postgraduation. In UK, the General Medical Council is controlling it. There are almost equal number of seats for FRCS and MRCP which are equivalent to MS and MD in India. When, with the similar infrastructure of MBBS, they are able to accommodate that many students, it would be better if we also really think of increasing the number of Postgraduation seats with some more support services. It is because, by looking at the name board, if the Doctor is only MBBS, nobody prefers to visit him. Everyone prefers to visit doctors with some extra degree like MD or MS.

So, I urge the hon. Minister to take some extra care, especially, with regard to the Government Colleges where there are very few PG seats. In private colleges, if there are 10 PG seats, Government colleges have only 4 to 5 PG seats where there is a huge inflow of patients. This is an anomaly which I am requesting the hon. Minister to correct.

Also, there are many eminent doctors like Dr. Devi Shetty, Dr. Somaraju of Hyderabad, and many others, who are not allowed to give guest lectures in the Medical Colleges. When we have so much shortage of senior lecturers or eminent doctors, why can we not consider allowing these eminent doctors to give at least two lectures weekly so that the quality of students can also be improved?

(1700/RP/MY)

Some of the Members have commented that this is a selected body not an elected body but I would like to submit that it is a selected body by elected people. So, I do not see any great anomaly in it. I am supporting the hon. Minister in this regard.

The number of students have to be increased to fulfil the dream "Healthy India" of our hon. Prime Minister. Some of our friends have said that the

Government is depriving the meritorious candidates by giving 50 per cent seats for quota. Kindly increase the number of seats to that extent that such anomalies can be removed.

Some of the medical colleges are having a doubt. They would like to know whether the final test will be conducted after the internship or before the internship when they give their final year test of three subjects. They want to know whether it would come at that stage or after the internship.

These are some of the doubts of the medical college owners. I think, some clarification in this regard is also required.

With this, we are, once again, supporting this Bill. Thank you.

(ends)

1701 बजे

माननीय अध्यक्ष: डॉ. अमर सिंह जी, आपके पास दो मिनट्स का समय है, क्योंकि अब टाइम खत्म हो चुका है।

डॉ. अमर सिंह (फतेहगढ़ साहिब): सर, मैं कोशिश करूंगा कि तीन-चार मिनट्स में अपनी बात समाप्त कर दूं। मैं आपके माध्यम से माननीय मंत्री जी का ध्यान आकर्षित करना चाहता हूँ कि आप जिस नाम से बिल लेकर आए हैं और कह रहे हैं कि हम मेडिकल एजुकेशन को इम्प्रूव करेंगे, उसको एक्सेसेबल बनाएंगे, इसके बहुत सारे परपस हैं, जो प्रशंसनीय हैं। अगर सारे बिल को पढ़ लिया जाए, तो पता चलता है कि सेन्ट्रल गवर्नमेंट के हाथ में सभी चीजों को सेन्ट्रलाइज किया जा रहा है। सर्च कमेटी आप बनाएंगे, नॉमिनेट आप करेंगे, आपकी कमीशन की अपील होगी। सेक्शन 45 और 46 कहता है कि *your direction to the Commission and to the State Government will be final.*

सर, सारा कुछ तो आपके पास है, इसमें स्टेट्स को क्या करना है? इस बिल में सेन्ट्रलाइजेशन बहुत ज्यादा है। एथिक्स एंड रेटिंग के लिए जो ऑटोनामस बोर्ड होगा, उसने एक मेडिकल कॉलेज को कह दिया कि आपको लाइसेंस नहीं देना है, अगर सेन्ट्रल गवर्नमेंट और आपके कमीशन के पास अपील आएगी और आप उसको परमिशन दे देंगे, तो उसकी ऑटोनामी क्या बची? मेरा मतलब है कि आप ऑटोनामी जगह-जगह लिख रहे हैं, लेकिन वास्तव में यह कहीं भी नहीं है।

दूसरी बात जो मैं यह कहना चाहता हूँ, हालांकि मेरे पास समय बहुत कम है। आप कम्युनिटी हेल्थ प्रोवाइडर का जो काम कर रहे हैं, उसमें दो ही बात मैं आपके माध्यम से मंत्री जी के ध्यान में लाना चाहता हूँ। मंत्री जी क्या यह बताएंगे कि सारे हिन्दुस्तान को आप यहां से चलाएंगे? इस कंट्री में छह लाख गांव हैं। ... (व्यवधान)

माननीय अध्यक्ष: देश इस संसद से चलेगा।

डॉ. अमर सिंह (फतेहगढ़ साहिब): सर, यह देश संसद से ही चलेगा, लेकिन क्या इन दो लाख लोगों का सेलेक्शन गवर्नमेंट ऑफ इंडिया या कमीशन यहां बैठकर करेगी? इसमें डेलीगेशन का कोई प्रावधान नहीं रखा गया है, न किसी स्टेट की इनवॉल्वमेंट है, न किसी और एजेंसी की इनवॉल्वमेंट और न ही क्वालिफिकेशन स्पेसिफाई की गई है, बल्कि एक जनरल-सी वर्डिंग यूज कर दी गई है। मेरे समझ से इसमें बहुत रीथिंगकिंग की जरूरत है। पहले से ही आई.एम.ए. और एम्स जैसे बहुत सारे संस्थान सड़कों पर घूम रहे हैं। ऐसा न हो कि इससे हम सारे मुल्क में माहौल खराब कर लें। यह बिल पास हो जाएगा, क्योंकि आपके पास मेजॉरिटी है, लेकिन यह बात नहीं बनती है।

तीसरी बात, मैं यह कहना चाहता हूँ कि आपने जो नैक्स्ट वाला एग्जाम किया है, हर यूनिवर्सिटी फाइनल ईयर वाला एम.बी.बी.एस. एग्जाम लेती है। इसमें सेन्ट्रल यूनिवर्सिटी तथा स्टेट यूनिवर्सिटी भी हैं। उसके बाद अपनी ऑटोनामस यूनिवर्सिटीज होंगी। क्या अब वे फाइनल एग्जाम नहीं लेंगी? इसका मतलब है कि अब वे यूनिवर्सिटीज क्या करेंगी? आप इस एक्ट के माध्यम से यू.जी.सी. में भी इन्टर्वीन कर रहे हैं। मेरे कहने का मतलब है कि इस बिल की बिल्कुल रीथिंगकिंग की जरूरत है। अगर आप इसे कमेटी में भेजते हैं, तो अच्छा रहेगा। इस बिल को इस तरह से पास नहीं करना चाहिए। बहुत-बहुत धन्यवाद।

(इति)

(1705/RCP/CP)

1705 hours

THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN): Hon. Speaker, Sir, let me, first of all, express my gratitude to all the hon. Members who have participated in the debate. As per my information, around 32 Members have participated in the debate and they have raised many issues which, on the face of it, appear pertinent but, I think, they had gone into the nitty-gritty of the Bill. I had in the initial statement also mentioned a few things so that we have some basic information about the direction in which we intend to move ourselves with this Bill.

First of all, let me reassure you that the basic spirit of whatever we want to do is to ensure and restore...*(Interruptions)*

माननीय अध्यक्ष : माननीय सदस्य, आप बैठ कर बात कीजिए। माननीय सदस्य, आप बैठ कर बात कर लिया कीजिए, पर खड़े होकर बात मत कीजिए।

...*(व्यवधान)*

माननीय अध्यक्ष : नहीं तो मैं क्या कहूँ? सदन में इधर खड़े होकर बात कर रहे हैं, उधर खड़े होकर बात कर रहे हैं। एडवोकेट साहब कहां गए? वह अभी माननीय सदस्य को बैठे-बैठे सारा बिल पढ़ा रहे थे। यह ठीक नहीं है।

...*(व्यवधान)*

श्री राम कृपाल यादव (पाटलीपुत्र): हम लोगों को आपने अनुशासित कर दिया। ...*(व्यवधान)*

माननीय अध्यक्ष : यह आपका सदन है।

DR. HARSH VARDHAN: Hon. Speaker, Sir, let me, once again, on behalf of the Government, assure everybody in this House and, through you, every medical professional and every medical student in this country that the basic intention of the Government through this Bill is to ensure and restore utmost standards of integrity in education, particularly when we are talking about medical education. So, nobody should have any apprehension about the intentions of what the Government wants to do.

We are already aware of what has been happening in the Medical Council of India for the last so many years. There have been a lot of apprehensions and, maybe, confusions about the various aspects of the Bill. So, first of all, let me clarify a few general things and then, later on, I will try to answer everything that has been raised by individual Members also.

I start with the NEET exam. In spite of the fact that the exam has already got institutionalised, the country has already seen for the last three-four years the successful implementation of the NEET exam, still a lot of Members have raised some apprehensions about it. I do not think there could be anything better which could happen to those aspiring doctors in this country than the NEET exam. Everyone in this country feels happy and indebted to the Government about it.

I remember, 45 years back when we had to appear for an examination to enter into a medical college, we had to appear for at least eight to ten exams. I appeared for AIIMS exam; I appeared for AFMC exam; I appeared for CPMT exam; I appeared for Delhi exam; I appeared for CMC, Ludhiana exam. Every institution had different exams.

(1710/SMN/YSH)

This particular National Medical Commission Bill which has been introduced in 2019 is a further improvement over what we had introduced in 2017. Now, even if you wish to enter into All India Institute of Medical Sciences or into any other institution providing medical education which is of national importance in this country including AIIMS, you have to appear for one exam now. With that one exam, all over the country, with a well-established, successful and most transparent manner of counselling at the State level and at the Central level, thousands of students have got their dreams realised and they have entered into the medical colleges of their choice and place they deserve, according to their merit.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Hon. Minister, will it include AIIMs also? ...*(Interruptions)*

DR. HARSH VARDHAN: Now, there will be only one exam which will include AIIMS also. So, this is an improvement over 2017.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): The AIIMS was established by an Act of Parliament.

DR. HARSH VARDHAN: A lot of questions have been raised about this EXIT exam. I do not know whether some Members could actually understand about this EXIT exam. What was happening earlier was that you enter into a medical college, you appear for various exams. That is called first professional, second

professional, third professional or final professional. Then, the Report of the Expert Committee had suggested, apart from the final exam, another licentiate exam. Earlier what was happening was that after having passed your MBBS, you had to appear for another exam which was called entrance exam for PG. For that, the students used to go to various coaching colleges. They would not do their internship and learn their acumen in the hospitals but spend most of their time going to the coaching colleges. Now, this exit exam is in fact the final year exam of MBBS which is a common exam for everybody in the country. So, that licentiate exam has also been thrown into the dustbin of records. Now, there is only one exam for every medical student in the whole country which is literally the final year exam of that student and it serves two-three purposes. After that, he gets his MBBS degree and then after this exam, he can get himself registered into the medical register after he completes his internship. Then, he can start his practice also. Then, on the basis of the merit of this exam throughout the country, which is a common exam, he gets admission into a PG course. So, I do not think there can be a greater boon for the medical students of this country than this exit exam for all times to come.

Some people have raised whether if you do not get into a PG course once, what do you do again? What do you do next year? Some people said that if you fail in the exam, you become equivalent to class twelfth. I am surprised. Earlier also, people were appearing for their final year exam. If you fail in that exam, there is always a provision that you have to appear again for that final year exam and until you pass that exam, you do not become a doctor and you do not get an MBBS degree.

Similarly here, if you fail in the exam, the merit of that exam will decide whether you can get into a PG course or not. Your failing or passing also is decided by that. But unfortunately, if you fail in the exam or if you do not get adequate marks which can get you an admission in a broad speciality course in PG, then you can appear again. I must make a few things clear. Everything you see in the Bill, every Bill or every law that is passed in Parliament is further followed. ...(*Interruptions*) Can I complete first? You can have questions, then I will answer.

(1715/MMN/RPS)

I will reply to all the issues that have been raised by you. Do not worry. I will specifically answer everything that you have raised. You should have the patience. I had the patience to hear everybody.

So, they can appear again also. But I want to make it clear is that once the NMC Bill is passed by both the Houses of Parliament and it becomes law, then there will be a period, say, up to nine months, during which time various sections and provisions of the Act will be implemented. This Exit Test will have to be implemented within the next three years. During this period, the NMC will, in fact, formulate the guiding principles about these exams. A lot of issues have been raised about how they take that practical exam and all that. In whatever steps that will be decided for selection into a PG course, there will not be anything which will be subjective; it will only be objective. So, considering the global standards and global standards of examination in medical field, all those methods of examination will be taken care of by the NMC. This law will further get followed by rules, and, of course, later on, regulations which will give you the nitty-gritty of the details.

Then, of course, after they do their PG, they have their NEET for super speciality courses. We have been doing that earlier also. So, this is an explanation about the Exit exam.

Then, a lot of Members have raised the issue related to fixation of fees for 50 per cent seats. So, I may inform this House that firstly, in the Medical Council Act, there was no chapter like fixation of fees. This is for the first time that the Central Government has decided to fix and ensure that the fees for 50 per cent seats in the private medical colleges will be done by the Central Government. Right now, we have about 80, 000 MBBS seats in the country. It is like 50:50. Out of which, almost 40,000 seats are in the Government sector and 40,000 seats are in the private sector. So, 40,000 seats are already regulated with minimal fees. Another 50 per cent of the private colleges is being regulated by the Central Government. So, that makes it regulation over 75 per cent of the total seats available at the Central Government level.

Moreover, if you heard me carefully this morning, I had told you one thing. So many Members have raised issues about our Government being anti-federal and asked what we are doing to maintain the federal character of the country.

So, coming to the rest of the 50 per cent seats in the private sector, you see, the Central Government cannot take charge of everything. The State Governments have full right to make any amendments and enter into any MoUs with the private medical colleges depending upon the situation in their States and depending upon how much they want to encourage the private sector there. This has been happening earlier also. We have given full chance to the States.

The Members have said that this NMC Bill is anti-federal. So, I must make 2-3 points. No medical college will be set up without the State Government's Essentiality Certificate. The Government of India will have no role in these permissions. So, it is absolutely the States which have to decide about the establishment, because when they give the Essentiality Certificate, that is the time when they get into those MoUs with the medical colleges. Then, of course, the registration of doctors will be done by the State Government as has been done in the past. The Government of India will have no role in that. Then, the enforcement of medical ethics will continue to be with the State Medical Councils. Also, the Government of India will have absolutely no role in the day-to-day administration of medical education, while the State Governments will be fully involved.

(1720/VR/RAJ)

Then, I must remind you, though you all have read it, that in the Advisory Council itself we have 36 Vice-Chancellors as representatives of health Universities of all the States and Union Territories. We also have representation from all the 36 State Medical Councils there.

Some hon. Members have raised an issue that the Government is everywhere whether it is the Advisory Council, the National Medical Commission, or the Board. The ultimate purpose of this provision is to have the best possible coordination between the members of the National Medical Council (NMC) and the Advisory Council. After all, it is for advising the members of NMC. They have to be there to listen to what the Advisory Council suggests. That is why, whatever Shri A. Raja has mentioned like District Collector, *Talukdar*, etc. has no meaning at all.

I must tell you that the NMC Bill is an anti-vested interest Bill. I will just make three-four important points, although the list is very long. It will help us in

moving away from the inspector *raj*. At present, the medical colleges in the country have to go through dozens of inspections by MCI. So, selected one-time and full-time regulators will not have any conflict of interests. As of now, some members are employed in the very same colleges that they regulate at hefty salaries.

Then, live database of doctors, which is the job of the Ethics and Medical Registration Board, will ensure purity in elections. Some hon. Members have raised the issue of same old voters list causing same elected members in the State Medical Councils again and again, which caused corruption in the Medical Council for many years. I would like to say that a very little work had been done in this regard. This is the reason which forced the Government to bring about the National Medical Commission Bill.

Then, with lesser inspections and more frequent meetings of regulators will improve the quality of decisions. The Members will be shocked to know that the elected MCI had upto 1000 agenda items in the General Body Meetings and no real examination of reports was possible. The National Medical Commission shall be lean and effective.

I have also to make a few points because many of the hon. Members said that it is against public, against poor etc. I would like to say that NMC is a pro-public Bill. Let me mention some concrete things which are going to happen after NMC formation. The number of medical seats will go up due to adoption of simpler procedure through NMC. So far as number of medical seats is concerned, I have already mentioned it in the morning that we have already increased 28,000 MBBS seats and 17,000 PG seats in the last five years even without the NMC Bill being passed and implemented.

Then, there is a single-window merit-based transparent admission process. Separate boards for different functions will ensure greater attention to issues like curriculum reform, etc. The present MBBS curriculum could be updated only after 20 years. All the four Boards will have different functions. The Under-Graduate Medical Education Board (UGMEB) will define the standards for Under-Graduate education in great detail, including what is required for curriculum, what is required for infrastructure, etc. Similar will be the functions of the Post-Graduate Medical Education Board (PGMEB). The Medical Assessment and Rating Board (MARB) will issue ratings to medical colleges

according to their performance. Of course, with the final year's exit exam of the whole medical student community together - I think the market forces will also decide it - the colleges will also be forced to ensure that they provide standard education, which they promise to deliver. If they do not deliver the promised standard education, the students would not pass it. So, the rating of the college will decline. If the rating is poor, the management will be forced to maintain the standard of education.

(1725/SAN/IND)

Then, the cost of education will come down. No study of cost of education has been done in recent years. The NMC is to look at global best practices like distributed hospitals, possible ways of reducing costs, like using colleges in double shifts, adjunct faculty, equated designations, larger class sizes, which have all been negated in the recent past.

It will look not only into fees, but also all other charges. What were the private colleges doing? They will ask for something. Then, later on, if something is fixed by the court or some other authority, then they will ask for money in the name of building etc. In this way, everybody was being cheated, but in this NMC Bill, not only the fees, but also all other charges of private and deemed to be universities will be regulated. That is a very important component of what is going to be done. This will ensure that students are not asked for any extra charges when they join a medical college.

There will be stronger punishment to quacks. A lot of people mentioned about quacks. In the NMC Bill, we have ensured that there is a one-year imprisonment and also a fine of rupees five lakh, which in the MCI Act was very few rupees. I will also talk about this. While talking of facilitating these community health providers for primary and preventive healthcare, I will just make a detailed explanation about what these community health providers are.

Then, having one non-medical expert in the Ethics Board will better protect rights of the patients. Till now, only doctors sat together to look into complaints made by patients. It has been a complaint all the time that doctors are deciding if the treatment that they provided was ethical or not. That is why, we have ensured for the first time that there is a non-medical expert also in the Rating Board and in the Ethics and Registration Board also.

As I mentioned earlier, the common final year exam will encourage colleges to improve quality of education. Also, the Indian students getting foreign degrees will have to pass the same final year exam to get the licence.

A lot of people have raised some queries about what these community health providers are.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): You are saying 'lot of people are asking'. They are the hon. Members of Parliament who are asking.

DR. HARSH VARDHAN: I am really sorry about that.

A lot of very hon. Members of Parliament had raised this issue about the community health providers. Firstly, as on today, in the Bill, there are two registers that have been mentioned. One is the register of those doctors who are qualified in the modern system of medicine. Another one is only a proposed register. The Bill says that the NMC of 25 members, having 21 doctors, will be formed. They are no ordinary doctors; they are doctors who have an experience of 20 to 25 years out of which a significant portion has been of being a HoD or leader in their own systems. They are people of utmost integrity whose credentials over the past many years will be thoroughly checked from so many sources.

In addition, those members, along with their family members, will have to declare their assets in detail before they get into this. After four years when they have to get out of the NMC, which is a compulsory thing as nobody can get an extension after four years, they will again have to put before the country their assets. This NMC, which has 21 doctors out of 25 members, after its formation, will decide – whatever is happening all over the world – whether they want to ensure that we have these mid-level health workers of the modern scientific system of medicine to be trained for, say, a few months or a few years; and they have to be trained.

(1730/RBN/PC)

It is not, of course, the ayurvedic doctors. The Bridge Course of ayurveda has already been scrapped. It is no more in the Bill. They will decide about it. Now, we have an ambitious plan of putting 1.5 lakh health and wellness centres all over the country. If you do not have a doctor at the sub-centre, the health services will suffer. These Community Health Providers are the ones who are trained and they are trained for just providing medicines for a few common

ailments. They can deliver that at the remotest sub-centre or the health and wellness centre. If they do it at a tertiary centre it has to be done under a supervision of a doctor.

An hon. Member from this side said that this is not recommended by WHO. I have these papers. It is the latest publication of World Health Organisation. It has the latest articles from Lancet. I will just read a few lines which will make everybody aware that these mid-level health workers is not something which we have brought. It is already well established all over the world, including countries like America, Australia, Britain, China, etc. I just want to read a few lines from this.

It has a lot of things. But I am reading just a few lines. It says: "A review by the Global Health Workforce Alliance WHO on the role of the mid-level health providers in developing countries concluded that the available experience suggests that the mid-level health providers have the potential to make a significant contribution to achieving health and health equity goals. Experience has demonstrated that where these mid-level health providers are adequately trained, supported and supervised they can deliver essential health services, including maternal and child health, HIV and other priority conditions with similar quality standards as physicians and often for a fraction of cost. Mid-level health workers should, therefore, be included as part of the general planning and management of the health system and equally benefit from support, supervision, regulation, quality control and opportunities for professional development, and career progression."

It has given the list of many countries where all this has already been implemented. It gives the names of USA, Canada, Australia, UK, China, Mozambique, South Africa, Ghana, Uganda, Zambia, Tanzania, etc. So, nobody should have any confusion about these mid-level health workers. We have not decided anything. The NMC, after it is formed – those 21 doctors out of the 25 members – will decide what to do for strengthening the health-care delivery system of the country.

Shri Vincent Pala asked who will give the degree after NEXT. Obviously, it has to be the university. It cannot be anyone else because NEXT is only a final year exam. I have already clarified that. You have asked about CHP

qualifications. Obviously, it will be fixed by the NMC as I just now told you. It will be an expert body having a majority of doctors, not to be specified in the Act.

(1735/SM/SPS)

I promise that NMC members will be selected persons with unquestionable integrity. There is already a vast improvement after the supersession of MCI with a very few dissenting notes by colleges and much higher approval rates.

You mentioned about coordination between Boards. The definition of powers has clearly been explained with little overlap. NMC will act as a coordinating body. You asked how the Search Committee will ensure integrity. This will be done through detailed background checks, as I mentioned just now.

Fees of Government seats will be fixed by the States and Central Governments. Many of the hon. Members have mentioned that the elected MCI members will be replaced by selected members of NMC. This has been the experience not in this case only. Not only the Dr. Ranjit Roy Chaudhary Committee but also the Parliamentary Standing Committee suggested this. We have a lot of examples like TRAI, Atomic Energy Regulatory Commission, Energy Regulatory commission – are all selected bodies. Once your intentions are wise, clear and honest, you will select the best persons and I may assure you that this is the intention of this Government.

My dear friend, Mr. Raja has said that 89 to 90 per cent of NMC is under the Central Government. It is not so. There are elected persons and 6 VCs of universities in NMC and NMC has been envisaged as a compact body. All the States are permanent representatives in the Advisory Council.

You said that members of NMC are also the members of MAC. This is needed for better coordination. What is wrong in it? All NMC members must listen to the views of Member of Advisory Committee. You also said that the Presidents of the Boards will be in the NMC. This is needed for coordination among the Boards.

It is surprising that one hon. Member is calling the provisions of the Bill a joke when they address such serious issues. I am shocked. It has been said that the qualification of the Secretary has not been specified. You ask us if we have somebody's name in mind. I assure you that we will select a person through a very transparent and open advertisement. Please remember my words.

You said, why is there IIT, IIM, IISc etc. in MAC when they have no role in health? They are all concerned with technical education and they can provide valuable inputs to improve the quality. How can a management person not help us? How can an IIT person not help us in delivering in a better way? They have so much experience in their own field.

It has been said that MCI fixed the fees through High Court judge. MCI had no such power. I am saying for your knowledge that this was done through the Supreme Court's intervention. NMC will now regulate 50 per cent seats and the remaining are open for the State Governments for regulation.

Regarding CHSP, it has been said that nothing has been specified about qualifications and no regulation has been framed. As I said earlier, all regulations will be framed by NMC after passing the Act. NMC is an expert body having majority of doctors.

Regarding the point relating to concentration of powers by the Central Government, I just explained how NMC will reinforce the federal structure.

Dr. Kakoli Ghosh Dastidar has raised some concerns. ...(*Interruptions*) Is she here? ...(*Interruptions*). She is not here. So, we can skip the concerns raised by her. But I have a detailed reply to what she had asked.

Coming to Shri Lavu Srikrishna Devarayalu ...(*Interruptions*) I am sorry if I pronounced the name wrongly. ...(*Interruptions*), you said that there will be more bureaucrats in NMC. It is not true. There will be three non-medical experts, only one representative from the Ministry and 21 out of 25 will be doctors.

You said that UGC, AICTE etc. have selected persons and they are not performing well. As I have mentioned just now TRAI, Atomic Energy Regulatory Commission, Energy Regulatory Commission –all have selected members. The performance of elected MCI members does not need any elaboration at my end. We have seen it over the years.

You said that the States will not be able to raise their issues since they are not permanently represented in NMC. I can say that they will be permanently represented in MAC. 11 States and UTs will be in NMC. At any given time, States will be able to raise matters in autonomous boards and NMC.

(1740/AK/SJN)

As regards 50 per cent fees issue, I think that I have already elaborated that point.

Mr. Samanta mentioned that NEXT students, who fail, will be distressed. I have already explained that NEXT is nothing but a final year exam. You have also passed that final year exam, and if you fail, then obviously you have to be distressed and nobody can help you. All doctors have to pass the final year exam even today. In fact, the burden on students will reduce because NEET-PG will also be merged with this final year exam, and any student failing NEXT will only have to repeat the final year exam and not the exams passed earlier. Somebody said that he will go back to class 12th. If someone has passed his first professional, second professional or third professional, then he has that qualification and he has to only pass the final professional again. There is no question of wasting all the study that was undertaken earlier.

Mr. Shyam Singh Yadav, is he here? ...(*Interruptions*) No. ...(*Interruptions*)

Dr. Shrikant Shinde, my dear friend, you have mentioned to increase membership of NMC from 25 to 31. I have to say that it has to be a compact body. It has been thought over many times by many experts over a period of time. It will ensure an efficient decision-making body, and 11 members out of 25 are already representing the States. Another question asked by him was this. How many times can a student appear in NEXT? A student can reappear in NEXT to improve his rank for the purpose of admission to PG courses, and you are aware about it. Clearing NEXT once is sufficient for practice purpose. In case someone fails to do so, then he can reappear in NEXT and NMC will decide the details in regulations, which I have mentioned earlier also. You also mentioned that there is no clarity on who becomes CHP. I think that I have explained that point that NMC will decide the eligibility criteria for it.

My dear, Shri Manish Tewari. Is he here? ...(*Interruptions*) वह वकील हैं और उन्होंने वकील की तरह बहुत कुछ बताया है। अगर उनके साथी सुनना चाहें, तो मैं उनका भी जवाब दे सकता हूँ...(*व्यवधान*) मैं वकील तो नहीं हूँ, लेकिन मैंने उनके लिए पूरा जवाब तैयार किया हुआ है।...(*व्यवधान*)

Mr. Nama Nageswara Rao is here. ...(*Interruptions*) You have said that it is pro-rich and pro-management. ...(*Interruptions*) I think that our Government's commitment to upliftment of Economically Weaker Sections (EWS) cannot be doubted by anyone. This is the very first Government to introduce 10 per cent

reservation for EWS, which has already been implemented in MBBS courses also in the Government colleges this year.

While we solicit private investment in the medical education sector and want private medical colleges to be financially viable, this Government has not shied away from its responsibility to create more seats in the Government sector. We have invested more than Rs. 10,000 crore in creating Government seats in the past five years, and we are also setting-up 21 new AIIMS at a cost of Rs. 30,000 crore to boost the medical education sector. This trend of creating Government seats will continue in future. You also mentioned about some college in your area. We will look into it.

Dr. S. T. Hasan mentioned that 50 per cent seats are left open. I think that I have already answered that point. What about doctors who fail NEXT? I think that I have already answered that point. You also mentioned about doctor-patient relationship. You are already aware that the Clinical Establishments Act and the medical profession are covered under the Consumer Protection Act.

(1745/SPR/KN)

Already we have done quite a bit on that. Shri Ram Vilas Paswan is not here. He has got the doctor out of that. In the new Act, we would try to do the best in this regard.

Shri Sunil Dattaatray Tatkare has raised the matter of under-representation of State. I have already answered this issue. He also wanted to know as to whether the employees of the MCI are Government employees. This issue has been raised by quite a few Members. They are not Government employees but the Government has intentions to adequately compensate them. He has mentioned about medical colleges in his constituency. This issue is not part of the Bill. He wants new establishments. I can promise that in the new scheme, after 82, we are getting another 75 by 2022. If you have any aspirational districts in your area or district hospital with 300 beds, please move fast because this is going to be on 'first come, first served' basis. Those States who move fast, I think, would certainly get preference over those States which are lethargic.

Shri Hasnain Masoodi mentioned that the NMC Bill should not extend to the State of Jammu & Kashmir. I am sorry to inform you that the Indian Medical Council Act also applies to the State of Jammu & Kashmir. Exception for Jammu & Kashmir was removed long back in 1964. I don't think we can go back, and

then reintroduce it. You also mentioned that there would be no autonomy to the Commission. The Central Government have no role in the functioning of the Board whatsoever; the Government has only the appellate jurisdiction. The Roy Choudhury Committee and the Standing Committee have strongly recommended a Select Body. Why should there be powers with the Government to give directions? The Government has standard powers in all the Statutes. That is why it is called the Central Government. The Commission and the Boards would be autonomous.

Shri Srinivas *ji* mentioned that there should purely be a body selected by the Government. It is also the recommendation of the Parliamentary Standing Committee also. I said this earlier also. You also mentioned that there should be no annual renewal. Colleges would be required to publish on their websites the availability of facilities. The MARB – Medical Assessment and Rating Board – can conduct inspection any time especially when complaints are received. Attempt is made to liberalise the permission process to increase the capacity in the country. NEXT will be there as an outcome exam. You also stated that colleges should be made to increase fees for 50 per cent seats. It has been discussed earlier. I need not repeat it.

Is Shri Venkatesan here? I don't think he is present. My dear and most respected friend, Shri N.K. Premachandran said this. ...(*Interruptions*) Anybody can leave this House but he would never leave the House. We have seen that for five years. We have huge respect for him because he prepares so much before he speaks. I am sorry he stated that the NMC does not have representative character. You have stated that the paradigm shift is to have a selected body comprising of eminent people capable of handling heavy academic responsibilities. Then, you mentioned about fee regulation for remaining 50 per cent. I have already answered that. You wanted to know what would happen to those who do not qualify NEXT. I have answered this. You talked about giving liberal permission for colleges, MARB conducting evaluation, and the language vetted by the Law Ministry. The MARB would conduct the assessment before granting permission. Time prescribed is six months for MARB to decide on the application.

I have already answered about community health provider. The matter of hearing their own appeal was raised. The matters concerning the president of

the Board and the 25 members of the NMC were also raised. Second appeal to the Government is a completely separate issue.

(1750/UB/CS)

Regarding employees of MCI, I have already said that we are going to compensate them adequately. I want to reply to Dr. Kirit Solanki's question. Regarding those who fail in NEXT, I think that has been discussed earlier. Regarding incentive for doctors who work in rural areas, it is already provided and the provision will continue. Regarding exempting doctors who migrated from Pakistan, exemption is not permissible but temporary registration will be available.

Our former Health Minister asked a question. Is she here? She wanted a tribunal and asked why it is not constituted. In any case, judicial remedy is always available anyway to everyone. Permission for medical colleges is time bound and disposal of appeals at executive level will be sufficient. Then she asked about the validity period of licence. There is no provision for re-registration in the Bill. The Boards and the Commission will take measures for training of faculty and practitioners on continuing basis. The NMC will frame regulations which can provide for re-registration also. Then she said that there is no provision for appeal. I want to say to her that there is a provision of first appeal to the NMC; the second appeal is to the Government except ethics cases because ethics board itself is an appellate body; but there is no provision of third appeal as it will be superfluous.

Dr. Subhas Sarkar mentioned about asset declaration by the NMC members. It is already provided in Section 6(6) of the Act at the time of joining and demitting office. Rest of the other issues, I think, were overlapping. I have tried to answer to most of the issues that were raised here. If you had more patience and more time, I could have spoken more.

Sir, I am extremely grateful to all of them. As I said in the morning, after forty-five years, this is probably the happiest moment for me because I know for sure that this is going to improve the status of medical education in the country in a big way. I can assure each and every medical student of this country, all of you, every doctor and every aspiring doctor that the National Medical Commission Bill, as proposed and pledged, is a visionary move of our hon.

Prime Minister, Shri Narendra Modi ji and it will go down in the history as one of the greatest reforms of this Government in times to come.

With these few words, I once again thank all of you and I would request all of you that since this is a major, major reform for the medical education of the country and for the future of healthcare in this country, for the future of the medical community, for the future of medical students, to please pass this Bill unanimously. I will always remain indebted to you. Sir, with these few words, I request that the Bill be passed.

(ends)

माननीय अध्यक्ष : श्री प्रवेश साहिब सिंह वर्मा जी।

माननीय सदस्य, आपका कोई विशेष क्लेरिफिकेशन हो तो ही पूछिएगा।

श्री प्रवेश साहिब सिंह वर्मा (पश्चिमी दिल्ली): महोदय, मैं सरकार को बधाई देता हूँ और माननीय मंत्री जी का धन्यवाद करता हूँ कि वे एक इतिहास बदलने वाला बिल लेकर आए हैं। मेरा मंत्री जी से यह क्लेरिफिकेशन है कि जो बच्चे अंडर ग्रेजुएट के लिए रजिस्ट्रेशन कराते हैं, उनकी संख्या लगभग 15 लाख है।

(1755/RV/KMR)

हमारे देश में सीट्स लगभग 80,000 हैं। लगभग 8 लाख बच्चे 'नीट' के एग्जाम को क्लियर करते हैं। केवल 10 प्रतिशत बच्चे ऐसे हैं, जिन्हें सीट्स मिल पाती हैं। इसमें डिमांड और सप्लाई के बीच इतना बड़ा गैप है। हमारे देश के लिए यह अच्छी बात है कि इस देश में 15 लाख बच्चे डॉक्टर बनना चाहते हैं। आज हमारे ग्रामीण क्षेत्रों में डॉक्टर्स की बड़ी भारी कमी है। लगभग 7 लाख बच्चों को, जिन्हें क्वालिफाई करने के बाद भी सीट्स नहीं मिलती हैं, उन्हें पढ़ाई के लिए प्राइवेट कॉलेजों में या देश छोड़ कर जाना पड़ता है। डिमांड और सप्लाई का यह गैप कितने सालों में खत्म हो जाएगा?

दूसरी बात यह है कि ग्रामीण क्षेत्रों में डॉक्टर्स नहीं हैं। जो बच्चे अंडर ग्रेजुएट पास करते हैं और फिर उन्हें पी.जी. में एडमिशन नहीं मिलता है तो क्या उन बच्चों को हम कोई ट्रेनिंग देकर या कोई ब्रिज कोर्स देकर ग्रामीण क्षेत्रों में भेज सकते हैं?

हमारे ग्रामीण क्षेत्रों में लोग अभी भी एलोपैथी से ज्यादा आयुर्वेद में विश्वास करते हैं। जो आयुर्वेदिक डॉक्टर है, अगर उन्हें कोई कोर्स देकर प्रिवेंटिव क्योर के रूप में ग्रामीण क्षेत्रों में उनका उपयोग कर सकें, अगर इसका ये जिक्र करेंगे तो मैं इन्हें बधाई दूंगा।

माननीय अध्यक्ष: माननीय मंत्री जी, आप एक साथ जवाब दे दीजिएगा।

स्वास्थ्य और परिवार कल्याण मंत्री; विज्ञान और प्रौद्योगिकी मंत्री तथा पृथ्वी विज्ञान मंत्री (डॉ. हर्ष वर्धन): सर, एक साथ जवाब देना मुश्किल होगा, उन्हें याद रखना मुश्किल होगा। मेरे जवाब से सारे सवाल खत्म हो जाएंगे। इसका जवाब छोटा-सा है, ज्यादा बड़ा नहीं है।

सर, माननीय सदस्य ने तीन बातें कही हैं। उन्होंने एक बात की चिंता व्यक्त है कि जिसके भी मन में डॉक्टर बनने का सपना होता है, वे सारे के सारे डॉक्टर नहीं बन पाते हैं और अगर डॉक्टर बन भी जाते हैं तो उनके लिए देश में व्यवस्था नहीं होती है। इससे और ज्यादा लोग डॉक्टर बनें, उन्होंने यह भी बात कही।

सर, जो व्यक्ति डॉक्टर बन जाता है, मैं समझता हूँ कि उसके लिए देश में काम करने की कोई कमी नहीं है। दुर्भाग्य से, आज भी हमारे प्राइमरी हेल्थ सेंटर्स पर, गांवों में, दूरदराज के इलाकों में अभी भी हमारे डॉक्टर्स लोग जाते नहीं हैं जबकि सरकार की तरफ से उन्हें बहुत सारे इंसेन्टिव्स भी दिए जाते हैं। अभी तो नेशनल हेल्थ मिशन में यहां तक किया गया है कि 'You demand and we pay', 'You quote and we pay' - इस तरह की भी सरकार की पॉलिसी है।

जहां तक सीट्स बढ़ाने के बारे में बात है, मैंने आपको बताया कि पिछले पाँच सालों में 28,000 एम.बी.बी.एस. की और 17,000 पी.जी. की सीट्स हमने बढ़ाई हैं। नरेन्द्र मोदी जी के नेतृत्व में उनके प्रधान मंत्री के रूप में पिछले पाँच सालों में जितने मेडिकल कॉलेजेज खुले हैं, उनमें 82 पहले और अभी 75 की और योजना बन कर तैयार हो रही है। 21 एम्स बनाए गए हैं। इसके बारे में इस सरकार ने जितना व्यापक प्रयास किया है, शायद पहले कभी ऐसा नहीं हुआ और हम आगे भी इसके बारे में प्रयास करेंगे।

जो बच्चे गांवों में जाकर काम करना चाहते हैं, उनके लिए कोई रुकावट नहीं है। उनके लिए किसी ब्रिज कोर्स की जरूरत नहीं है।

जहां तक आयुर्वेदिक डॉक्टर्स का प्रश्न है, नेशनल हेल्थ मिशन के अन्तर्गत जगह-जगह वे अपनी आयुर्वेदिक की सर्विसेज दे रहे हैं। आयुर्वेदिक को मॉडर्न सिस्टम में कनवर्ट करने वाला जो ब्रिज कोर्स है, उसके बारे में तो मैंने आपको बताया कि हमने ऑलरेडी उसे ड्रॉप कर दिया है। गांव का जो बच्चा एम.बी.बी.एस. करता है, उसे किसी और कोर्स की जरूरत नहीं है। वह गांवों में या देश में जहां चाहे, वहां जाकर काम कर सकता है, देश को सर्व कर सकता है... (व्यवधान)

SHRI A. RAJA (NILGIRIS): Sir, I patiently heard the reply given by the hon. Minister. I asked three or four very pertinent questions which were not answered by the Minister at all. Instead of giving answers – I say this with great respect to the Minister – he said that all these things are meaningless. I want to put a specific question again and expect the Minister to answer it straight.

With regard to constitution, the Medical Assessment and Rating Board (MARB) is constituted by virtue of Section 16(1) and MARB exercises power under Section 28(1) to grant permissions. However, the Chairman of MARB is again sitting in the NMC.

The Minister said that he is happy today but if this Bill is enacted in its present form and implemented, the entire nation is going to enter a shadow of sorrowful days. Why do I say that? There is a basic element in law. Dr. Harsh Vardhan may be an advocate pleading a case.

(1800/SNT/MY)

माननीय अध्यक्ष: माननीय सदस्यगण, अगर सभा की सहमति हो, तो सभा की कार्यवाही बढ़ाई जाए, क्योंकि इस विधेयक के बाद एक और विधेयक भी लेना है।

...(व्यवधान)

श्री अधीर रंजन चौधरी (बहरामपुर): सर, आज नहीं, बल्कि कल बिल ले लीजिए। ...(व्यवधान)
सर, आज जीरो ऑवर कराइए।

संसदीय कार्य मंत्रालय में राज्य मंत्री तथा भारी उद्योग और लोक उद्यम मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल): अध्यक्ष जी, जो आइटम नं.4 है, उसको भी लेना है और इसके लिए सभा की सहमति है।

माननीय अध्यक्ष: इसके अलावा, शून्य काल भी है। इसलिए क्या सभा की सहमति है कि सभा की कार्यवाही इन विषयों की समाप्ति तक बढ़ा दी जाए?

अनेक माननीय सदस्य: हाँ-हाँ।

माननीय अध्यक्ष: सभा की कार्यवाही इन विषयों की समाप्ति तक बढ़ाई जाती है।

SHRI A. RAJA (NILGIRIS): According to section 28, granting permission is vested with MARB and the Chairman of MARB is also a member of the Commission. Who is the appellate authority? You are giving permission. If I am having grievance over your permission, I have to go for appeal. But you are sitting on the appeal also. Is it fair? This is point number one.

My second point is this. You are telling that once I complete my MBBS, I will have to go for entrance examination. You are giving a flimsy story. If I fail in the entrance examination, I cannot do my practice. But I passed my MBBS, I do not want to go for PG, I am having no money, my parents are poor. Please tell me, having passed the MBBS, am I not entitled to practice? You are telling that if you failed in the entrance examination, you cannot practice. But I passed the MBBS examination. You please clarify.

Now, I will come to fixation of fees. You are submitting that this Government is the first Government bringing the legislation for fixation of fees. You are not aware that most of the States like Tamil Nadu, already have guidelines regarding this. We have appointed a High Court judge. Under the High Court judge, a team will visit the entire district or the entire State to know the socio and economic background of the area; how much you have to pay the professor; how much will be the water tax; how much will be the clerk fees; and how much will be the driver fees. Everything must be assessed and accordingly, we did the fee fixation. But you are claiming yourself that you are bringing this

for the first time. There is no reasonable approach in the fee fixation. Please clarify.

माननीय अध्यक्ष: माननीय मंत्री जी, आप एक साथ जवाब दे दें।

DR. HARSH VARDHAN: Sir, it would be difficult to remember everything.

I do not know why you are still confused. I am sorry for using these words. What I had said, I repeat again. I said that in the Medical Council Act, there was no provision for fixation of fees, in any form, there was no clause like that. ...*(Interruptions)* Now, for 50 per cent of the seats, we have ensured that through the NMC Act, 50 per cent seats in medical colleges will have a regulation, for rest of the 50 per cent seats, we are reinforcing the federal structure. The States are free to enter into an MoU with the medical colleges. Different States may have different situations. If somebody wants more involvement of the private sector, they can do so. They have been doing that earlier also. So, the States are free to make any amendment in that. I said that earlier also. I am not a lawyer. I cannot create a situation like a lawyer. But whatever we said and whatever we mean, we are absolutely transparent about that.

The second thing is this. I have never said that if somebody is passing, he cannot practice. If somebody is failing, obviously, he cannot practice. ...*(Interruptions)* Please listen to me Mr. Raja. You are *raja*, please listen to me. ...*(Interruptions)* I said three things. Firstly, you pass your MBBS exam and the NEXT exam. Secondly, you will get a right to practice. Thirdly, I said that the merit of that exam will entitle you to get admission into a PG course. I said these three things. I made everything clear.

Regarding the confusion whether MARB can be a part of NMC, this is all one system. The boards are under the NMC. It is not like that four people are different and the 25 people are different. They have to all work together. Even the advisory people, they have to all work together for improving the medical education.

(1805/GM/CP)

They have to know each other's issues. When we say it is NMC, it is 25 people who are giving their judgement and the person against whom the complaint is filed, is also there to plead his case. This is a system where the advisory people, the NMC people, the Board are all working together in close coordination to improve the system. ...*(Interruptions)*

SHRI A. RAJA (NILGIRIS): It is against the natural justice. ...(*Interruptions*)

डॉ. हर्ष वर्धन: देखिए, अगर कोई समझना न चाहे, तो उसको समझाया नहीं जा सकता है। जो समझना चाहे, उसको समझाया जा सकता है।... (व्यवधान) जो समझना न चाहे, उसको नहीं समझाया जा सकता है। ... (व्यवधान)

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): As Mr. Raja said, Dr. Harsh Vardhan, the confusion is, if you pass the MBBS but fail the NEXT, can you still conduct your profession?

DR. HARSH VARDHAN: I followed what you said. There is no NEET at that level now. Earlier, there was NEET-UG and NEET-PG. Now, instead of NEET-PG, there is only one EXIT examination which is in fact providing you the NEET-PG and also providing you with a license to practice. What is the confusion in it?

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Hon. Speaker, Sir, I know that Dr. Harsh Vardhan is a very recognised, famous and accomplished doctor. But I am afraid to learn the fact that during his interaction, he was pleading for the promotion of quackery practice. Under the template 'community health provider', the Government has only been promoting the quackery practice in our country and more than 3.5 lakh quacks have been legitimised to serve the country. This Government has been promoting "सबका साथ, सबका विकास", लेकिन ये क्वैकरी लोग किसके लिए हैं, गांव वालों के लिए हैं। जो गरीब आदमी हैं, उन लोगों के लिए क्वैकरी हैं और शहर में जो बड़े लोग, धनी लोग हैं, उनके लिए फाइव स्टार मेडिकल फैसिलिटीज हैं। आपने स्टैंडिंग कमेटी और राय चौधरी कमेटी का हवाला दिया है। डॉ. साहब, क्या आप कह सकते हैं कि स्टैंडिंग कमेटी की सारी रिकमेंडेशन्स और राय चौधरी कमेटी की सारी रिकमेंडेशन्स आपने मानी हैं? नहीं मानीं।

डॉ. साहब, हिंदुस्तान में वर्ष 1946 में भोरे कमेटी बनी थी। भोरे कमेटी ने कहा था कि एमबीबीएस डिग्री अगर किसी के पास न हो, तो उसको माडर्न मेडिसिन की प्रेस्क्रिप्शन लिखने का कोई मौका न दिया जाए। 70 साल बाद आप आज कह रहे हैं कि क्वैकरी को, कम्युनिटी सर्विस प्रोवाइडर को माडर्न मेडिसिन की प्रेस्क्रिप्शन करने की इजाजत दी जाए। क्या यह सही है?

दूसरी बात, हम लोग नेशनल मेडिकल कमीशन के अलावा नेशनल हेल्थ कमीशन चाहते हैं। नेशनल हेल्थ कमीशन बनाने के बारे में आपको सोचना चाहिए। क्या सर्च कमेटी में स्टेट का कोई रिप्रेजेंटेशन है? नहीं है। Certainly, it is violating the federal structure of our country. सर्च कमेटी के अलावा आप करिकुलम को देखिए। It does not mention as to how the curriculum would address the persisting gap between medical education system

and health education system. The current system of medical education in India is fundamentally based on rote learning and cramming of facts. It does not emphasize on clinical experience. That is why I am suggesting to the hon. Minister that the Bill should be sent to the Standing Committee for further scrutiny. Do not rush through this Bill.

(1810/RK/YSH)

The medical fraternity in the country has been agitating across the nation against the passing of this Bill. To assuage their feelings, their grievances, the Minister should have at least invited those agitating doctors.

DR. HARSH VARDHAN: Sir, I am shocked to hear this from the Leader of Congress Party. This is a Bill which has been subjected to scrutiny by the Parliamentary Standing Committee twice. In the morning itself I have said that out of 56 recommendations of that Committee, except nine, we have accepted 47 of them in the Bill. You want us to again send it to the Committee....(*Interruptions*) Please listen to me. Have patience to listen to me.

I do not know which quack you are talking about. I do not think your opinion is more important than the opinion of the World Health Organisation about which I have mentioned. I will have to read a few more lines for you now....(*Interruptions*)

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): You should not compound the already complicated issue....(*Interruptions*)

DR. HARSH VARDHAN: Please listen to me. I have heard you very patiently.

माननीय अध्यक्ष: माननीय मंत्री जी आप आपस में जवाब मत दीजिए।

...(व्यवधान)

माननीय अध्यक्ष: प्रश्न यह है :

“कि ऐसी आयुर्विज्ञान शिक्षा प्रणाली का, जिससे पर्याप्त और उच्च क्वालिटी वाले चिकित्सा वृत्तिकों की उपलब्धता सुनिश्चित हो, जो चिकित्सा वृत्तिकों को उनके संकर्म में नवीनतम चिकित्सा अनुसंधान को अंगीकार करने और ऐसे अनुसंधान में योगदान करने के लिए प्रोत्साहित करे; जिसका एक उद्देश्य आयुर्विज्ञान संस्थाओं का आवधिक निर्धारण करना तथा भारत के लिए एक चिकित्सक रजिस्टर रखे जाने को सुकर बनाना और चिकित्सा सेवाओं के सभी पहलुओं में उच्च नीतिपरक मानकों पर बल देना हो; जो परिवर्तनशील आवश्यकताओं को अंगीकार करने में सुनम्य हो और जिसमें एक प्रभावी शिकायत प्रतितोष तंत्र हो तथा उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक पर विचार किया जाए।”

SHRI A. RAJA (NILGIRIS): Sir, I want Division.

1812 बजे

माननीय अध्यक्ष: प्रवेश-कक्ष खाली कर दिए जाएं -

माननीय अध्यक्ष : अब प्रवेश कक्ष खाली हो गए हैं।

(1815/PS/RPS)

माननीय अध्यक्ष: महासचिव जी।

ANNOUNCEMENT RE: DIVISION

SECRETARY-GENERAL: Hon. Members, Division will now take place under Rule 367 AA by distribution of slips. Members will be supplied at their seats with 'Ayes' and 'Noes' printed slips for recording their votes. 'Ayes' slips are printed on one side in green, both in English and Hindi and 'Noes' in red on its reverse. On the slips, Members may kindly record votes of their choice by signing and writing legibly their names, Identity Card numbers, constituencies and State/Union Territory and date at the place specified on the slip. Members who desire to record 'Abstention' may ask for the 'Abstention' (Yellow colour) slip. Immediately after recording their vote, each Member should pass on the slip to the Division Officer who will come to their seat to collect the same for handing over to the officers at the Table. Members are requested to fill in only one slip for Division.

Members are also requested not to leave their seats till the slips are collected by the Division Officers and the result is announced. Thank you.

माननीय अध्यक्ष: मैं इसे पुनः रखता हूँ :
प्रश्न यह है :

“कि ऐसी आयुर्विज्ञान शिक्षा प्रणाली का, जिससे पर्याप्त और उच्च क्वालिटी वाले चिकित्सा वृत्तिकों की उपलब्धता सुनिश्चित हो, जो चिकित्सा वृत्तिकों को उनके संकर्म में नवीनतम चिकित्सा अनुसंधान को अंगीकार करने और ऐसे अनुसंधान में योगदान करने के लिए प्रोत्साहित करे; जिसका एक उद्देश्य आयुर्विज्ञान संस्थाओं का आवधिक निर्धारण करना तथा भारत के लिए एक चिकित्सक रजिस्टर रखे जाने को सुकर बनाना और चिकित्सा सेवाओं के सभी पहलुओं में उच्च नीतिपरक मानकों पर बल देना हो; जो परिवर्तनशील आवश्यकताओं को अंगीकार करने में सुनम्य हो और जिसमें एक प्रभावी शिकायत प्रतितोष तंत्र हो तथा उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक पर विचार किया जाए।”

लोक सभा में मत विभाजन हुआ।

(1820-1825/IND/SNB)

माननीय अध्यक्ष : मत विभाजन का परिणाम यह है :

हाँ : 260

नहीं : 48

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : अब सभा विधेयक पर खंडवार विचार करेगी।

खंड 2

माननीय अध्यक्ष : श्री एन.के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, the intent of the Minister is very good but the content of the Bill is totally different. Considering his sincerity and hard work, I am not moving these amendments.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 2 विधेयक का अंग बने”

प्रस्ताव स्वीकृत हुआ।

खंड 2 विधेयक में जोड़ दिया गया।

खंड 3

माननीय अध्यक्ष : श्री एन.के. प्रेमचन्द्रन जी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, not moving.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 3 विधेयक का अंग बने”

प्रस्ताव स्वीकृत हुआ।

खंड 3 विधेयक में जोड़ दिया गया।

खंड 4

माननीय अध्यक्ष : श्री एन.के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, I am moving all the amendments to clause 4.

Sir, I beg to move:

Page 3, line 30,--
after "any University"
insert "in India".

(8)

Page 3, line 32—
for "a leader"
substitute "Head of the Department or Head of an Organisation".

(9)

Page 4, *for* lines 7 to 9,--
Substitute "(i) four members shall be nominated from amongst Vice-Chancellors of Health Universities in India from such regional areas and in such manner as may be prescribed by the Central Government".

(10)

Page 4, *omit* lines 24 and 25.

(11)

Page 3, line 26,--
for "ten"
substitute "five".

(32)

Page 3, *for* lines 35 to 38, --

substitute "(a) one elected representative of the Under Graduates in Medical Education;
(b) one elected representative of the Post Graduates in Medical Education;
© one elected representative of the faculties in Government medical colleges;
(d) one elected representative of Vice-Chancellors of Health Universities;".

(33)

माननीय अध्यक्ष : अब मैं श्री एन.के. प्रेमचन्द्रन द्वारा खंड 4 में प्रस्तुत संशोधन संख्या 8 से 11 और संशोधन संख्या 32 एवं 33 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए और अस्वीकृत हुए।

माननीय अध्यक्ष : श्री हिबी इडन - उपस्थित नहीं।

श्री शशि थरूर, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, this is an item in the Concurrent List. I am moving this amendment only to have States represented in this Body. I am not challenging the Body but let us have more members so that States can be represented. It is an item on the Concurrent List. The States would be happy with it.

Sir, I beg to move:

Page 4, line 16, --

for "six Members"

substitute "ten Members".

(55)

Page 4, line 20,--

for "five members"

substitute "nine members".

(57)

माननीय अध्यक्ष : अब मैं श्री शशि थरूर द्वारा खंड 4 में प्रस्तुत संशोधन संख्या 55 और 57 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए तथा अस्वीकृत हुए।

(1830/PC/RU)

माननीय अध्यक्ष : श्री अधीर रंजन चौधरी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): As my concern has been properly raised by Dr. Shashi Tharoor, I am not moving amendment No. 56 to clause 4.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 4 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 4 विधेयक में जोड़ दिया गया।

खंड 5

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I am not moving amendment Nos. 12 and 34 to clause No. 5.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 5 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 5 विधेयक में जोड़ दिया गया।

खंड 6

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I am not moving amendment Nos. 13, 14, 35 and 36 to clause 6.

माननीय अध्यक्ष : श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): I am not moving amendment No. 25 to clause 6.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 6 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 6 विधेयक में जोड़ दिया गया।

खंड 7

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I am not moving amendment Nos. 15 and 16 to clause 7.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 7 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 7 विधेयक में जोड़ दिया गया।

खंड 8

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I beg to move:

“Page 6, lines 15 and 16,--

for “Central Government in accordance with the provisions of section 5”.

substitute “Commission from the panel consisting of five names approved by the Search Committee constituted under section 5”.” (37)

माननीय अध्यक्ष: अब मैं श्री एन.के. प्रेमचन्द्रन द्वारा खण्ड 8 में प्रस्तुत संशोधन संख्या 37 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : डॉ. शशि थरूर जी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): I beg to move:

“Page 6, lines 18 and 19,--

for “possessing such qualifications and experience as may be prescribed”

substitute “possessing a postgraduate degree in any discipline of medical sciences, and having not less than fifteen years of experience in the administration of medical education or healthcare sectors, and any other qualification as may be prescribed”.” (58)

Sir, this is something which has actually been recommended by the Group of Ministers of the BJP Government in February, 2017 and recommended by the Standing Committee. That have left it out in the Bill. So, they should have it. It will democratise the system.

माननीय अध्यक्ष: अब मैं डॉ. शशि थरूर द्वारा खण्ड 8 में प्रस्तुत संशोधन संख्या 58 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 8 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 8 विधेयक में जोड़ दिया गया।

खंड 9

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I am not moving Amendment No. 17 to clause 9.

माननीय अध्यक्ष : श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): I am not moving Amendment No. 26 to clause 9.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 9 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 9 विधेयक में जोड़ दिया गया।

खंड 10

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I beg to move:

“Page 7, line 31,--

for “frame guidelines”
substitute “prescribe norms”. ” (38)

Page 7, line 32,--

for “fifty per cent . of”
substitute “all”. ” (39)

My amendment is in respect of determination of fees. For “frame guidelines”, I am suggesting “prescribe norms”. It is a harmless amendment. The Government can very well accept them. I am moving them. Instead of 50 per cent, 100 per cent seats should be there.

माननीय अध्यक्ष: अब मैं श्री एन. के. प्रेमचन्द्रन द्वारा खण्ड 10 में प्रस्तुत संशोधन संख्या 38 और 39 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए और अस्वीकृत हुए।

माननीय अध्यक्ष: प्रश्न यह है :

“कि खंड 10 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 10 विधेयक में जोड़ दिया गया।

खंड 11 विधेयक में जोड़ दिया गया।

(1835/NKL/SPS)

खण्ड 12

माननीय अध्यक्ष: श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, as has been said, it is a harmless amendment that I am moving. After “medical education”, “and grievance redressal mechanism” needs to be inserted.

I beg to move:

Page 8, line 38, --

after “medical education”

insert “and grievance redressal mechanism”. (27)

माननीय अध्यक्ष: अब मैं श्री भर्तृहरि महताब द्वारा खंड 12 में प्रस्तुत संशोधन संख्या 27 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 12 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 12 विधेयक में जोड़ दिया गया।

खण्ड 13

माननीय अध्यक्ष: श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, I am not moving amendment No. 18.

माननीय अध्यक्ष: श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, I am not moving amendment No. 28.

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 13 विधेयक का अंग बने”।

प्रस्ताव स्वीकृत हुआ।

खंड 13 विधेयक में जोड़ दिया गया।

खण्ड 14

माननीय अध्यक्ष: श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, the hon. Labour Minister is also here. The counselling of the students of the ESIC Medical College should be done according to the ESIC Medical College. But now, they are facing difficulty. The Madurai Bench of Madras High Court has held that they are not entitled because of Article 14. So, I am moving this amendment for the sake of the students.

I beg to move:

Page 9, line 18,--

after “State level”

insert “and the designated authority of the Employees State Insurance Corporation shall conduct the common counselling for the seats reserved for the children of insured persons”. (19)

माननीय अध्यक्ष: अब मैं श्री एन. के. प्रेमचन्द्रन द्वारा खण्ड 14 में प्रस्तुत संशोधन संख्या 19 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 14 विधेयक का अंग बने”।

प्रस्ताव स्वीकृत हुआ।
खंड 14 विधेयक में जोड़ दिया गया।

खण्ड 15

माननीय अध्यक्ष: श्री एन. के. प्रेमचन्द्रन जी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, I beg to move:

Page 9, line 41,--

after “State level”

insert “and the designated authority of the Employees State Insurance Corporation shall conduct the common counselling for the seats reserved for the children of insured persons”. (20)

Page 9, line 20,--

after “held”

insert “for any person with a foreign medical qualification”. (40)

Page 9, line 32,--

after “basis”

insert “for any person with a foreign medical qualification”. (41)

माननीय अध्यक्ष: अब मैं श्री एन. के. प्रेमचन्द्रन जी द्वारा खण्ड 15 में प्रस्तुत संशोधन संख्या 20, 40 और 41 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए और अस्वीकृत हुए।

माननीय अध्यक्ष: श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, this amendment is a bit technical in nature, and I am moving this amendment.

I beg to move:

Page 9, *after* line 22,--

insert "Provided that the State may conduct, in accordance with the guidelines issued in this behalf by the Commission, a State Exit Test for enrolment in the State Register." (29)

माननीय अध्यक्ष: अब मैं श्री भर्तृहरि महताब द्वारा खण्ड 15 में प्रस्तुत संशोधन संख्या 29 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 15 विधेयक का अंग बने”।

प्रस्ताव स्वीकृत हुआ।

खंड 15 विधेयक में जोड़ दिया गया।

खण्ड 16

माननीय अध्यक्ष: श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, I am not moving amendment No. 21.

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 16 विधेयक का अंग बने”।

प्रस्ताव स्वीकृत हुआ।

खंड 16 विधेयक में जोड़ दिया गया।

खण्ड 17

माननीय अध्यक्ष: श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N.K. PREMACHANDRAN (KOLLAM): Sir, in amendment Nos. 22 and 23, instead of "a leader", kindly insert "Head of the Department or Head of an Organisation".

I beg to move:

Page 10, line 16,--

for "a leader".

substitute "Head of the Department or Head of an Organisation".

(22)

Page 10, line 22,--

for "a leader".

substitute "Head of the Department or Head of an Organisation".

(23)

माननीय अध्यक्ष: अब मैं श्री एन. के. प्रेमचन्द्रन द्वारा खण्ड 17 में प्रस्तुत संशोधन संख्या 22 और 23 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए और अस्वीकृत हुए।

माननीय अध्यक्ष : प्रश्न यह है कि:

“कि खंड 17 विधेयक का अंग बने”।

प्रस्ताव स्वीकृत हुआ।

खंड 17 विधेयक में जोड़ दिया गया।

खंड 18 से 25 विधेयक में जोड़ दिए गए।

खण्ड 26

माननीय अध्यक्ष: श्री अधीर रंजन चौधरी जी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, in the Bill, it has been proposed that an autonomous medical assessment and rating board will be created. But in fact, it has become a paper tiger....(Interruptions)

I beg to move;

Page 13, after line 20,--

insert “(3) The Medical Assessment and Rating Board shall be liable for any fraudulent grant of recognition to a new medical institution or any illegal action taken by the third party agency engaged by the Medical Assessment and Rating Board.”. (59)

माननीय अध्यक्ष: अब मैं अधीर रंजन चौधरी द्वारा खण्ड 26 में प्रस्तुत संशोधन संख्या 59 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

(1840/SJN/KKD)

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 26 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 26 विधेयक में जोड़ दिया।

खंड 27 विधेयक में जोड़ दिया।

खंड 28

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I am not moving my amendments No. 42 to 46.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 28 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 28 विधेयक में जोड़ दिया।

खंड 29

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I am moving my amendment No. 47.

I beg to move:

Page 14, *omit* lines 36 to 38. (47)

माननीय अध्यक्ष : अब मैं श्री एन. के. प्रेमचन्द्रन द्वारा खंड 29 में प्रस्तुत संशोधन संख्या 47 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 29 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 29 विधेयक में जोड़ दिया।

खंड 30

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I am not moving my amendments No. 48 to 50.

माननीय अध्यक्ष : डॉ. शशि थरूर, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, since they are reflexively saying no to any suggestions, any amendments however common sensical, however technical, however harmless, it is a futile exercise, I am not moving my amendment No. 60.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 30 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 30 विधेयक में जोड़ दिया।

खंड 31 विधेयक में जोड़ दिया।

खंड 32

माननीय अध्यक्ष : श्री एन. के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, one second. This cannot be said as a futile exercise because I have had the experience of so many amendments, which I had moved, subsequently, getting taken up when the next Bill was moved. I have had many such experiences. Now, they are not accepting, but subsequently, they may take care of it in the next Bill. So, I am moving my amendment No. 51.

I beg to move:

Page 16, *omit* lines 1 to 7. (51)

माननीय अध्यक्ष : अब मैं श्री एन. के. प्रेमचन्द्रन द्वारा खंड 32 में प्रस्तुत संशोधन संख्या 51 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : श्री अधीर रंजन चौधरी, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, I think, the concerned Minister would support my amendment because it is with regard to the Community Health Provider. A few minutes ago, I had objected to the version of the Minister whereby it was my feeling that the Minister has been persuading and pleading for quackery practice in our country. So, I am opposing this kind of legislation tooth and nail.

I beg to move:

Page 16, *after* line 7,--

Insert "Provided further that Community Health Provider shall have to undergo a three year refresher course before grant of limited licence." (61)

...(Interruptions)

If you do not agree, we are compelled to walk out. Do not take it otherwise
...(Interruptions)

1843 hours

(At this stage, Shri Adhir Ranjan Chowdhury and some other hon. Members left the House.)

माननीय अध्यक्ष : अब मैं श्री अधीर रंजन चौधरी द्वारा खंड 32 में प्रस्तुत संशोधन संख्या 61 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 32 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 32 विधेयक में जोड़ दिया।

खंड 33

माननीय अध्यक्ष : श्री भर्तृहरि महताब, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI BHARTRUHARI MAHTAB (CUTTACK): Hon. Speaker, Sir, just allow me to speak for a minute. We renew our membership every five years. Here, a licence is being given after the next test, and that licence is for whole life. I have asked, आप इन पांच सालों में लाइसेंसों को रिन्यू करिए, नहीं तो एक तारीख रख दीजिए, ताकि हर एक डॉक्टर एक टेस्ट देकर लाइसेंस को रिन्यू करे।

Therefore, I move this amendment.

I beg to move:

Page 16, after line 17,--

Insert

“Provided that such person shall renew this licence every five years, in the manner as may be specified by regulations”. (30)

1844 hours

(At this stage, Shri A. Raja and some other hon. Members left the House.)

माननीय अध्यक्ष : अब मैं श्री भर्तृहरि महताब द्वारा खंड 33 में प्रस्तुत संशोधन संख्या 30 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया और अस्वीकृत हुआ।

(1845/RP/KN)

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 33 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 33 विधेयक में जोड़ दिया गया

खंड 34 से 44 विधेयक में जोड़ दिए गए।

खंड 45

माननीय अध्यक्ष : डॉ. शशि थरूर – उपस्थित नहीं।

प्रश्न यह है :

“कि खंड 45 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 45 विधेयक में जोड़ दिया गया।

खंड 46 से 59 विधेयक में जोड़ दिए गए।

Clause 60

SHRI BHARTRUHARI MAHTAB (CUTTACK): I beg to move:

Page 27, for lines 16 and 17,-

substitute “be entitled for absorption in other Government Departments on compassionate ground within three months from the date of dissolution of Medical Council of India.”. (31)

Sir, this is relating to absorption. यह जो नीचे चले जाते हैं, जो प्रोवजिन मेडिकल काउंसिल ने रखा है कि employees be entitled to such compensation, जिसके ऊपर मंत्री जी ने कहा after premature termination, मेरा यह सजेशन है कि दूसरी जगह उनको री-एम्प्लॉई किया जा सके। यह मैं मूव कर रहा हूँ।

माननीय अध्यक्ष : अब मैं श्री भर्तृहरि महताब द्वारा खंड 60 में प्रस्तुत संशोधन संख्या 31 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : श्री एन.के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): I beg to move:

Page 27, line 9,-

after "Ministry or Department,"

insert "on the basis of the option given by such officer or employee." (52)

page 27, lines 12 to 14,-

for "cease to be the officer or employee of the Medical Council of India and his employment in the Medical Council of India stand terminated with immediate effect"

substitute "become the officer or employee of the National Medical Commission constituted under this Act". (53)

Page 27, *omit* lines 15 to 17. (54)

Sir, this is my last Amendment. This is an important matter. When this Act come into force, the services of 239 employees and officers of the Medical Council of India will be terminated. It is an inhumane and cruel approach. This may be taken into consideration because 239 employees of the Medical Council of India have been recruited after written test and interview. They have been appointed after a due procedure of law. They have been terminated with just three months compensation. That has to be considered.

माननीय अध्यक्ष : अब मैं श्री एन.के. प्रेमचन्द्रन द्वारा खंड 60 में प्रस्तुत संशोधन संख्या 52 से 54 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए और अस्वीकृत हुए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 60 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 60 विधेयक में जोड़ दिया गया।
खंड 61 विधेयक में जोड़ दिया गया।
अनुसूची को विधेयक में जोड़ दिया गया।

खंड 1

माननीय अध्यक्ष : श्री एन.के. प्रेमचन्द्रन, क्या आप संशोधन प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN (KOLLAM): Sir, I am not moving my Amendments.

माननीय अध्यक्ष : प्रश्न यह है:

“कि खंड 1 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।
खंड 1 विधेयक में जोड़ दिया गया।
अधिनियमन सूत्र और नाम विधेयक में जोड़ दिए गए।

DR. HARSH VARDHAN: Sir, I beg to move:

“That the Bill be passed.”

माननीय अध्यक्ष : प्रश्न यह है:

“कि विधेयक पारित किया जाए।”

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : लॉबीज खोल दी जाएं।

निरसन और संशोधन विधेयक

1845 बजे

माननीय अध्यक्ष : आइटम नम्बर 4, निरसन और संशोधन विधेयक, 2019. माननीय मंत्री जी।
विधि और न्याय मंत्री; संचार मंत्री तथा इलेक्ट्रॉनिकी और सूचना प्रौद्योगिकी मंत्री (श्री रवि शंकर प्रसाद): मैं प्रस्ताव करता हूँ:

“कि कतिपय अधिनियमितियों का निरसन और कतिपय अन्य अधिनियमितियों का संशोधन करने वाले विधेयक पर विचार किया जाए।”

सर, मैं बहुत संक्षिप्त में, यह जो रिपीलिंग बिल है, इसके माध्यम से हम 58 कानूनों को रिपील कर रहे हैं। पूर्व में मोदी जी की सरकार आने के बाद अब तक हम 1428 पुराने कानूनों को रिपील कर चुके हैं। आज 58 कर रहे हैं, 229 राज्य के कानूनों का भी रिकमंडेशन किया है, 75 हो चुके हैं। वर्ष 1950 से 2004 के बीच में लम्बे अर्से में केवल 1929 पुराने कानून रिपील किए गए, जबकि हमने पिछले साढ़े 5 वर्षों में अब तक 1428 कर दिए हैं, 58 आज कर रहे हैं। ये सभी कानून अधिकांश अंग्रेजों के समय के हैं। कुछ अमेंडिंग बिल बाकी हैं।

मैं इस सदन से विनम्रता से आग्रह करूँगा कि बिना ज्यादा बहस के, यह एक बहुत ही ऐतिहासिक काम है, सर्वानुमति से इसे पारित किया जाए।

(इति)

(1850/CS/RCP)

माननीय अध्यक्ष : प्रस्ताव प्रस्तुत हुआ :

“कि कतिपय अधिनियमितियों का निरसन और कतिपय अन्य अधिनियमितियों का संशोधन करने वाले विधेयक पर विचार किया जाए।”

अगर सदन की सहमति हो तो इस विधेयक को पारित किया जाए।

अनेक माननीय सदस्य : हाँ।

माननीय अध्यक्ष : शशि थरूर जी, इसे पारित किया जाए।

डॉ. शशि थरूर (तिरुवनन्तपुरम): महोदय, मैं इस पर बोलूँ?

माननीय अध्यक्ष : बोलकर क्या करेंगे? विधेयक को पारित करते हैं।

डॉ. शशि थरूर (तिरुवनन्तपुरम): नहीं-नहीं... (व्यवधान)

माननीय अध्यक्ष : यह सभा की सहमति है।

...(व्यवधान)

डॉ. शशि थरूर (तिरुवनन्तपुरम): महोदय, मैं बोल लेता हूँ।

माननीय अध्यक्ष : आप दो मिनट बोल लीजिए।

डॉ. शशि थरूर (तिरुवनन्तपुरम): महोदय, दो मिनट में कुछ बोला नहीं जाएगा।

माननीय अध्यक्ष : चलिए, पाँच मिनट बोल लीजिए।

डॉ. शशि थरूर (तिरुवनन्तपुरम): सर, दस मिनट का समय दे दीजिए।

माननीय अध्यक्ष : आप पाँच मिनट बोलिएगा।

...(व्यवधान)

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, the point is, you had allotted an hour for discussion on this Bill. We can take it up tomorrow; we can speak more peacefully. We do not have to do it now. Members are waiting for the 'Zero Hour'. It is my humble request. Our leaders also made the same request; many Parties have made the request; let us defer this Bill to tomorrow. Give us one hour for discussion. ...(*Interruptions*)

माननीय अध्यक्ष : आप बोलिए।

...(व्यवधान)

माननीय अध्यक्ष : आप अभी संक्षिप्त में बोल लीजिए।

डॉ. शशि थरूर (तिरुवनन्तपुरम): सर, मुझे दस मिनट बोलना है। इस पर एक घंटे की चर्चा होनी थी।...(व्यवधान)

माननीय अध्यक्ष : आप बोलिए। सुरेश जी बैठ जाइए।

...(व्यवधान)

माननीय अध्यक्ष : आप दस मिनट बोलिए। क्या अन्य माननीय सदस्यों की इस पर सहमति है कि शशि थरूर जी के बोलने के बाद इसे पास करा देंगे?

अनेक माननीय सदस्य : हाँ।

माननीय अध्यक्ष : शशि थरूर जी, आप बोलिए।

...(व्यवधान)

1851 hours

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, we agree, in principle, with the aims and objectives of the Bill. In fact, we feel if there is anything, it does not go far enough. The fact is that the effort by the Government is laudable. It is very good for us to have something to agree with that the Government has put forward in the House. But, at the same time, the fact remains that there are some real potentials here. The Australian Government has an annual repeal day and they actually repeal many more Bills every year. They have saved a billion dollars in red-tape every year. We have not been able to achieve that with these Bills necessarily. May be, we should seriously consider doing that.

The fact is this. I had initially risen to oppose the introduction of the Bill because it did not give the Members two days' notice as required by the law and as required by our Rules. It could also have benefited from Parliamentary Committee scrutiny which sadly has been absent for all the Bills that have been rushed through this House by the Government. It could have gained from even wider public consultations. But the fact is this. It is striking that more than almost half the Bills that they are trying to repeal now are the Bills that they have passed after 2014 in the previous Government. These are the Acts which prove that sometimes this Government has a habit of passing a legislation in haste and then having to repeal it a couple of years later. That is a very serious concern.

The Statement of Objects and Reasons says the Bill is a periodical measure to do away with obsolete laws. But it ignores some of the most archaic laws in India as a result of which various inequities still persist. It is easier to do away with obviously irrelevant laws such as the Public Accountants' Defaults Act, 1850. But what about those laws which actually are about situations that no longer exist? But when laws are still applicable but embody outdated notions such as those related, for example, to social customs or attitudes towards women which society has outgrown or political attitudes reflective of the British era, these are the things which unfortunately this Bill has chosen not to deal with.

Take, for example, the Indian Penal Code. President Pranab Mukherjee on the 155th Anniversary of the Indian Penal Code said that the Penal Code reflects completely the British interest, the colonial interest. Our criminal law was enacted to meet their colonial needs and it should be revised to reflect our

contemporary social consciousness so that it can be a faithful mirror of our contemporary civilization.

The Code was adopted by Lord Macaulay. He wrote it in 1835. It was enacted a generation later in 1860. We are still saddled with it today. It is full of obsolete and archaic ideas and attitudes, patriarchal towards women and contemptuous towards marginalised sections of our society. This should not be allowed to continue. If you look, for example, to Exception 2 to Section 375 of the IPC, it still gives legal sanction to marital rape. The point is that it removes the exemption now for those who are under 15, it is already illegal to marry a girl under 15.

(1855/SMN/RV)

So, the point is to have a law that takes for granted the consent of a woman is simply no longer acceptable in the 21st century. We still have the laws about conjugal rights on our books which are extremely archaic. The Justice Verma Committee Report on Amendments to Criminal Law had recommended that India should take into account the UN Committee on the Elimination and Discrimination against Women which has requested India and other countries to widen the definition of rape to reflect the realities of sexual abuse experienced by women and to remove the exceptional marital rape. The Verma Committee recommended that; it has not come in. The fact is that we are in a position now that there are two problems with the whole argument that this actually protects marriages. Rape does not only happen in loving marriages. It happens principally when separated husbands, estranged husbands come back and rape the women and take shelter with impunity under this kind of law. The Government has to understand that marital rape is not about sex. It is about violence. It is about force - forcing an unwilling women. It should have been removed.

Similarly, we know that the Section 124A of the Indian Penal Code was written by the British to stop Indian nationalism. The whole sedition law, I have got detail after detail about this. I know that you do not have time today but the fact is that it was written in order to suppress Indian nationalism and when they tightened it further in 1898, the British Lieutenant Governor of Bengal admitted:-

“It is clear that the Sedition Law which is adequate for the people ruled by the Government of its own nationality and faith may be inadequate or in some respects unsuited for a country under foreign rule.”

So, it was explicitly toughened in India because we were their subjects and today, we are not changing this law which was used against Mahatma Gandhi, against Lokmanya Tilak, against Jawaharlal Nehru, against Bhagat Singh and instead we are keeping this law and using it against JNU students and against Human Rights Organisations like Amnesty. So, this kind of things should be repealed. It has to be dealt with but unfortunately, our Government has not been doing that. And the irony is that the Supreme Court has already re-read the definition of ‘Sedition’. But in fact, arrests are still continuing.

Last year, according to the National Crime Records Bureau, over 200 arrests have been made on the sedition charges in the last five years. That is far too many. Two hundred are too many. It needs to be repealed.

Section 295A of the Indian Penal Code has the similar story. It is anti-blasphemy law. Fundamental Right of Freedom of Speech and Expression is being violated by preserving a law which essentially denies people the freedom to criticise on the basis of religion. So, for example, we have seen that Christian Priests singing Christmas carols in Madhya Pradesh were arrested under the blasphemy law for allegedly hurting Hindu sentiments. There is a subjective element to the law that has been misused. We should not have this in our democracy.

I do want to add very briefly that the Government talks about ‘Ease of Doing Business’. What have they done about some of the ridiculous requirements of the Indian Factories Act, 1948? For example, a journalist has pointed out that every factory or establishment in India has to maintain a lime register. Why? It is because in the old days, you had to white-wash your walls with lime. Now, obviously, no one does that any more. But even if today, your walls are made up of tile or wood or paint, an inspector can come, under the Factories Act, and say where is your lime register. If you cannot show lime register, you can actually be fined or at least give some *chai pani* money so that he would not prosecute you. Why cannot we get rid of such laws? Then, ‘Ease of Doing Business’ will be very much better. I have also given the example of the Cinematograph Act which obviously has been a severe constraint on artistic freedom in our country. I have much more detailed arguments but the fact is that the right to cut, to mute words, to ban words and even ban the entire films has created a genuine problems to our film makers in the country and that too what to be

repealed and revised. The Government's own Shyam Benegal Committee recommended it but they have taken no action.

The Sarais Act has also to be repealed. All the hotels in India still have to do bizarre things because this Act of 1867 has not been repealed. You have to repeal it Ravi Shankar Ji. Honestly, we are now in a position where a lot of laws exist. I am just giving examples because this is a good initiative the Government has taken but they have to follow it through logically. I have left half of my speech. I am just giving you the main points.

In conclusion, the fact is that more repeal and more amendments are required but the real question still remains. What is the Government doing after repealing these laws? To educate the police, to educate the lower judiciary and communicate the information. Similarly, with the Supreme Court Judgements, the meanings of many laws have been changed. But the police do not know. They still arrest the people on the basis of their own understanding of sedition. Since 1962 in Kedarnath Singh Vs. the State of Bihar, the Supreme Court has said, it should only apply where it involves incitement to acts of violence or incitement to actions which actually are punishable by life imprisonment or death.

(1900/MMN/MY)

Now, when somebody is just protesting the actions of the Government, sedition does not apply. But no one has bothered to explain that to the policemen and to the lower judiciary. So, my challenge to you is, not only should you bring this law which we are going to support, but you should have more laws. Do an exercise every year to repeal these laws. But equally, you make sure that this is followed by a systematic directive to all police stations. The Home Minister is sitting here. We should educate the police and convey the instructions throughout the country so that how the laws are meant to be still upheld and which laws are no longer valid can be communicated effectively.

With these words, I just want to point out that the Minister has done a great job in bringing this, but there is much more that could have been done. I do want to repeat that Bills that have been passed as recently as 2017, are being repealed, which suggests that, in fact, we should not actually have passed them in the first place. Thank you.

(ends)

1901 hours

SHRI RAVI SHANKAR PRASAD: I am grateful that you have supported the Bill. You need to understand that in this Bill there are many Acts, including amending Acts. As I have said, till date we have already repealed 1428 old Acts.

Regarding the Penal Code, you may see in the wake of Nirbhaya, lots of changes are made. Our Government made it a capital punishment in the event of rape of a girl child below 12 years. That is an on-going process. You mentioned a lot about sedition. मैं बड़ी अदब से बोलूंगा कि उसमें हमारे और आपके बीच में अंतर है। ... (व्यवधान) 'भारत तेरे टुकड़े होंगे, इंशा अल्लाह-इंशा अल्लाहा' ... (व्यवधान) ऐसे लोगों को हम देशद्रोह मानते हैं और कार्रवाई होगी। उस विषय पर हम लोग बाद में चर्चा करेंगे।

डॉ. शशि थरूर (तिरुवनन्तपुरम): उस विषय को हम लोग भी कभी सपोर्ट नहीं करते हैं।

संसदीय कार्य मंत्री; कोयला मंत्री तथा खान मंत्री (श्री प्रहलाद जोशी): लेकिन आपके नेता उधर बोलते थे। ... (व्यवधान)

श्री रवि शंकर प्रसाद: इस देश को तोड़ने वालों के खिलाफ सख्त कार्रवाई होगी और हम इसमें हिचकेंगे नहीं। इन्हीं शब्दों के साथ मैंने उत्तर दे दिया है। मैं उम्मीद करूंगा और आपसे आग्रह करूंगा कि इस बिल को पास किया जाए। यही मेरी विनती होगी।

माननीय अध्यक्ष: प्रश्न यह है:

“कि कतिपय अधिनियमितियों का निरसन और कतिपय अन्य अधिनियमितियों का संशोधन करने वाले विधेयक पर विचार किया जाए।”

प्रस्ताव स्वीकृत हुआ।

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माननीय अध्यक्ष: अब सभा विधेयक पर खण्डवार विचार करेगी।

खण्ड 2 से 4

माननीय अध्यक्ष: प्रश्न यह है:

“कि खण्ड 2 से 4 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खण्ड 2 से 4 विधेयक में जोड़ दिए गए।

पहली अनुसूची को विधेयक में जोड़ दिया गया।

दूसरी अनुसूची को विधेयक में जोड़ दिया गया।

खण्ड 1, अधिनियमन सूत्र और नाम विधेयक में जोड़ दिए गए।

श्री रवि शंकर प्रसाद: महोदय, मैं प्रस्ताव करता हूँ:

“कि विधेयक पारित किया जाए।”

माननीय अध्यक्ष: प्रश्न यह है:

“कि विधेयक को पारित किया जाए।”

प्रस्ताव स्वीकृत हुआ।

**(FOR REST OF THE PROCEEDINGS,
PLEASE SEE THE SUPPLEMENT.)**