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Title: Motion for consideration of the National Commission for Homoeopathy Bill, 2020 and National Commission for Indian System of Medicine Bill, 2020

(Motion adopted and Bill passed).

THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN): Sir, on behalf of my colleague, Shri Shripad Naik, I rise to move that the National Commission for Homoeopathy Bill, 2020, as passed by Rajya Sabha, be taken into consideration.

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 Homoeopathy medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of Homoeopathy medical professionals accessible to all the citizens; that promotes national health goals; that encourages Homoeopathy 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 Homoeopathy medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto, as passed by Rajya Sabha, be taken into consideration.”

As directed by you now, I would also like to simultaneously request for moving another Bill, on behalf of my colleague, Shri Shripad Naik. Sir, I rise to move that the National Commission for Indian System of Medicine Bill, 2020, as passed by Rajya Sabha, be taken into consideration.

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 of Indian System of Medicine in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of such medical professionals accessible to all the citizens; that promotes national health goals; that encourages such 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 of Indian System of Medicine for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto, as passed by Rajya Sabha, be taken into consideration.”

सर, बहुत ही संक्षेप में इन दोनों बिल्स के बारे में मुझे इस सदन को केवल इतना कहना है कि इस सदन ने 50 साल पहले 1970 में इंडियन सिस्टम्स ऑफ मेडिसिन को रेगुलेट करने के लिए इंडियन मेडिसिन सेंट्रल काउंसिल एक्ट बनाया और फिर 1973 में इसी प्रकार से होम्योपैथी का सेंट्रल काउंसिल एक्ट बनाया। लगभग 50 वर्ष के बाद इन दोनों संस्थाओं के माध्यम से, जिनके अंतर्गत सेंट्रल काउंसिल फॉर इंडियन सिस्टम्स ऑफ मेडिसिन और सेंट्रल काउंसिल

फॉर होम्योपैथी की आर्गेनाइजेशंस को बनाया गया था, इंडियन सिस्टम्स ऑफ मेडिसिन और होम्योपैथी को देश में मॉनीटर करने के लिए, उनकी मेडिकल एजुकेशन को देखने के लिए, उनके प्रचार-प्रसार के लिए, उनकी उपलब्धता आम जनता तक पहुँचाने के लिए ऐसा महसूस किया गया कि जिस प्रकार की जिम्मेदारी इन संस्थाओं को निभानी चाहिए, वे संस्थाएँ इस प्रकार की जिम्मेदारी नहीं निभा रही हैं और इन संस्थाओं में ट्रांसपेरेंसी का भी अभाव हो गया । जिस प्रकार से वर्षों के अंदर मेडिकल काउंसिल ऑफ इंडिया भ्रष्टाचार से ग्रसित हो गई, उसी प्रकार से ये संस्थाएँ भी भ्रष्टाचार से प्रभावित हो गईं । हम सब जानते हैं कि आयुर्वेद और हमारे जो इंडियन सिस्टम्स हैं, जिनको हम ट्रेडिशनल सिस्टम्स कहते हैं, इंडिजिनस सिस्टम्स जिसे कहते हैं, ये हमारे भारत के प्राचीनतम स्वास्थ्य के क्षेत्र से जुड़े हुए सिस्टम्स हैं । आयुर्वेदिक रेमेडीज़ के बारे में वेदों में चर्चा है और विशेषकर अथर्ववेद में बहुत विस्तार से इतनी चर्चा है कि कभी-कभी आयुर्वेद को अथर्ववेद का ऑफ शूट ही माना जाता है । नरेन्द्र मोदी जी के नेतृत्व में वर्ष 2014 में जब हमारी देश में सरकार बनी, तो उन्होंने इंडियन सिस्टम्स ऑफ मेडिसिन का 9 नवम्बर, 2014 को एक नया डिपार्टमेंट आयुष मंत्रालय स्थापित किया ।

पहली बार देश में नेशनल आयुष मिशन स्थापित किया गया । इन संस्थाओं में भ्रष्टाचार को खत्म करने के लिए और ट्रांसपेरेंसी को लागू करने के लिए, जिस प्रकार से मेडिकल काउंसिल ऑफ इंडिया को रिप्लेस करके नेशनल मेडिकल कमीशन बनाया गया, जिसके बारे में इस सदन में बहुत चर्चा हुई है और उस बिल को आज देश में कानून के रूप में हम परिवर्तित कर चुके हैं । वर्ष 2016 में प्रधान मंत्री जी के आदेश पर... (व्यवधान)

माननीय अध्यक्ष : माननीय मंत्री जी, समय बहुत संक्षिप्त है ।

डॉ. हर्ष वर्धन : सर, मैं सिर्फ दो मिनट लूँगा ।

माननीय अध्यक्ष : नहीं, अब आप समाप्त कीजिए ।

डॉ. हर्ष वर्धन : सर, मैं दो मिनट में समाप्त कर रहा हूँ ।...(व्यवधान) सर, बैकग्राउंड तो बतानी पड़ेगी ।

माननीय अध्यक्ष : नहीं । सब आपका बैकग्राउंड समझ गए हैं ।

डॉ. हर्ष वर्धन : वर्ष 2016 में...(व्यवधान)

माननीय अध्यक्ष : सब समझ रहे हैं । एक बजने वाला है ।

...(व्यवधान)

डॉ. हर्ष वर्धन : वर्ष 2016 में नीति आयोग को कहा गया और नीति आयोग ने यह सुझाव दिया कि जिस प्रकार से नेशनल मेडिकल कमीशन बनाया जा रहा है, उसी प्रकार से होम्योपैथी और इंडियन सिस्टम्स ऑफ मेडिसिन के लिए भी किया जाए । ये जो आज दो बिल यहाँ चर्चा के लिए लाए गए हैं, इनके संदर्भ में मुझे इतना कहना है कि बहुत विस्तार से डिस्कशंस के बाद इनको बनाने के बाद राज्य सभा में लाया गया था । वहाँ इनको डिपार्टमेंट रिलेटिड स्टैंडिंग कमेटी को भेजा गया । उनकी रिकमंडेशंस में से भी 14 रिकमंडेशंस को मानने के बाद इसको वापस कैबिनेट में लाया गया । कैबिनेट में लाने के बाद वहाँ से प्रस्तावित होकर यह दोबारा राज्य सभा में गया और राज्य सभा में विस्तार से चर्चा के बाद इन दोनों बिलों को यूनैनिमसली पास करने के बाद आज ये दोनों बिल लोक सभा के सामने आए हैं । इन दोनों कमीशंस के बनने के बाद जिस प्रकार से नेशनल मेडिकल कमीशन का एक हिस्टॉरिक रिफॉर्म भारत के अंदर आजादी के 70 साल के बाद इंट्रोड्यूज हुआ, उसी प्रकार से इंडियन सिस्टम्स ऑफ मेडिसिन और होम्योपैथी को भी, इन कमीशंस के बनने के बाद एक बहुत अधिक प्रगति के पथ पर, ट्रांसपेरेंसी के पथ पर, करप्शन फ्री एजुकेशन और मेडिकल एजुकेशन के बड़े रिफॉर्म्स की दिशा में हम आगे बढ़ाने में सफल होंगे ।

इसके साथ-साथ मैं यह भी सूचित करना चाहता हूँ कि सरकार आने वाले समय के अंदर योगा के बारे में भी इसी प्रकार का एक कमीशन बनाने के बारे में विचार कर रही है । मैं चाहता हूँ कि सदन इसके बारे में जो भी चर्चा करना

चाहता है, वह करे और इसको यूनैनिमसली पास करे, क्योंकि यह हमारी भारतीय चिकित्सा पद्धतियों के संदर्भ में बहुत बड़ा मेजर मेडिकल रिफॉर्म है।

माननीय अध्यक्ष : प्रस्ताव प्रस्तुत हुए:

“कि ऐसी चिकित्सा पद्धति के लिए, जो भारत के सभी भागों में क्लालिटी और सस्ती चिकित्सा शिक्षा तक पहुँच का सुधार करती है, जो पर्याप्त और उच्च क्लालिटी के होम्योपैथी चिकित्सा व्यावसायियों की उपलब्धता को सुनिश्चित करती है; जो ऐसी साम्यापूर्ण और सार्वभौमिक स्वास्थ्य देख-रेख का संवर्धन करती है जिससे सामुदायिक स्वास्थ्य परिप्रेक्ष्य को बढ़ावा मिलता है तथा सभी नागरिकों के लिए होम्योपैथी चिकित्सा व्यावसायियों की सेवाओं को सुगम्य और वहन करने योग्य बनाती है; जो राष्ट्रीय स्वास्थ्य संबंधी लक्ष्यों का संवर्धन करती है; होम्योपैथी चिकित्सा व्यवसायियों को उनके कार्य में नवीनतम चिकित्सा अनुसंधान को अंगीकृत करने और अनुसंधान में योगदान देने के लिए प्रोत्साहित करती है; जिसका लक्ष्य चिकित्सीय संस्थाओं का आवधिक और पारदर्शी रूप से मूल्यांकन करना है और जो भारत के लिए होम्योपैथी चिकित्सा रजिस्टर के रखरखाव को सुकर बनाती है तथा चिकित्सा सेवाओं के सभी पहलुओं में सभी नैतिक मानकों को प्रवृत्त करती है; जो परिवर्तनशील आवश्यकताओं के प्रति अनुकूल होने के लिए नमनीय है और प्रभावी शिकायत समाधान तंत्र को रखती है तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक, राज्य सभा द्वारा यथा पारित, पर विचार किया जाए।”

“कि एक ऐसी आयुर्विज्ञान शिक्षा प्रणाली का, जो क्लालिटी और सस्ती आयुर्विज्ञान शिक्षा तक पहुँच में सुधार करती है, देश के सभी भागों में भारतीय आयुर्विज्ञान प्रणाली के पर्याप्त और उच्च गुणवत्ता वाले चिकित्सा व्यवसायियों की उपलब्धता और सस्ती को सुनिश्चित करती है; जो ऐसी साम्यापूर्ण और सार्वभौमिक स्वास्थ्य देखरेख का समर्थन करती है; जो सामुदायिक स्वास्थ्य परिप्रेक्ष्य को प्रोत्साहित करती है तथा ऐसे चिकित्सा व्यावसायियों की सेवाओं को सभी नागरिकों के लिए उपलब्ध

बनाती है; जो राष्ट्रीय स्वास्थ्य संबंधी उद्देश्यों का समर्थन करती है; ऐसे चिकित्सा व्यवसायियों को, उनके कार्य में नवीनतम चिकित्सा अनुसंधान अपनाने और अनुसंधान कार्य में सहयोग देने हेतु प्रोत्साहित करती है; जिसका उद्देश्य चिकित्सा संस्थाओं का आवधिक और पारदर्शी रूप से मूल्यांकन करना है और जो भारत के लिए भारतीय आयुर्विज्ञान प्रणाली के चिकित्सक रजिस्टर को बनाए रखने को सुकर बनाती है तथा चिकित्सकीय सेवाओं के सभी पहलुओं में उच्च नैतिक मानकों को प्रवर्तित करती है; जो परिवर्तनशील आवश्यकताओं से सामजंस्य बैठाने के लिए नमनीय है और जिसमें एक प्रभावी शिकायत समाधान तंत्र सम्मिलित है तथा उससे संबंधित या आनुषंगिक विषयों का उपबंध करने वाले विधेयक, राज्य सभा द्वारा यथा पारित, पर विचार किया जाए । ”

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): I have some concerns particularly about the National Commission for Indian System of Medicine Bill. India we know is a land of ancient and diverse medicine systems and while promoting the idea of healthy lifestyle where equal importance is given to physical and mental well being, the Indian system of medicine actually manages to focus on the overall wellness of the person, unlike the western system which essentially treats specific symptoms to tackle diseases. And also, as we have heard from the Minister, we have amalgamated the profound influences of medicinal geniuses from other civilisations, such as from Germany which developed Homoeopathy or those from Greece which has devised thought provoking techniques that added immense value to the field of Unani medicine. Now, AYUSH is doing what it can but the preventive and curative measures prescribed by our Indian systems, which have

originated in the Vedic period, are inspired by nature and have been prescribed by celebrated authorities of our centuries, are still practised in the homes of our country. Coupled with the use of plant products as they have a medicinal basis and a history of stories of remarkable results, the popularity of these systems all over the country makes the responsibility of the Government to pass a good Bill all the more important.

Now, we know the Government created a Department of Indian Systems of Medicine and Homoeopathy in 1995, but our concerns about this go back well before that. The abundant potential that Indian medical systems have to offer at a time of COVID-19, the pandemic and all the stresses and strains on the healthcare systems of our country, means that this issue is all the more important. This is why I am concerned, Mr. Speaker, that there are eight deficiencies. मैं संक्षेप में बोलूँगा, because of the time factor, I am trying to be brief. There are eight issues I would like very much the hon. Minister to take a good look at Para One, the Bill seeks to fortify and regulate the existing medical education system so that it is capable of churning out high quality medical professionals.

It has prescribed, as he mentioned, an effective grievance redressal mechanism, periodic assessment and so on, but it has ignored many other recommendations of the Standing Committee in its report on the Bill, which I think is a sad reflection on the Government's penchant to bypass parliamentary institutions and processes.

First, Sir, Yoga and Naturopathy have been excluded. We know the Government is rightly proud of its role in popularising Yoga internationally with the United Nations International Yoga Day and so on. Naturopathy is also very well known and practised in our country as a drugless treatment of disease by applying the simple laws of nature to

people's wellness. But this Commission, which is supposed to represent an all-encompassing varied body in overseeing all the Indian systems of medicine, arbitrarily excludes both Yoga and Naturopathy. They otherwise fall under the ambit of the AYUSH Ministry as I understand it. The Standing Committee recommended creating a Board of Yoga and Naturopathy to provide representation to these two important fields. But the Ministry has not unfortunately done this in the Bill. I believe the hon. Minister told the Rajya Sabha that there would be a separate Bill concerning Yoga and Naturopathy, but then I fail to understand the rationale behind bringing multiple legislations on the same issue when a simple provision in the current Bill would have adequately sufficed. If Yoga and Naturopathy are also Indian systems of medicine, as acknowledged by the AYUSH Ministry itself, why are they not included in a Bill that seems to cover the entire gamut of Indian systems? This is a very important issue because you are creating a convoluted process of multiple legislation unnecessarily.

Secondly, the Government has not only ignored the recommendations of the Standing Committee, it seems to have basically violated the Constitution in conferring to the Central Government itself the appellate jurisdiction provided by the legislation. An appeal can be preferred against any decision of this new National Commission to the Central Government which will be the final decision-making authority. So, while it is understandable that the Government is trying to do something to professionalise this – I am giving you just two sentences on each of my eight points – with the principle of separation of powers, the Government cannot create the Commission and also have the final say on these matters. The setting up of an appellate tribunal has been

recommended by the Standing Committee and ignored by the Government.

Thirdly, Sir, there is no examination or training for existing teachers. They have talked about a National Teachers Eligibility Test for post-graduates of varied disciplines but they do not do anything to actually certify the standards of the current teachers of these disciplines. So, while including them in an eligibility test meant for students might be unreasonable, some sort of minimum qualifying test and standards before registering as a certified practitioner would be in keeping with the professionalism implied in this Bill. Since National Teachers Eligibility Test is the only means of becoming a teacher once the Bill comes into effect, it would ruin the prospects of any practitioner who has a practical insight of the subject but does not have the degree and will therefore be made to pass the exam.

Fourthly, Sir, it leaves wide open risks of practising quackery because there are no clear boundaries in the interface it proposes between the Indian systems of medicine and modern systems or allopathic systems of medicine. If you allow practitioners of Indian systems to prescribe allopathic medicine and perform allopathic procedures, you are compromising the entire medical field in this country. I am surprised that Dr. Harsh Vardhan as an allopathic doctor himself would allow this to pass without clarity in the Bill to ensure that there is absolutely no way this can lead to quackery. And, importantly, Clause 34 of the Bill permits a practitioner of an Indian system of medicine to continue practising even in the absence of any recognised medical qualification. I think that this completely is a dangerous signal. I am sure that the medical profession in this country would be extremely concerned about the risk of quackery following.

Fifthly, Sir, an exit test should not be the only sufficient yardstick to achieve a practising licence. One needs, obviously, assessment processes which have been circumvented here. Sir, I see that you are anxious about the time. I am being very brief.

HON. SPEAKER: Please conclude.

DR. SHASHI THAROOR: Sixth, Sir, there are very arbitrary exemptions for Pre-Tib and Pre-Ayurveda courses in this Bill because it is perplexing to find that candidates desirous of pursuing these do not even have to write the NEET examination.

Seven, I mentioned, Sir, during the debate on Ayurveda that we need more research and documentation. This is completely not provided for in the Bill and I request that we can actually create ... (*Interruptions*)

The same rules apply across the Board. We need to have a Board of Research under the National Commission not provided for in the Bill.

Finally, Sir, there is a failure here to develop systems worthy of international recognition because we have a big challenge in getting Indian systems to be understood and recognized globally by insisting on certain standards and levels. This submission vitiates the core purpose of the Bill. Therefore, Sir, by excluding two vital Indian systems – Yoga and Naturopathy; by proposing ineffective entry and exit tests; and by most significantly failing to acknowledge the importance of research, I really believe the Government fails in its objective to promote the Indian systems of medicine through this Bill. And, therefore, it really should

take these suggestions into account, broaden the scope of consultation, look again at the Standing Committee reports, and give us an opportunity to transform this sector and make it truly world-class for the 21st century.

Thank you very much, Mr. Speaker.

माननीय अध्यक्ष : श्रीमती प्रतिमा मण्डल जी ।

आप एक मिनट में अपनी बात कह दें ।

...(व्यवधान)

माननीय अध्यक्ष : कल्याण दा, आज सदन का पहला दिन है । सदन के पहले दिन सदन में कुछ प्रोडक्टिविटी दिखनी चाहिए, इसलिए मैं व्यक्तिगत रूप से आपसे आग्रह करूँगा कि आज दोनों विधेयकों को पास करना है । यह मेरा आपसे आग्रह है ।

...(व्यवधान)

माननीय अध्यक्ष : आज विशेष परिस्थितियों के अंदर मैं सभी माननीय सदस्यों से कहना चाहता हूँ कि इस विषय पर बोलने वाले वक्ताओं को मैं ले करने की परमिशन भी देता हूँ ।

...(व्यवधान)

माननीय अध्यक्ष : आपसे मैं रिक्वेस्ट कर रहा हूँ । कल्याण जी हमेशा बात मानते हैं ।

SHRIMATI PRATIMA MONDAL (JAYNAGAR): Sir, firstly, I would like to speak on the National Commission for Homeopathy Bill,

2020.

Now, coming to Section 9(6), it states that in order to overcome the scenario of pending judgement, it is essential to fix the time period within which the Central Government will be obliged to resolve the matter. Also, there is a need to mention within the Bill whether or not the verdict of the Central Government is final or the aggrieved person has a right to approach the Judiciary.

Now, according to Section 15, sub-section 1, holding PG NET will be an added burden on both the students and the examiner. When NET is opted as the method for giving licence to the candidate, then why not for giving admission to PG courses? The rank in National Exit Test itself can be the parameter to get admission into a post-graduate course.

Now, Section 17 talks about National Teachers' Eligibility Test for Homeopathy. There are many teachers who do not hold PG degree but are part of the system and they will remain in the system for quite a long period of time. So, there must be a provision stating some sort of refreshers' course being conducted for them.

According to Section 14(1), now the meeting of autonomous board need not be so frequent. It hardly provides the scope of qualitative research within a months' time. Thus, meeting should be held on a daily basis.

Now, coming to Section 14(3), here again, the time period within which the grievance must be redressed is not mentioned. Regarding Section 26(1), Sir, here is a crucial suggestion to improve the Homeopathy treatment in our country. The students must compulsorily

be educated upon the new and basic technology of the medical field, that is, MRI, CT Scan, etc. So, this will be a holistic approach. Technology does not encroach in the field of medicine.

13.00 hrs

The National Institute of Homoeopathy at Kolkata has been striving to add to the legacy of this honourable system of medicine since 1975. The International Homoeopathic Conference-cum-Scientific Convention organized by Ministry of AYUSH on World Homoeopathy Day, 2020 was in collaboration with the National Institute of Homoeopathy, Kolkata at the Vishwa Bangla Convention Centre. Here, I would like to request the hon. Minister to carry on such collaboration and promotion of homoeopathy through the esteemed institute of our State.

As far as the National Commission for Indian System of Medicine Bill is concerned, we feel that there is no separate representation from Sowa-Rigpa for the field of Ayurveda, Unani and Siddha. The PMO has recently cleared the proposal of turning National Research Institute of Sowa-Rigpa into an autonomous body and renaming it as National Institute of Sowa-Rigpa. There must be a separate representation from this particular institution or from any other institution that conducts ‘Menpa Kachupa’ which is equivalent to bachelor degree of Sowa-Rigpa. The aim of the Bill should be to bring in transparency but that is not achievable if almost all the Members are nominated by the Central Government. There must be more elected Members from the States. Thirdly, sections 15 and 16 talk about National Exit Test and Postgraduate Test. The NET itself can serve the requirement for all PG and NET as provided in the recent National Medical Commission Bill 2019. Fourthly, once again I would like to request the hon. Minister that

there should be a training course followed by a minimum qualifying test. There are many teachers who do not have postgraduation degrees. The appellate jurisdiction over the decision taken by the NCISM is being given to the Central Government. This is absolutely against the basic structure of the Constitution which proposes a separation of powers. A separate tribunal must be set up to deal with the jurisdiction related to the Commission which must be headed by a retired judge of the Supreme Court or High Court.

माननीय अध्यक्ष : माननीय सदस्य, कृपया समाप्त कीजिए।

SHRIMATI PRATIMA MONDAL: Sir, please give me one minute. Here it is to be noted that ...(*Interruptions*)

माननीय अध्यक्ष : मैं सदन से आग्रह कर रहा हूं कि दोनों विधेयकों के पारित होने तक सदन का समय बढ़ा दिया जाए, लेकिन वह समय भी 15 मिनट से अधिक नहीं होगा।

***SHRIMATI SUPRIYA SADANAND SULE (BARAMATI):** Naturopathy/Yoga should have been included, Section 17, talks about teaches test PG degree and part of system Please guide what is going to be the situation. Autonomous board will be there but who will manage it. Homoeopathy/Ayurveda must be encouraged and sufficient research should be done.

श्री अरविंद सावंत (मुम्बई दक्षिण): माननीय अध्यक्ष जी, बहुत-बहुत धन्यवाद । नेशनल कमीशन फॉर इंडियन सिस्टम ऑफ मेडिसिन बिल और नेशनल कमीशन फॉर होम्योपैथी बिल, दोनों विषय पर हम एक साथ बात कर रहे हैं । मैं ज्यादा बात नहीं करूँगा, दो मिनट में मूलभूत बात कहूँगा । पहले तो मैं खासकर होम्योपैथी बिल का स्वागत करूँगा । हमारे हिंदुस्तान की संस्कृति रही, आयुर्वेद तो घर-घर में रहा । मां के पास जड़ी-बूटी रहती थी । हम डॉक्टर के पास बहुत कम जाते थे । वही सब दवा करती थी । आप भी यह जानते होंगे । आज एक अच्छी बात लग रही है कि सरकार इस विषय को गम्भीरता से रेगुलराइज्ड करना चाहती है । जो गलतियां पीछे हो रही थीं, 1973 में हमने एक्ट बनाया, 1970 में हमने मेडिसिन एक्ट बनाया, लेकिन दोनों पर चर्चा के समय मुझे एक चीज ध्यान

में आ रही है कि आप नीट की परीक्षा लेने जा रहे हैं। आज सुबह बालू जी ने एक बात कही थी, उसी बात पर मैं खासकर ध्यान आकर्षित करना चाहता हूं।

हम एजुकेशन सिस्टम में बहुत बदलाव ला रहे हैं। मैं उसका स्वागत करूँगा और उस वक्त उस पर बोलूँगा। सबसे बड़ी बात यही है कि एसएससी बोर्ड, सीबीएसई बोर्ड, आईसीएसई बोर्ड और अब हमारा इंटरनेशनल बोर्ड आ गया। इन सारे क्षेत्रों में पढ़ने वाले बच्चे जब 12वीं कक्षा के बाद नीट की परीक्षा देने जाते हैं, तो उनका सिलैबस या करीकुलम जो होता है, उसमें इतना फर्क होता है कि उनको एजाम में तकलीफ आती है। नीट की परीक्षा में पहले कौन जाएगा, पहले देखेंगे एमबीबीएस के लिए, नहीं मिला तो बाद में फिर अल्टरनेटिव। अल्टरनेट क्या है, बीएएमएस, बीएचएमएस, बीडीएस। आप देखिए पेनडेमिक में हमारी हालत ऐसी हुई कि हमारे पास डाक्टर उपलब्ध नहीं हैं। फिर हमने कहा कि बीएचएमएस वाले आ जाओ, बीएएमएस वाले आ जाओ, सभी को बुलाया।

शशि थर्नर साहब ने यह मुद्दा उठाया कि प्रैक्टिस करते समय क्या ये एलोपैथी में प्रैक्टिस करेंगे? Will you allow them to do that? That is also another part of it. एलोपैथी डॉक्टर जो होम्योपैथी की भी प्रैक्टिस कर रहे हैं, यह दुर्भाग्य की बात है कि जब पैन्डेमिक के समय होम्योपैथी के लोग इतने सामने आकर कहने लगे कि हमें भी कुछ करने दो, हम इनको अच्छा इलाज करके रोगमुक्त करेंगे। फिर भी हमारा जो क्लिनिकल सिस्टम है जिसमें एलोपैथी डोमिनेन्ट हैं, वह एलोपैथी इनको नहीं करने देती। होम्योपैथी को एलाऊ नहीं किया। आज भी होम्योपैथी के डॉक्टर कहते हैं कि हमारे पास आज भी पैन्डेमिक कोरोना का इलाज है, लेकिन आईसीएमआर या जो रेग्युलेटरीज बॉडी है, वह इन्हें प्रैक्टिस नहीं करने दे रही है, आप इस पर ध्यान दें।

पन्द्रह नम्बर में आपने एक्जिट टेस्ट कहा, इसे आप एक्जिट मत कहिए, जब आप उसे डॉक्टर बना रहे हैं, उसे रजिस्टर कर रहे हैं, आप लाइसेंस दे रहे हैं, नेशनल लाइसेंस टेस्ट कहो। नेशनल रजिस्टर टेस्ट कहो, वह कहां से एक्जिट हो रहा है? मुझे एक्जिट टेस्ट अच्छा नहीं लगा। आप कितनी संस्थाओं को परमिशन

देंगे, यह परमिशन कौन देगा । आपने स्टेट में भी बोर्ड बना रखा है । एक एडवाइजरी बोर्ड स्टेट लेवल पर भी रहेगा । कितनी संस्थाएं बनेंगी? यह मशरूम जैसे शुरू हो जाएगा जैसे इंजीनियरिंग कॉलेज में हुआ । वहां बच्चों के एडमिशन के लिए बुला रहे हैं कि हमारे पास आ जाओ, हमारे पास आ जाओ । कुछ फैकल्टी के लिए बच्चे जाते हैं, बाकी कोई नहीं जाता । आपको इस पर भी रेग्युलेट करना होगा । आप इसकी लिमिट रखो, ऐसा न हो कि मशरूम जैसे बीएचएमएस की इंस्टीट्यूट खोली गई या आयुर्वेद की इंस्टीट्यूट खोली गई, वहां बच्चे नहीं मिल रहे हैं, शुरू में ऐसा होता है । अगर आप सारी सावधानियां बरतेंगे तो मैं दोनों बिलों का समर्थन करता हूं और स्वागत करता हूं । आप अच्छा काम करें और आगे बढ़ें ।

माननीय अध्यक्ष : श्री भर्तृहरि महताब, आप बैठकर ही बोलिए ।

श्री भर्तृहरि महताब: अध्यक्ष महोदय, मैंने ले कर दिया है ।

***SHRI BHARTRUHARI MAHTAB (CUTTACK):** Hon. Speaker, Sir, we are meeting after 175 days. One is aware that the practice of Homeopathy in India was introduced in 1810 by a French Traveller Dr. Johann Martin Honigberger with the treatment of Maharaja Ranjit Singh. Later the Homeopathy was familiarised in India by missionaries and members of Indian administration. The current estimated market size of Homeopathy is over 10,000 crore in India, with 2.25 lakh registered homeopathy practitioners. This discipline has vast opportunity to grow in India under proper monitoring and regulation of the Ministry and the Central Council on Homeopathy to be recognised as complementary system of medicine alongside allopathy. In India, now

the Homeopathic treatments are being offered by the insurance companies while the homeopathic medicines is getting a recognition in the AIIMS under integrated system of medicine with a homeopathic division.

Although the recent history of Homeopathy central council (HCC) has been tainted by the corrupt practices, which has spread a negative image of the department. To recover and remedy the reputation of the Homeopathy central council (HCC), the Ministry needs to tighten its grip over the management of the Homeopathic institutions and practitioners in India. Under this bill, the Central Government has introduced the use of information technology to improve the quality and functioning of the colleges, although the Bill does not specify any modification or standardisation of the curriculum across the country. To strengthen the institutional value of Homeopathy, first the Central Council needs to be stabilised itself. This Bill, which is in place due to institutional failure to update State registers of homeopathy, portrays poor condition of the management.

The role and vision of the Central Council needs to be redefined with a roadmap to give a structure to the Homeopathy discipline, which is comprehensive of academic institutes, medical professionals and the medicine producers. A strong network of health and wellness centre with dedicated department of homeopathy can be imagined under this framework.

This Bill amends the Homeopathy Central Council Act, 1973, and replace the Homeopathy Central Council (Amendment) Ordinance, 2019, that was promulgated on March 2, 2019.

The 1973 Act was amended in 2018 to provide for the supersession of the Central Council. The Central Council was required to be reconstituted within one year from the date of its supersession. In the interim period, the Central Government constituted a Board of Governors, to exercise the powers of the Central Council. The Bill amends the Act to increase the time period for supersession of the Central Council from one year to two years. The tenure has been extended through the Ordinance since the council could not be reconstituted within one year due to non-updation of State registers of homeopathy.

Under this Bill, the Central Government has introduced the use of information technology to improve the quality and functioning of the colleges.

There are many functions of the National Commission for Homeopathy. The functions of the NCH include framing policies for regulating medical institutions and homeopathic medical professionals, assessing the requirements of healthcare related human resources and infrastructure, ensuring compliance by the State Medical Council of homeopathy of the regulation made under the Bill and ensuring coordination among the autonomous boards set up under the Bill.

Reconstitution of Central Council of Homeopathy: This Bill is to replace the Ordinance passed in May to extend the tenure of the Board of Governance for another year effective from the May 17, 2019.

Advisory Council for Homeopathy: The appointed council will be the primary platform through which the States or Union Territories can put forth the reviews and concerns before the NCH. Further, the Council advise on measures to determine and maintain minimum standard of medical education.

To maintain the uniformity of the course, there will be a National Eligibility-cum-Entrance test for admissions to undergraduate homeopathy education in all the medical institutions under NCH. There will be a specific manner of conducting the common counselling for admission and a common final year National Exit Test. Further there will be a Uniform Post-graduate National Entrance Test which will serve as the basis for admission into postgraduate courses at medical institutions.

There will be a separate Department under the state medical councils to receive complaints relating do professional or ethical misconduct in the field of homeopathic practitioners. The State Medical Council and the Board of Ethics and the Medical Registration for Homeopathy have the power to take disciplinary actions against the medical practitioner including imposing a monetary penalty.

I would like to draw the attention of the House that requests for recognition for all the 237 colleges will be processed by July 15 and the Ministry will make all efforts to improve the quality of homeopathy education.

Although this Bill indicates upon improvisation in the quality of the Homeopathy institutions, there is no specific indication on how to improve the quality. To define a standardized curriculum of such 237 colleges offering course on Homeopathy is must. The institutions need

to be monitored at the centers in terms of quality of education, infrastructure and the certified academic instructors.

One important issue is about the Central Council's role and its responsibilities can be strengthened by bringing standardization of the Homeopathic medicine production under their purview.

Now I am coming to the Indian Medicine Central Council, IMCC Act, 1970 which was introduced to provide a structure and regulations to the Indian medical education, especially medical practices like Ayurveda, Unani, Siddha and Sowa-Rigpaand. Although the IMCC has not been implemented properly with multiple di-functionality and bottlenecks in the system itself.

To replace the IMCC for improving the functioning of the Central Council of Indian Medicine in 2005, the Government introduced Indian Medicine Central Council (Amendment) Bill, which is still pending in Rajya Sabha.

This Bill will introduce necessary regulatory reforms in the Indian System of Medical Education. It will also enhance transparency and accountability.

The main objective of establishing NCIM is to ensure adequate supply of skilled medical professionals and also increase ethical standards of medical standards of Indian System of Medicine. The Bill facilitates maintenance of register of Indian systems of medicine. It also encourages interface between different medicinal systems.

The Medical Council of India was first established in 1934 under the Indian Medical Council Act, 1933. This Act was repealed and

replaced with a new Act in 1956. Under the 1956 Act, the objectives of MCI include:

Maintenance of standards in medical education through curriculum guidelines, inspections and permissions to start colleges, courses or increasing number of seats.

Recognition of medical qualifications.

Registration of doctors and maintenance of the All India Medical Register.

Regulation of the medical profession by prescribing a code of conduct and taking action against erring doctors.

The Medical Council of India has repeatedly been found short of fulfilling its mandated responsibilities.

Quality of medical education is at its lowest ebb. The current model of medical education is not producing the right type of health professionals that meet the basic health needs of the country because medical education and curricula are not integrated with the needs of our health system.

Medical graduates lack competence in performing basic health care tasks like conducting normal deliveries. Instances of unethical practice continue to grow due to which respect for the profession has dwindled.

Compromised individuals have been able to make it to the MCI, but the Ministry is not empowered to remove or sanction a member of the Council even if he has been proved corrupt.

Key features of the Bill include, constitution of the National Medical Commission. The Bill sets up the National Medical

Commission. Within three years of the passage of the Bill, State Governments will establish State Medical Councils at the State level. The NMC will consist of 25 members, appointed by the Central Government. A search Committee will recommend names to the Central Government for the post of Chairperson, and the part-time members. The Search Committee will consist of seven members including the Cabinet Secretary and five experts nominated by the Central Government, of which three will have experience in the medical field.

Members of the NMC will include (i) the Chairperson, who must be a medical practitioner, (ii) Presidents of the Under-Graduate and Post-Graduate Medical Education Boards, (iii) the Director-General of Health Services, Directorate General of Health Services, (iv) five members (part-time) to be elected by the registered medical practitioners from amongst themselves from States and Union Territories for a period of two years.

Functions of the National Medical Commission: Functions of the NMC include: (i) framing policies for regulating medical institutions and medical professionals, (ii) assessing the requirements of health-care related human resources and infrastructure, (iii) ensuring compliance by the State Medical Councils of the regulations made under the Bill, (iv) framing guidelines for determination of fees for up to fifty per cent of the seats in private medical institutions and deemed universities which are regulated under the Bill.

Medical Advisory Council: Under the Bill, the Central Government will constitute a Medical Advisory Council. The Council will be the primary platform through which the States/Union Territories can put forth their views and concerns before the NMC. Further, the Council

will advise the NMC on measures to determine and maintain minimum standards of medical education.

The Bill sets up autonomous boards under the supervision of the NMC. Each autonomous board will consist of a President and four members, appointed by the Central Government. These boards are: (i) the Under-Graduate Medical Education Board (UGMEB) and the Postgraduate Medical Education Board (PGMEB): These Boards will be responsible for formulating standards, curriculum, guidelines, and granting recognition to medical qualifications at the undergraduate and postgraduate levels respectively. (ii) The Medical Assessment and Rating Board (MARB): MARB will have the power to levy monetary penalties on medical institutions which fail to maintain the minimum standards as laid down by the UGMEB and PGMEB. The MARB will also grant permission for establishing a new medical college, starting any postgraduate course, or increasing the number of seats. (iii) The Ethics and Medical Registration Board: This Board will maintain a National Register of all licensed medical practitioners, and regulate professional conduct. Only those included in the Register will be allowed to practice medicine. The Board will also maintain a separate National Register for community health providers.

Under the Bill, the NMC may grant a limited license to certain mid-level practitioners connected with the modern medical profession to practice medicine. These mid-level practitioners may prescribe specified medicines in primary and preventive healthcare. In any other cases, these practitioners may only prescribe medicines under the supervision of a registered medical practitioner.

There will be a uniform National Eligibility-cum-Entrance Test for admission to under-graduate and post-graduate super-specialty medical education in all medical institutions regulated under the Bill. The NMC will specify the manner of conducting common counseling for admission in all such medical institutions. The Bill proposes a common final year undergraduate examination called the National Exit Test for the students graduating from medical institutions to obtain the license for practice. This test will also serve as the basis for admission into post graduate courses at medical institutions under this Bill.

The greater question is why Doctors are so much against it. Section 32 of the bill authorizes the government to allow non-medical degree holders to practice medicine as community health providers. This provision has been vehemently opposed by Indian Medical Association that says it will legalize quacks in the country. This will allow anyone with limited exposure to modern medical system to recommend medicines. Compared to the present 70 per cent figure of elected representatives in the Medical Council of India (MCI), only 20 per cent members of the NMC will be elected representatives. Unlike MCI, whose decisions were not binding on state medical councils, the NMC Bill allows the commission's ethics board to exercise jurisdiction over state medical councils on compliance related to ethical issues. Also, while action can be taken against the MCI president only on the direction of a court, the NMC Bill enables the central government to remove the chairperson or any other member of the commission. National Exit Test (NEXT) has been conceptualised as a single test, which will act as a common final-year undergraduate medical exam and be used for granting medical license as well as admission to postgraduate courses. It has been argued that a single exam is being

accorded too much weightage, and it can have an adverse impact on the career of medical aspirants. The Bill allows the commission to "frame guidelines for determination of fees and all other charges in respect of fifty per cent of seats in private medical institutions and deemed to be universities". This increases the number of seats for which private institutes will have the discretion to determine fees. At present, in such institutes State Governments decide fees for 85 per cent of the seats. The need of the hour is if the Government wanted to improve the health services in the rural areas then it should strengthen the existing paramedics. Nurses and midwives are trained for administering injections and similar functions and the Government should try to tap this trained manpower. Primary care can be taken by these paramedics and only complex medical problems should be referred to a doctor with specialised knowledge. This kind of model has worked in other countries where doctors only treat complex problems.

***SHRIMATI ANUPRIYA PATEL (MIRZAPUR):** I present my views in support of the National Commission for Indian System of Medicine (ISM) Bill, which seeks to create a new regulator replacing the Central Council of Indian Medicine, governing higher education in ISM. The Bill will help strengthen the ISM which are age old and time tested, safe and effective with lesser side-affects and are very much our proud heritage. Growing up as a child in an Indian Household we have all experienced our grandmother's herbal prescriptions for any ailment we suffered from which always worked. We saw how during Covid pandemic Ayurvedic solution (e.g. Kadha drink) was promoted to boost

immunity. There has also been global surge in the popularity of Yoga and Naturopathy. Our Hon'ble PM Shri Narendra Modi ji has become the face of Yoga worldwide. He even promoted Yoga in Covid times as a protective shield of immunity. WHO is also helping in the advancement of Ayurveda through its Traditional Medicine Programme. India being a land of origin of all these traditional systems of medicine has to responsibly contribute to its evolution. We need an effective central regulatory body for ISM. It is no hidden fact that the regulatory body CCIM failed to fulfil its objectives and got crippled with loopholes and inadequacies which called for a complete revamp, complete overhaul of the regulatory framework and governance of medical education for ISM. Issues like lack of transparency in granting recognition or derecognising institutes, inability to maintain uniform standards of education at UG and PG levels, ensuring ethics in practice of ISM, failure to create standard curriculum, lack of competent and qualified teachers came up. That's why, by way of ordinance CCIM was superseded and for the interim period the Board of Governors was constituted to exercise the powers of the Council.

With the National Commission for ISM in place, emphasising on NEET and common counselling for admissions to al ISM institutions, emphasising on National Exit Test for grant of license to practice, emphasising on PG National Entrance Test, we can be hopeful that the pressing demand for standardisation, regulation and promotion of the ISM is being fulfilled.

We all understand how India has become a preferred destination for medical tourists from countries like Tanzania, Bangladesh, Mauritius, Africa, Middle East and South East Asia thus capturing close to 18% of global medical tourism market. Global attitudes towards ISM range

from ridicule to unconditional reverence. We have a scope to promote ISM with respect to medical tourism but that would require serious efforts towards global advancement. With the National Commission on ISM even this possibility can be explored.

With this, I once again support the Bill and conclude.

***SHRI SYED IMITIAZ JALEEL (AURANGABAD) :** I wish to lay my speech on The National Commission for Indian System of Medicine Bill

The Bill aims at providing medical education system that improves access to quality and affordable education, ensures availability of adequate and high quality medical professionals and creates systems that promotes equitable and universal healthcare.

We stand exposed today and I mean our country how pathetic our medical system do whether it comes to huge huge shortage of medical professionals or lack of medical infrastructure whether it was ventilators, oxygen tanks, masks, that we all faced during the last 6 months.

If at all the Bill should target anything, it should aim at opening more and more medical colleges. Generating more and more qualified medical professionals nursing staff and creating the best of medical infrastructure.

Apart from Allopathy govt should promote Ayurveda and Unani medicine too.

***SHRI N.K. PREMACHANDRAN (KOLLAM):** The Bill intends to constitute a National commission for Homoeopathy for the development and regulation of all aspects relating to medical education, medical profession, medical institution and Homoeopathy and to constitute an Advisory Council to advise and make recommendation to the Commission. I support the Bill subject to certain limitations.

I support in the sense that,

- a) it is comprehensive legislation covering all aspects of medical education, professional institutions, it was our demand when the Central Homoeopathy Council (Amendment) Bill was discussed.
- b) further it is equal to that of National Medical Commission Bill. Replica of NMC Bill.

A heated debate is going on regarding use of Homoeo Medicine to combat Covid-19. Homoeopathy is a therapeutic system of Medicine developed in the 18th Century by a German Physical Doctor Samuel

Hahneman. It is a holistic system of medicine that stimulates and encourages ones own natural healing forces of recovery. Homoeopathy is safe, economic, gentle and effective. It has already established a name in treating acute chronic and even genetic diseases. Nowadays, deaths are commonly caused due to complications of side effects of medicine rather than disease. The significance of Homoeopathy treatment is that it does not have side effects.

A recent study conducted by IMRB on “Acceptance of Homoeopathy in India” across Mumbai, Bangaluru, Hyderabad, New Delhi, Kolkata, Chennai, Pune and Ahmedabad has revealed that 59% of people have shifted from Allopathy to Homoeopathy. At least 77% believe Homoeopathy is the best form of treatment for long terms treatment. But it is quite unfortunate that there are lot of complaints from various parts of the country on the quality of Homoeopathic education due to mushroom growth of self financing Homoeopathic Medical Colleges. Commercialisation of education has drastically affected the standard of Homoeopathic Education.

Coming to the Bill, the Standing Committee on Health and Family Welfare chaired by Shri Ram Gopal Yadav in their report made so many recommendations. But most of the recommendations are missing in the Bill.

My first objection is

(1) The propose NMC for Homoeopathy do not have representative character with respect to elected/nominated and appointed Members.

Further, it may be seen that the representation of the doctors community is just 3 in number. The representation of Medical professionals in

Homoeopathy should be increased.

The same defect is seen in the Autonomous Boards, namely i) Homoeopathic Education Board, ii) Medical Assessment and Rating Board, iii) The Board Ethics and Registration. Democratic character is lost – NMC Autonomous Boards and Advisory Council.

(2) National Examination

- a) National Eligibility cum Entrance Test – NET for admission to the UG Course in Homoeopathy Medical College.
- b) Institution – National Exit Test – NEXT, i.e., First undergraduate Medical Exam – NEXT
 - for granting license to practice as Medical practitioner and for enrolment in the Register.
- c) PG-NET

Post graduate NE Test for admission to PG Course.

- d) National Teachers Eligibility Test – NET for teaching profession.

Comparison with NMC

(3) Fee Structure

Both Bills are silent about the fee structure. There is no provision to regulate the fee structure.

It will lead to commercialisation of Education is lost because of mushrooming growth of private Homoeopathy Medical Colleges.

4) Not complying the Federal principles of Constitution.

Health is a State subject. Medical Education is Concurrent subject.

Undermining the Authority of the State

Eg. NMC – out of 3, a member represents State.

NC-ISM-29-6 State represent.

NCH – 20 – 5 representation.

i.e. Central Centric legislation greater sense of the participation of the State is required.

5) National Health Policy 2017

Provides for Integrated health system/integrated system of medicine.

Instead of Integrating various health systems we are disintegrating.

Except in Clause 52 of the Bill

Govt setting of the Commissions

NMC

NMC-ISM

NMC-Homoeopathy

At least once in a year,

Modern System of Medicine

Indian System of Medicine

Homoeopathic System of Medicine.

Indian System of Medicine including Homoeopathy require Modern research.

Unfortunately, these Bills are not providing much focus to the Modern research education of ISM and Homoeo.

***DR. BEESETTI VENKATA SATYAVATHI (ANAKAPALLE):** I present my views on behalf of YSR Congress Party to put forth our views and suggestions regarding The National Commission for Indian System of Medicine Bill, 2020.

At the outset I would like to congratulate the Government for tabling this bill and deliberating on it as now the entire world is aware of the benefits of the Indian System of Medicine and we support the Central Government's initiatives to streamline this sector.

As we are discussing this Bill in the midst of this ongoing COVID-19 pandemic, the entire nation has now known the benefits of the Indian System of Medicine especially Ayurveda, Sidha & Unani as a preventive for COVID-19. So, in that regard, I welcome this Bill whole heartedly.

As is well known, the Bill seeks to repeal the Indian Medicine Central Council Act of 1970 and provide for a medical education system which ensures:

- (i) availability of adequate and high quality medical professionals of Indian System of Medicine,
- (ii) adoption of the latest medical research by medical professionals of Indian System of Medicine,
- (iii) periodic assessment of medical institutions and an effective grievance redressal mechanism.

I would like to bring to your notice the main points recommended by the Standing Committee on Health and Family Welfare which had studied this Bill in detail. The Committee observed that the strength of the NCISM and the representation from States as proposed in the Bill must be increased for its effective functioning. It noted that there were eight lakh registered AYUSH doctors in India. Of these, 56% of doctors belong to Ayurveda, 6.4% to Unani and 1.4% to Siddha and Naturopathy.

The Bill provides for three members to be elected from Ayurveda and one each from Unani, Siddha and Sowa-Rigpa. To ensure proportionate representation of doctors in the NCISM, the Committee recommended increasing the representation of Ayurveda doctors from three members to six members. The Committee recommended that the total strength of the NCISM be increased from 29 members to 4 members. These 44 members will include the Chairperson, 20 ex-officio members and 23 part-time members. I would like to request the Hon'ble Minister to include this recommendation of the Standing Committee and make the appropriate changes.

In addition to that the Bill sets up certain autonomous boards under the supervision of the NCISM. These boards are:

- (i) the Board of Ayurveda and the Board of Unani, Siddha and Sowa-Rigpa (which is almost similar to Ayurveda and mostly an ancient medical system practiced in Northern States and some parts of Ladakh region),
- (ii) the Medical Assessment and Rating Board for Indian System of Medicine, and
- (iii) the Ethics and Medical Registration Board.

However, once again, as Yoga is also being promoted in a big way by the Central Government, I would like to request the Hon'ble Minister through you Sir, to provide for a central regulatory framework for Yoga and Naturopathy, which the Standing Committee has also recommended. In fact sir, the Committee has recommended setting up a Board of Yoga and Naturopathy under NCISM. It also proposed the constitution of a Board of Research to facilitate research programmes in Indian System of Medicine, Yoga and Naturopathy. I believe, this would go a long way in adopting a scientific approach to our understanding of YOGA.

Apart from that, Hon'ble Speaker Sir, I would like to bring to the notice of the Hon'ble Minister the following key points.

Regarding Fee regulation, as we all know the States have an existing process to regulate fees charged by private medical colleges. This is done by taking into account local factors, reservation quota and other issues prevailing in respective States. However, there is no provision in the Bill for regulation of fees of Indian System of Medicine colleges. The absence of fee regulation may result in charging of high fees by private medical colleges. In this regard, I strongly urge the Government to adopt the recommendation of the Standing Committee in

this regard and recommended fee regulation for at least 50% of seats in private medical colleges, and deemed-to-be universities which will go a long way in helping meritorious and deserving students from economically disadvantaged background to get admission.

Regarding Advisory Council, under the Bill, the Central Government will constitute an Advisory Council for Indian System of Medicine. The Council will be the primary platform through which the States/Union territories can put forth their views and concerns before the NCISM.

Once again, in the backdrop of our strong federal culture and as noted by the Standing Committee also, there is no representation of State Medical Councils in the Advisory Council. Hence, on behalf of our party, I would like to strongly recommend to the Hon'ble Minister that there should be a provision for ensuring representation of State Medical Councils.

Regarding Teacher's examination, this Bill also proposes a National Teachers' Eligibility Test for postgraduates of each discipline of Indian System of Medicine who wish to take up teaching that particular discipline as a profession. However a glaring anomaly again which is noted by the Standing Committee is that it does not apply to teachers appointed before the enactment of this Bill. Speaker Sir, there are several teachers in the system who do not hold a postgraduate degree but are part of the education system. For such teaching professionals, there must be a provision for a training course, followed by Minimum Qualifying Test. This would ensure that their knowledge base is widened and updated.

Before concluding, I hope that the Government would take note of these recommendations from YSR Congress Party and make appropriate changes and pass the Bill so that the Indian System of Medicine can be at par in the international level especially when it comes to alternative systems of medicine. I wish these recommendations will be beneficial for the growth of this sector.

***SHRI JAYADEV GALLA (GUNTUR):** This Bill is similar to the earlier one that the House discussed relating to regulation and promotion of homoeopathy in the country. So, I welcome this Bill. But there are some issues which I wish to highlight for consideration of the hon. Minister.

There is a proposal to set up a 50-bedded AYUSH hospital in AP. Kindly let me know the present status of the same. Secondly, there are huge vacancies in the AYUSH hospitals and colleges and I wish to know the status of the same.

Under Ayushman Bharat, the Ministry proposes to operationalise 4,200 AYUSH Health and Wellness Centres in 2019-20, but the budget has been reduced to just Rs. 13 crore from the allocated Rs. 150 crore. So, I request the hon. Minister to kindly explain the status of the same with a particular reference to AP.

The next and the most important point is about taxation on AYUSH products. If you look at GST on AYUSH products, it is on the higher side at 12 per cent and at this rate, it is not easy to propagate, promote and push sale of AYUSH products. So, what has the Ministry done to take this before the GST Council to bring it down to five per cent?

Finally, herbal cultivation is very important for promoting, propagating and spreading Indian Systems of Medicine. The Ministry has identified herbal hubs in the country and planned earlier to extend herbal cultivation to 10 lakh hectares in the coming two years with an investment of Rs. 4,000 crore under Atmanirbhar Bharat Package.

So, what is the Ministry planning to do in this regard and what special emphasis is being made to make Seshachalam forest areas in Chittoor District of AP a herbal hub as there is a huge potential for medicinal plants?

With these observations, I support the Bill. Thank you.

I now come to the National Commission for Indian System of Medicine Bill. I thank you for giving me an opportunity for speaking on a Bill during this COVID pandemic relating to health. This is just one in a series of Bills – next, we have one more followed by three Ordinances – the Government is bringing in this Session for approval of the House. I welcome them.

Since the time of the House is curtailed for just four hours, the time is also curtailed for discussions on legislations. So, I would prefer to be brief and

pointed.

The first positive aspect of this Bill is that Homeopathy will have its own set up, its own National Eligibility cum Entrance Test (NEET) UG for admission into Homeopathy colleges across the country. Clause 14 of the Bill deals with it. This is a welcome move. It will be on the lines of NEET UG exam which was

conducted just yesterday. But, Sir, if you look at Clause 16 of the Bill, which deals with the admission into PG courses in Homeopathy, there is no exam like NEET PG, which is now there for MBBS students. Here, you just have National Entrance Test for admissions into PG course. The wording here is different, the pattern is different and even the process of admission is different when compared to UG. So, I would like to know from the hon. Minister what are the reasons that Government is not proposing to have NEET PG for Homeopathy undergraduates.

Secondly, the House must be aware that this Bill is as a consequence of recommendation made by NITI AYOG four years ago. If you look at its composition, which is the heart and soul of this Bill, I am sorry to say that it appears to be a body, to a large extent, controlled by the Government. There is no doubt that it enhances the number of Members to 20. But, out of these 20 members, 16 are nominated by the Central Government.

So, in every respect, it appears to be controlled by the Government which impacts the autonomy of the Commission. So, I request the hon. Minister to reconsider this.

The third point is that under Sub-Clause (4) of Clause (4), you are saying 5 members would be appointed from States on rotation basis for two years. But, for other members the term of office is four years. But, in Clause 6, you are saying that they will have four years term. There is

a conflict between these two clauses. Hence, I request the hon. Minister to clarify this.

The next point is about representation of States. Under Clause 4(4) (b) you are appointing 5 members on rotation from States for two years. So, on any given day, you have 5 members representing 5 States on the Commission for two years. It means, if AP gets its chance in 2020, then it will get its next opportunity to be on the board after 24 years, because you are appointing on rotation. So, AP will get its next term in 2044. So, I feel, it is not in the spirit of the Bill and is not in the interest of research in the field of Homeopathy. So, I request the hon. Minister to give representation of every State on the Board so that States will also have an opportunity to share their views, be it relating to research or promotion or expansion of Homeopathy in the country.

Finally, you have said that within three years the National Medical Commission would be established. But no permanent set up is there so far. Even under this Bill, there is no mention of a fixed time line within which you will set up the Commission. Clause 1(3) says that the Bill shall come into force on such date as the Central Government may notify and different dates would be given for different provisions. It means, all provisions will not come into force in one go. So, I request the hon. Minister to fix a timeframe for implementing every provision of this Bill.

With these observations, I support the Bill. Thank you.

***SHRI E.T. MOHAMMED BASHEER (PONNANI):** I place my suggestions on the Bill to repeal the Homeopathic Central Council Act, 1973. I suggest for the introduction of the National Commission for Homoeopathy with powers to the National Commission for Homoeopathy. There is a need for formulation of the State Medical Commission Council, various autonomous boards with respect of standardization and setting up the new medical institutions. There is a need for ensuring medical ethics, conduct entrance examination and National Eligibility cum Entrance Examination for Graduation and Post-Graduation.

My Concern is regarding reservation, which is to be strictly adhered to. There is a lack of proper representation to elect medical professionals. Sir, 80 per cent of them are nominated. The election component should have due weightage. As per the Act, the Central Government is the appellate authority and the decision taken by the National Commission for Homoeopathy. It is not advisable. It should act as a medical appellate tribunal headed by a sitting Judge or retired Judge of High Court. The absence of a fee regulation mechanism is another inconsistency in the Bill and the same is to be corrected. There should be an Advisory Council. There is no representation from the State Medical Council. There should be a National Teacher's Eligibility list. This is a good idea but what about existing teachers?

***SHRI KODIKUNNIL SURESH (MAVELIKKARA):** I am grateful for this opportunity to present my views about this important Bill, the National Commission for Homoeopathy Bill, 2020, passed in the Rajya

Sabha on 18 March 2020.

Coming to the National Commission for Homoeopathy Bill, 2020, this Bill

seeks to repeal the Homeopathy Central Council Act, 1973 and aims to provide availability of adequate and high quality homeopathic medical professionals. The Bill seeks to sets up the National Commission for Homeopathy (NCH), which will consist of 20 members, appointed by the Central Government.

Apart from these aims, the Bill further seeks to achieve, I quote, “To promote equitable and universal healthcare that encourages community health perspective and makes services of Homoeopathy medical professionals accessible and affordable to all the citizens that promotes national health goals.”

In this introduction of the Bill, the fundamentals of this Bill are laid out, However, the question remains whether enough support has been granted to Homeopathy in the country, even when Homeopathy is religiously followed by over 10 crore people in India and has over 2.25 lakh registered homeopathy practitioners with 20,000 new homeopaths being added every year.

The Bill, upon examination is found to be lacking representation and inclusion. Therefore, I suggest the following amendments to be made accordingly.

Apart from the head office in New Delhi, regional offices of the commission must be established with a regional office established in Kerala.

The National Commission of Homeopathy, in addition to the proposed members must ensure representation of a minimum of two Members of Parliament from Lok Sabha and Rajya Sabha

The National Commission as well as regional offices and proposed boards (*Homeopathy Education Board, Medical Assessment and Rating Board, Board of Ethics And Registration For Homeopathy*) under the new legislation must have mandatory representation of experts and members belonging to the SC/ST category and practitioners of traditional homeopathy, students of homeopathy among others.

The advisory committee of experts for each autonomous board as envisaged in the Bill must be described in detail. The mandatory qualifications and standing of the experts must be codified as is necessary.

The Government has not done enough to encourage and promote homeopathy in India. This remains the sad reality as I can speak from my personal experience as in my constituency Mavelikkara, the National Homoeopathy Research Institute in Mental Health Kottayam District is located. The Institute has a 100-bedded IPD facility with an average attendance of 700 patients in general OPD and having 15 ongoing research projects in various diseases conditions.

Despite these advancements in growth, I am disappointed that till this day not even one post is sanctioned or fund allotted to its development. The newly introduced Post Graduate course is run by the contractual appointees, even its Professors and Principal. It needs special fund and attention if the Government is serious on development of Homoeopathy in the country.

I also understand they have prepared a master plan for its development with about Rs.200 crore. But only hostel facility has been sanctioned for the purpose. I request the Government to immediately release appropriate fund for the implementation of the master plan and also sanction necessary posts which are pending since past one year.

If the Government is serious about promoting homeopathy, it must at least try to bring development and progress to existing institutions.

I would also like to point out that in the case of Homeopathic education, there are about 250 undergraduate colleges in the country, most of them in the private sector. The AYUSH Ministry brought NEET eligibility for admissions. NEET examinations are conducted for Allopathy, Dental etc. With the present state of acceptability, all the best students opt for Allopathy as first choice and the students to AYUSH courses are normally from the lower rank. So, does the Ministry of AYUSH want the second or third rung students for their courses?

There are reports that the Ministry of AYUSH is deliberately making efforts not to get adequate students in Homeopathic colleges by keeping the cut-off marks for admission high. The permission to the colleges is given by Ministry of AYUSH, their number of seats are decided by them, the free structure is decided by the State Government, the education regulations and the minimum standards are decided by the

Ministry. Therefore, they should facilitate the institutions to have students sanctioned by them.

Any shortfall on admission has serious consequences on maintenance of standards and optimum facilities. Therefore, I request the Government should see that every college gets opportunity to admit the sanctioned strength without much hassle.

I would also invite your attention to the fact that we need to think and

create a framework to attract more capable students who are interested to

study Homeopathy to take this stream of medicine system. But, unfortunately In India there is a total imbalance in the number of education institutions. A State like Kerala, where there are more than 1000

state run dispensaries have only 5 UG colleges with an admission capacity

of about 250.

But in Maharashtra, where there is not even one Government dispensary, they have more than 50 UG colleges in Homeopathy and about 50,000 qualified Homoeopaths. I suggest that the Government may constitute an Education Commission for Homeopathy to understand the needs and systemic gaps in Homeopathy institutions, the number of admissions and to revise the capacity building for the system. I would suggest that simply by changing the Act or bringing amendments, we will not get an impetus of development.

Even when passing this important bill, the Government is forgetting the principle of organizational capacity building. As I understand, the only post of Advisor (Homeopathy) who could be the voice of the profession and administration is lying vacant for a long time. There are eligible officers to be promoted to the post. Why the Ministry of AYUSH with a technical person as Secretary is not taking urgent measures to get an expert in the position?

I request the post may be filled up immediately. Even in Central Council for Research in Homeopathy (CCRH), various promotion posts have not been filled up and employees of CCRH are compelled to retire from the entry post itself without any encouragement. Government should take appropriate action for this.

Another aspect I would like to bring to your attention is that an effort is being made by the Ministry of AYUSH to downplay the importance of Homoeopathy. One example is that the recent decision to close down the Homoeopathic Pharmacopeia Laboratory. This was the only laboratory established for laying standards of Homeopathic medicines. This has been abolished and merged with the Pharmacopeia Commission of Indian Medicine on the pretext of enhancing efficacy. If at all the motive was to enhance the efficacy, the Ministry would have augmented its facilities. Closing down a well-functioning laboratory was not in good

taste which badly affects the quality and standard of Homeopathy Medicines.

In Homeopathy there are about 390 Manufacturing units and all the samples of these medicine manufacturers were being tested by this Lab. By abolishing this Lab, a great injustice has been done towards the system.

I request the Government to look into the matter, revive the Homoeopathic Pharmacopeia Laboratory, and establish regional Drug testing labs for Homeopathic Medicines. Such short-sighted efforts which have far-reaching implications without having expert consultation may not be encouraged.

Regarding the reach and accessibility of homeopathic medicines at affordable costs, the Government must make urgent regulatory efforts. The Government must establish exclusive homeo medicine retail shops so that accessibility of affordable homeo medicines is enhanced.

I am further adding an important point that segregation and exclusion of alternate medicine systems are still practiced by the Government, even during the Covid pandemic.

Even when there have been several success stories of using Homeopathy in preventing and treating the pandemic, the Government has not used the system in preventing and treating COVID 19, but completely relied on the ICMR guidelines. About 80 per cent of the COVID positive cases are

asymptomatic or with mild symptoms. These could be well treated by Homeopathy or any other AYUSH systems. Even there have been several reports of Homoeopaths treating symptomatic cases across the globe.

There is a nearly equal number of qualified practitioners and institutions in AYUSH to that of Allopathy, but the Government completely relied on ICMR

and allopathic system. This has happened when World Health Organization itself stated that there is no medicine or vaccines in allopathy and allowed repurposed allopathic medicines, with known side effects. Whereas several Homeopaths claimed that they could manage cases

safely with their existing medicines as this is a symptoms-based system approach in Homoeopathy. In my State even the State Government rejected

proposals for Research in COVID through Homeopathy.

The National Homeopathy Research Institute in Mental Health under the

Central Council for Research in Homeopathy, Ministry of AYUSH, with 100

bed Post Graduate Institute is converted into COVID first line treatment Centre and giving allopathic treatment though homoeopathic doctors being

posted for duty. Homoeopaths are not allowed to treat here also for COVID. I request the Ministry of AYUSH may instruct the Government of Kerala to allow the Homoeopathy treatment to COVID-19 cases as done in various other states of India.

To conclude, I must say that every civilization embraces its tradition and adopts different streams of thoughts to achieve stable progress and promoting homeopathy must become a stated national policy.

***श्री जगदंबिका पाल (डुमरियागंज):** आज मैं नेशनल कमीशन फॉर होम्योपैथी बिल 2020 एवं नेशनल कमीशन फॉर इंडियन सिस्टम ऑफ मेडिसीन बिल 2020 के बारे में अपने विचार व्यक्त करता हूं। सरकार द्वारा उक्त विधेयक को लाने का कारण सामाजिक स्वास्थ्य के वृष्टिकोण से समान और सार्वभौमिक स्वास्थ्य को बढ़ावा देने का उद्देश्य है। इसमें भारतीय आयुर्विज्ञान चिकित्सा पेशेवर की सभी सेवायें नागरिकों तक पहुंचाने का लक्ष्य है। इससे राष्ट्रीय स्वास्थ्य लक्ष्य को बढ़ाना देना है।

अतः मैं उक्त विधेयक के पारित करने का समर्थन करता हूं। सरकार ने राष्ट्रीय होम्योपैथी आयोग विधेयक 2020 में उल्लेख है कि इसके इस्तेमाल से प्रतिरोधक शक्ति में लाभ प्राप्त होता है। भारत में होम्योपैथी के 225 अस्पताल और 7259 औषधालय हैं, लगभग 3 लाख होम्योपैथी का इस्तेमाल लगभग 3 करोड़ 52 लाख से ज्यादा लोग इस्तेमाल करते हैं। मैं इसका समर्थन करता हूं।

SHRI MAGUNTA SREENIVASULU REDDY (ONGOLE): Thank you very much for giving me the time to speak. Firstly, I must congratulate the Lok Sabha Speaker and the Lok Sabha Secretariat for making excellent arrangements. While coming inside the Parliament, I was worried that now the hon. Speaker will speak with the mask on his mouth. All the Members here want the hon. Speaker to always smile. We wanted to see the smiling Speaker without the mask. Yours is a signature smile, Sir.

We are thankful to you for giving us the opportunity to speak. With regard to the National Commission for Homeopathy Bill, 2020, I would like to say that during COVID pandemic, homeopathy has become more important. People are now finding alternatives for allopathy. They are going for what we call in Andhra as *Kashayams*. It is called *Kadha* here. In Tamil Nadu it is called *Kabasura Kudineer* and *Nilambu* in Kerala. This is used to boost the immunity of a person. We want that no one should test COVID positive. I will not take much time.

You know, Sir, that YSR Congress Members are well disciplined. We all behave well in the Lok Sabha. My only request to you, Sir, is that all the suggestions made by the Standing Committee should be implemented. As my colleagues have already stated, it is very much required to include yoga and naturopathy in this Bill. We wholeheartedly support this Bill. Our hon. Chief Minister, Shri

Jaganmohan Reddy wants this to be conveyed in this august House. Thank you, Sir.

DR. KALANIDHI VEERASWAMY (CHENNAI NORTH): Thank you very much for giving me the opportunity to speak on this important Bill. I would like to pay homage, at this point, to Anitha and 11 other students who have committed suicides because they were not able to enter into NEET. As the previous speaker has mentioned, we have different forms of school education. I would like to say that a level playing field is needed for any person to enter into any professional course. I feel, as long as you have different syllabuses for school education, it is unfair to have NEET. I would request that this NEET be abolished till the Government either start CBSE schools throughout the country or have a common system of education for all the students. By not providing a level playing field, the Government is depriving a number of backward and socio economically deprived people from entering into the medical colleges.

When most of the countries are in the process of evaluating alternative sources of medicines like Homoeopathy, Ayurveda, Unani, Siddha, and all these things, I am surprised that we are not doing enough research into these things to see that if these things are really relevant and if they are really working. When you look at Homoeopathy, there are a lot of claims that it acts as nothing other than a placebo. I am sure that the hon. Health Minister will agree on this that there are a lot of controversies. To dispel this controversy, I feel that we should have adequate research into all fields of medicines.

Similarly, we also have this Indian Pharmacopoeia. When the so-called allopathy is having the Indian Pharmacopoeia, whether all the other medicines are also tested, whether the efficacy of these medicines are proven and accepted by our country and by the Pharmacopoeia, and then, provided to the people, is questionable.

Now, I come to the last point. Around three centuries back, when all these medicines were evolving, allopathy was very backward at that point of time. But today, we do not prefer to call it as allopathy. We would prefer to call it as a modern medicine or more recently, we call it as evidence-based medicines. When we talk about evidence-based medicines, the amount of research, which is being done and proven, is convincing and this medicine is accepted the world over.

I am sure that there are umpteen number of patients who are being treated by Homoeopathy. There are lakhs of doctors and there are crores of patients who are being benefitted. But we do not know whether these are really effective or whether they are acting as a placebo.

So, I request the hon. Health Minister to make sure that adequate research is done before any treatment is given to the people.

***DR. SUBHAS SARKAR (BANKURA):** I am grateful for having given me an opportunity to present my views on National Commission for Indian System of Medicine Bill, 2020.

In this global pandemic Covid-19 situation, 135 crore Indian people are fighting hard under the leadership of Shri Narendra Modi and his efficient Cabinet. Nobody is in starvation. People of India have become astonished on Prime Minister's declaration of Rs. 20 lakh crore package on 12th May. Can we imagine how many hours of effort have been taken to analyse and determine such a noteworthy decision? In one way, Government is fighting in a war footing but on the other hand is not lagging behind in its usual transformational work.

Today's Bill is the transformation work of the country. घर की आग भी निभाना और रसोई भी चलाना । मोदी जी हैं, तो मुमकिन है ।

Ayush Ministry has rightly introduced the National Commission of Indian System of Medicine Bill, 2020 to improve overall standards of education and practices of Indian System of Medicine on the same thought process of National Medical Commission, 2019.

The traditional systems of medicine are well patronized in the country. At present, there are 414 ASSU Colleges (Ayur-414; Siddha-13; Unani-55; Sowarigpa-03) with 32,441 UG seats and 4,960 PG seats. Around 2,94,162 – Ayurveda, 2,38,672-Unani, 5,685 - Siddha practitioners are available in the country.

Indian system of Medicine was totally ignored in Independent India till 2014.

The Ministry of AYUSH have two statutory regulatory bodies, namely, and Central Council for Indian Medicine and Central Council of Homoeopathy to regulate the Ayurveda, Siddha, Unani, Sowarigpa and Homoeopathy education respectively.

The Indian Medicine Central Council Act, 1970 (48 of 1970) was made to provide regulation to the education standards of Ayurveda, Unani, Siddha, and Sowa-Rigpa systems of medicine, maintenance of the Central Register of practitioners and for matters connected therewith.

The said Indian Medicine Central Council Act has many short comings. None to nourish, it is the physically challenged baby.

Let us come to short comings of the Indian Medicine Central Council Act, 1970.

Majority of Members are elected and all members can be re-elected.

No upper age limit for becoming Member.

Members continued tenure after tenure thereby establishing nexus with the colleges.

Only the Executive Committee is the main functioning body.

Inspections conducted mostly by Members.

No test is required before registration. The Degree of the University entitles for registration and practice.

Power to supersede the Council in case of non-functioning of Council.

Conditions for removal of President and Members is not available.

Members of the Council not considered accountable as they are not in regular Government service.

1970 से 35 साल रज कर्ने बाला सरकर शो गए थे ।

In 2005, the Central Government introduced the Indian Medicine Central Council (Amendment) Bill, 2005 in Rajya Sabha. That was like old drinking water with fungus in a new bottle. It is proposed only to address the membership issue and empowering the Central Government to issue directions.

During the 16th Lok Sabha under the leadership of Shri Narendra Modi JI, the Central Government constituted a Committee chaired by Vice-Chairman, NITI Aayog to review the Indian Medicine Central Council Act and the said Committee has recommended for enactment of the National Commission for Indian System of Medicine Bill, 2018 on the same lines as that of the National Medical Commission Bill, 2018.

Accordingly, the National Commission for Indian System of Medicine Bill, 2019 was introduced in Rajya Sabha on 7th January, 2019. The Bill provides for eleven points:

Constitution of a National Commission for Indian System of Medicine for development and regulation of all aspects relating to education, medical profession and medical institutions of Indian System of Medicine and an Advisory Council to advise and make recommendations to the Commission;

Constitution of four Autonomous Boards, namely:

the Board of Ayurveda to regulate Ayurveda education at undergraduate and post-graduate levels and to determine standards thereof;

the Board of Unani, Siddha and Sowa-Rigpa to regulate education at undergraduate and postgraduate levels and to determine standards

thereof;

the Medical Assessment and Rating Board for Indian System of Medicine to carry out inspections and to assess and rate the medical institutions; and

the Board of Ethics and registration for Indian System of Medicine to regulate professional conduct and promote medical ethics amongst practitioners and professionals of Indian Medicine and to maintain a national register of all licensed practitioners of Indian Medicine;

holding of a Uniform National Eligibility-Cum-Entrance Test for admission to undergraduate medical education;

holding of a National Exit Test for granting licence to practice as medical practitioner of Indian System of Medicine;

holding of a uniform Post-Graduate National Entrance Test for post graduate courses;

holding of National Teachers' Eligibility Test for Indian System of Medicine for appointment as teachers thereto;

the manner of seeking permission for establishment of new medical institution;

the manner of maintaining National Register and State Register of Indian System of Medicine;

recognition of medical qualification granted by Universities and medical institutions in India and outside India and withdrawal of recognition or de-recognition of qualification;

holding of joint sitting of the Commissions of other medical education to enhance interface between Indian System of Medicine, Homoeopathy and modern system of medicine;

the repeal of the Indian Medicine Central Council Act, 1970 and for dissolution of the Central Council of Indian Medicine constituted thereunder with certain conditions.

The NCIM Bill, 2019 was subsequently referred by the hon. Chairman, Rajya Sabha to the Department-Related Parliamentary Standing Committee on Health and Family Welfare for examination and report.

The Rajya Sabha Secretariat vide its letter dated 27th November, 2019 has forwarded the copy of 115th Report of the Department-Related Parliamentary Standing Committee on Health and Family Welfare on the National Commission for Indian System of Medicine (NCIM) Bill, 2019 for further consideration by the Ministry.

The Standing Committee presented its final report (115th Report) on the Bill and recommended amendments/modifications. The Minister, after considering the recommendations of the Standing Committee and also taking into consideration the National Medical Commission Act, 2019 and its own views on the need for modification to achieve the purpose, proposes certain amendments/additional clauses to the National Commission for Indian System of Medicine Bill, 2019. The Committee in its Report has agreed to the proposal of the Ministry with some recommendations/suggestions.

The Report of the Parliamentary Standing Committee was examined and accordingly aligned with the provisions of the National Medical

Commission Act, 2019. The following major official amendments were proposed: -

- i. The definition of Indian Medicine has been amended as per the suggestion of the Standing Committee. Added the following words: - “supplemented by such modern advances, scientific and technological development as the Commission may, in consultation with the Central Government, declare by notification from time to time.” (Clause 2(h))
- ii. The Members of the Commission has been increased from the existing 29 members to 39 (Clause 4).
- iii. Ex-officio Members have been increased from 12 to 15. (Clause 4(1)(c))
- iv. Director-General, Central Council for Research in Ayurveda Sciences, Director-General, Central Council for Research in Unani, and Director-General, Central Council for Research in Siddha have been added as ex-officio members in the Commission. (Clause 4(3))
- v. Part-time members have been increased from 16 to 23. (Clause 4(1)(c))
- vi. Part-time members in the Commission from State/UT Vice Chancellors of Universities have been proposed to increase from existing 6 to 10. (Clause 4(4)(b))
- vii. Elected representatives of States/Union Territories have been increased from existing 6 to 9 for a period of two years. (Clause 4(4)(c))
- viii. Tamil and Urdu have been added along with Sanskrit as a qualification for members in the Commission and Search Committee. (Clause 5(1)(d))

ix. Period of appeal to the Central Government against decision of the Commission has been reduced from thirty days to fifteen days. (Clause 9)

x. Provision for determination of fees and other charges for 50 per cent of all seats in private and deemed universities to be fixed by the Commission as in NMC Act, 2019. (Clause 10 (1))

xi. In Advisory Council, the elected representatives of State or Union Territory Medical Councils, Chairman-UGC and Chairman-NAAC have been added. (clause 11)

xii. If the Vice Chancellor of University does not possess the qualifications of Indian System of Medicine, then the State Government or the Ministry of Home Affairs shall nominate a member who shall be the Dean or Head of the Faculty of Indian System of Medicine from any State/Union Territory Government College. (Clause 11)

xiii. Provisions for specifying the manner of conducting the admission of such students (Pre-Tibb/Pre-Ayurveda courses) shall be in such manner, as may be specified by regulations. (Clause 14);

xiv. Period of appeal to the Commission against decision of any Autonomous Board has been reduced from sixty days to thirty days. (Section 24)

xv. Provision for obtaining permission from the Medical Assessment and Rating Board for starting new PG courses and increase of seats has also been proposed. (Clauses 28 and 29)

xvi. New Section specifying criteria for approving or disapproving the scheme for starting of colleges, starting of new Post-Graduate course

and increase of seats has been proposed as that of NMC Act, 2019, after clause 28.

xvii. The period of six months has been reduced to three months for passing orders by the Medical Assessment and Rating Board for permissions of new colleges, starting new higher course and increasing seats. (Clause 29(3))

xviii. The period of superseding the Commission has been reduced from one year to six months as in NMC Act, 2019. (Clause 50).

The National Commission for Indian System of Medicine Bill, 2019 along with the above proposed official amendments were passed in the Rajya Sabha on the 18th March, 2020 as ‘The National Commission for Indian System of Medicine Bill, 2020’, which is now due for consideration and passing in the Lok Sabha.

Extensive discussion at different levels for a long period has been completed.

Many so-called educated people speak that only modern medicines have scientific approach and no other medicinal fields have any scientific basis. For them as well as many members of modern medicine who are present here, let me say, we are aware of action potential, transport of Na+, K+ and also reverse transport of the same. But we never get answers of all. Why? Simply, we observe fact and findings through our presently discovered scientific knowledge.

I, being practitioner and student of Modern Medical Science, would like to speak that it is for the first time there is meticulous endeavour for scientific standardization of Indian System of Medicine in the light of Modern Medicine & rays of National Medical Commission, 2019.

We have 62 universities across the country and they are providing affiliation to ISM colleges. There are 5.5 lakhs registered practitioners in the country.

In Covid situation, many actions starting from 6th March advisory and 21st April, 2020 Notification to approve and operationalize Ayush Research, Ayush Sanjivani mobile App and even yesterday issues of post-Covid management protocol are remarkable.

The Bill will upgrade education and practice of Indian System of Medicine which will also attract students from abroad.

I am requesting all the Members to accept and pass the Bill unanimously. तब ये भी बनेगा आत्मनिर्भर भारत का एक पहलू। बहुत-बहुत, धन्यवाद।

***DR. UMESH G. JADHAV (GULBARGA):** I am thankful to you for giving me an opportunity to speak on the National Commission for Indian System of Medicine Bill, 2020. I rise here in full support of this Bill.

First of all, I would like to express my gratitude and salute to all the doctors and nursing staff in the country, who are working day and night to fight with this pandemic and taking utmost care of the COVID patients. I myself, my wife, my son, my daughter-in-law, my daughter, my drivers, my Pas and my gunmen were all affected with COVID 19, and we were all admitted in Bengaluru Government Bowring Hospital. I am standing here just because of these dedicated doctors and nursing

staff, who had taken care of us with utmost dedication. It is like my rebirth, and fortunately, today, I am speaking in this House in support of the medical professionals.

I being a surgeon, studied allopathy, which is called as modern medicine. But today, the whole world is looking towards the traditional form of medicine or we can say, the Indian System of Medicine, to boost their immune power to fight with this Coronavirus as it is suggested throughout the world that till the vaccine comes for this pandemic, the best way to stay away from this virus is to boost the immune system through the traditional forms of medication such as Ayurveda, Unani, Homeopathy, Siddha and Yoga, which were earlier called as Un-Modern Medicines.

So, this Bill boosts the confidence in people to do researches in these above-mentioned branches of medicines.

I would like to thank our beloved Prime Minister of India, Shri Narendra Modi-ji and our hon. AYUSH Minister, Shri Sripad Naik-ji for bringing this Bill, which will not only strengthen the traditional form of medicine but also ensure availability of quality medical education system and medical professionals of Indian System of Medicine as also adoption of the latest medical research and other objectives. Due to some reasons, we have stopped using the oldest system of medicine and we have been driven to modern of science and technology in Allopathy. Indian Systems of Medicine have not been promoted properly by the Governments over the years in the past.

It was our beloved late Shri Atal Bihari Vajpayee-ji, the then Prime Minister of India, who had pioneered in 2003 by starting AYUSH Department. Since 2014, after the inception as an independent Ministry

under the able guidance of our beloved Prime Minister, Shri Narendra Modi-ji, there has been a tremendous promotion and growth in the Indian Systems of Medicine as we all are celebrating the National Ayurveda Day on Dhanteras, the National Unani Day on 11th February and the International Yoga Day on 21st June. Now, we can witness the changes as our Indian Systems of Medicine are not only becoming famous in India but also gaining huge popularity across the world.

This Bill will give equal status on par with other medical systems as it will boost the morale and psychology of AYUSH practitioners throughout the country. As I mentioned earlier, Allopathy is being called Modern, and Ayurveda is being called as Un-Modern. But this Bill will now bring them together on one platform where no one would differentiate between Modern and Un-Modern.

The autonomous bodies, which are proposed in this Bill can take their own decision to bring in new reforms in the Indian Systems of Medicine and achieve newer height. This Bill will bring down all the obstacles and hurdles in the development of Indian Systems of Medicine.

The reason for bringing this Bill is that the said Indian Medicine Central Council Act has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and by implication on delivery of quality health services. In order to streamline the functioning of the Central Council of Indian Medicine, to bring transparency in the mechanism for grant of permission to medical institutions and to improve the standards of medical education in the Indian Systems of Medicine, this Bill is very much necessary.

The National Commission for Indian System of Medicine will help framing policies for regulating medical institutions and medical professionals of Indian Systems of Medicine. The other main functions of the National Commission for Indian System of Medicine are: ensuring compliance by the State Medical Councils of Indian Systems of Medicine of the regulations made under this Bill; and also ensuring coordination among the autonomous boards set up under this Bill.

This Bill provides for constitution of autonomous Boards such as Board of Ayurveda, Unani, Siddha and Sowa-Rigpa, which are responsible for formulating standards, curricula, guidelines for setting up medical institutions, and granting recognition of medical qualifications at the undergraduate and postgraduate levels in their respective disciplines. The Medical Assessment and Rating Board for Indian System of Medicine would assess and grant permission to the educational institutions of Indian systems of Medicine. Similarly, the Ethics and Medical Registration Board will maintain a National Register of all licensed medical practitioners and deal with the ethical issues.

In order to ensure transparency, this Bill also proposes a common final year National Exit Test for the students graduating from medical institutions to obtain their license to practice. Further a National Teachers' Eligibility Test has been proposed in this Bill to assess the standard of the teachers before their appointments and promotions.

Also, the Advisory Council for Indian System of Medicine will be the primary platform through which the States/Union Territories can put forth their views and concerns before the NCISM. Further, the Council will advise the NCISM on measures to determine and maintain the minimum standards of medical education.

Therefore, once again, I would like to congratulate our beloved Prime Minister of India, Shri Narendra Modi-ji and our hon. AYUSH Minister, Shri Shripad Naik-ji for bringing the National Commission for Indian System of Medicine Bill, 2020.

With these few words, I conclude.

***DR. MOHAMMAD JAWED (KISHANGANJ)** : I oppose this Bill because of the following reasons:

Lack of external oversight to ensure that NCH does not fail to meet Legislative Objectives: The current National Commission for Homoeopathy Bill was introduced in order to replace Homoeopathy Central Council Act, 1973 after the failure of the Homoeopathy Central Council to perform its required duties. The current Bill lays out the duties of the new NCH in detail as well as the details for the appointment of committee members. However, there remains a lack of oversight from external sources to ensure that the NCH will not fail in the same way the Homoeopathy Central Council did. The NCH will oversee the autonomous boards. Therefore, for the continual and quality functioning of Homoeopathic education and services it is essential to ensure that the NCH meets its legislated duties.

Lack of integration of Homoeopathy into general healthcare service: The NCH aims to promote Homoeopathy as a readily available and affordable option across the nation. However, the Bill does not

provide a framework for how the promotion of Homoeopathy will take place, particularly alongside allopathy options.

Now I come to the Bill which seeks to repeal the Indian Medicine Central Council Act, 1970 and regulate the Indian system of Medicine under a new law to ensure and improve access to quality and affordable education in this field as well as to ensure uniform standards of practice by professionals.

Why is this Bill problematic? Firstly, the Bill does not include yoga and naturopathy within its ambit. *Adarniya Pradhan Mantri ji itna yoga ka prachar kartey hain.* Modi ji wants the world to learn yoga from India, but failed to include yoga and naturopathy in the new draft despite the Parliamentary Standing Committee on Health & Family Welfare noting in its Report that both systems have been excluded from the scope of the Bill without sufficient reasoning.

Secondly, as regards Exit Test, the criteria of an Exit Test -- which all Graduates will have to clear before getting a practicing license -- cannot be a benchmark for the eligibility of a student to practice Ayurveda, Unani, Siddha and / or Sowa-rigpa. The duration for Bachelor of Medicine and Bachelor of Surgery (MBBS) is 5.5 years. The total seats are 41,388, but the no. of students who give exam is approximately seven lakhs. The duration for Bachelor of Dental Sciences (BDS) is 4.5 years. There are around 26,000 seats in both private and Government. The duration for Bachelor of Homeopathic Medicine & Surgery (BHMS) is 5.5 years. The duration for Bachelor of Ayurvedic Medicine and Surgery (BAMS) is 5.5 years. The duration for Diploma in Homeopathic Medicine and Surgery (DHMS) is 4 years. The duration for Bachelor in Unani Medicine (BUMS) is 5.5 years. The duration for

Bachelor of Veterinary Sciences & Animal Husbandry is 5 years. The duration for Bachelor of Pharmacy is 4.5 years. The duration for Diploma of Pharmacy is 2 years. The duration for Bachelor of Occupational Therapy is 4.5 years. The duration for Bachelor of Medical Laboratory (BMLT) is 3-4 years. The duration for Bachelor of Physiotherapy is 4.5 years. The duration for Bachelor of Science in Nursing is 4 years. The duration for Bachelor of Naturopathy & Yogic Sciences (BNYS) is 5.5 years. It would be impossible to determine all skills in a student from just one exam.

Thirdly, there is potential legitimization of quackery. The Indian Medical Association has expressed concerns that granting AYUSH the ability to prescribe allopathic medicines and perform allopathic procedures will effectively amount to official legitimisation of quackery. This will compromise the functions of the medical field and reduce its efficacy.

Fourthly, there is exclusion of pre-Tib and pre-Ayurveda courses from the ambit of National Entrance Test. The Bill also fails to regulate pre-Tib and pre-Ayurveda courses, which is an oversight noted in the Standing Committee Report as well. This may lead to these courses being viewed as an easier alternative to enter the field without the same higher standards as other courses. Further, the Ayurvedic Medical Association of India has contended that the most common system of Indian medicines is Ayurveda, but it has a very disproportionate representation under the provisions of the new Bill thereby resulting in loss to their interests.

Neem Hakeem Khatra-e-Jaan. It is a dangerous trend, and we will be putting our people to mental risk. Thank you.

माननीय अध्यक्ष: माननीय मंत्री जी, आपने सारे विषय के बारे में बोल तो दिया है, क्या आप कुछ कहना चाहते हैं?

डॉ. हर्ष वर्धन: महोदय, इतने इश्यू रेज़ कराए हैं, थोड़ा तो बोलना चाहिए।

माननीय अध्यक्ष: नहीं, अब मद संख्या 21 ली जाती है।

प्रश्न यह है:

‘कि ऐसी चिकित्सा पद्धति के लिए, जो भारत के सभी भागों में क्लालिटी और सस्ती चिकित्सा शिक्षा तक पहुंच का सुधार करती है, जो पर्याप्त और उच्च क्लालिटी के होम्योपैथी चिकित्सा व्यावसायियों की उपलब्धता को सुनिश्चित करती है; जो ऐसी साम्यापूर्ण और सार्वभौमिक स्वास्थ्य देखरेख का संवर्धन करती है जिससे सामुदायिक स्वास्थ्य परिप्रेक्ष्य को बढ़ावा मिलता है तथा सभी नागरिकों के लिए होम्योपैथी चिकित्सा व्यावसायियों की सेवाओं को सुगम्य और वहन करने योग्य बनाती है; जो राष्ट्रीय स्वास्थ्य संबंधी लक्ष्यों का संवर्धन करती है; होम्योपैथी चिकित्सा व्यावसायियों को उनके कार्य में नवीनतम चिकित्सा अनुसंधान को अंगीकृत करने और अनुसंधान में योगदान देने के लिए प्रोत्साहित करती है; जिसका लक्ष्य चिकित्सीय संस्थाओं का आवधिक और पारदर्शी रूप से मूल्यांकन करना है और जो भारत के लिए होम्योपैथी चिकित्सा रजिस्टर के रखरखाव को सुकर बनाती है तथा चिकित्सा सेवाओं के सभी पहलुओं में सभी नैतिक मानकों को प्रवृत्त करती है; जो परिवर्तनशील आवश्यकताओं के प्रति अनुकूल होने के लिए नमनीय है और प्रभावी शिकायत समाधान तंत्र को रखती है तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक, राज्य सभा द्वारा यथा पारित, पर विचार किया जाए।

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : अब सभा विधेयक पर खंडवार विचार करेगी।

माननीय अध्यक्ष: प्रश्न यह है :

“कि खंड 2 से 59 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 2 से 59 विधेयक में जोड़ दिए गए।

खंड 1, अधिनियम सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए।

माननीय अध्यक्ष: माननीय मंत्री जी प्रस्ताव करें कि विधेयक पारित किया जाए।

DR. HARSH VARDHAN: I beg to move:

“That the Bill be passed”.

SHRI N. K. PREMACHANDRAN (KOLLAM): This may not be the precedent for passing the other Bills.(Interruptions)

माननीय अध्यक्ष: प्रश्न यह है:

“कि विधेयक को पारित किया जाए।”

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष: अब मद संख्या 22 ली जाती है।

प्रश्न यह है:

“कि एक ऐसी आयुर्विज्ञान शिक्षा प्रणाली का, जो क्लाइटी और सस्ती आयुर्विज्ञान शिक्षा तक पहुँच में सुधार करती है, देश के सभी भागों में भारतीय आयुर्विज्ञान प्रणाली के पर्याप्त और उच्च गुणवत्ता वाले चिकित्सा व्यावसायियों की उपलब्धता और सस्ती को सुनिश्चित करती है; जो ऐसी साम्यापूर्ण और सार्वभौमिक स्वास्थ्य देखरेख का समर्थन करती है; जो सामुदायिक स्वास्थ्य परिप्रेक्ष्य को प्रोत्साहित करती है तथा ऐसे चिकित्सा व्यावसायियों की सेवाओं को सभी नागरिकों के लिए उपलब्ध बनाती है; जो

राष्ट्रीय स्वास्थ्य संबंधी उद्देश्यों का समर्थन करती है; ऐसे चिकित्सा व्यावसायियों को, उनके कार्य में नवीनतम चिकित्सा अनुसंधान अपनाने और अनुसंधान कार्य में सहयोग देने हेतु प्रोत्साहित करती है; जिसका उद्देश्य चिकित्सा संस्थाओं का आवधिक और पारदर्शी रूप से मूल्यांकन करना है और जो भारत के लिए भारतीय आयुर्विज्ञान प्रणाली के चिकित्सक रजिस्टर को बनाए रखने को सुकर बनाती है तथा चिकित्सकीय सेवाओं के सभी पहलुओं में उच्च नैतिक मानकों को प्रवर्तित करती है; जो परिवर्तनशील आवश्यकताओं से सामजंस्य बैठाने के लिए नमनीय है और जिसमें एक प्रभावी शिकायत समाधान तंत्र सम्मिलित है तथा उससे संबंधित या आनुषंगिक विषयों का उपबंध करने वाले विधेयक, राज्य सभा द्वारा यथा पारित, पर विचार किया जाए। ”

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : अब सभा विधेयक पर खंडवार विचार करेगी।

खंड 2 से 59

माननीय अध्यक्ष: प्रश्न यह है :

“कि खंड 2 से 59 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 2 से 59 विधेयक में जोड़ दिए गए।

खंड 1, अधिनियम सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए।

माननीय अध्यक्ष: माननीय मंत्री जी प्रस्ताव करें कि विधेयक पारित किया जाए।

DR. HARSH VARDHAN: I beg to move:

“That the Bill be passed”.

माननीय अध्यक्ष: प्रश्न यह है:

“कि विधेयक को पारित किया जाए ।”

प्रस्ताव स्वीकृत हुआ ।

SHRI KALYAN BANERJEE (SREERAMPUR): Sir, today we have agreed to do it but it should not be taken as a precedent in future.

SHRI N. K. PREMACHANDRAN: Sir, this may not be taken as a precedent for other Bills.

माननीय अध्यक्ष: माननीय सदस्यगण, मैं आप सभी को बहुत-बहुत धन्यवाद देता हूं कि आज सदन की कार्यवाही के अंदर सभी माननीय सदस्यों ने जिस सक्रियता और जीवंतता के साथ हिस्सा लिया, यह हमारे लोकतंत्र को और मजबूत करने का काम करेगा । जिन माननीय सदस्यों ने इन विधेयकों पर सहयोग किया, मैं प्रयास करूँगा कि उन सभी दलों के उन माननीय सदस्यों को अन्य विधेयकों पर पर्याप्त समय और पर्याप्त अवसर मिले, ताकि पर्याप्त चर्चा हो सके ।

सभा की कार्यवाही मंगलवार, दिनांक 15 सितम्बर, 2020 को तीन बजे तक के लिए स्थगित की जाती है ।

13.17 hrs

*The Lok Sabha then adjourned till Fifteen of the Clock on
Tuesday, September 15, 2020/Bhadrapada 24, 1942 (Saka)*

* Please refer to pp.62 to 638 for written answers to Unstarred Questions.

*English translation of the Speech originally delivered in Tamil.

* Laid on the Table and also placed in Library, See No. LT 2477/17/20

* Not recorded as ordered by the Chair.

* Introduced with the recommendation of the President.

Not recorded.

* Treated as laid on the Table.

* Speech was laid on the Table.