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COMMITTEE ON GOVERNMENT ASSURANCES (2022-2023)

(SEVENTEENTH LOK SABHA)

EIGHTIETH REPORT

REVIEW OF PENDING ASSURANCES PERTAINING TO THE MINISTRY OF CHEMICALS AND FERTILIZERS (DEPARTMENT OF PHARMACEUTICALS)

Presented to Lok Sabha on 09/02/**2023**

सत्यमेव जयते

LOK SABHA SECRETARIAT
NEW DELHI

February, 2023/Magha 1944 (Saka)

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COMPOSITION OF THE COMMITTEE

ON GOVERNMENT ASSURANCES*
(2022 - 2023)

SHRI RAJENDRA AGRAWAL - Chairperson

MEMBERS

2. Shri Nihal Chand Chauhan
3. Shri Gaurav Gogoi
4. Shri Ramesh Chander Kaushik
5. Shri Kaushlendra Kumar
6. Shri Khagen Murmu
7. Shri Ashok Mahadeorao Nete
8. Shri Santosh Pandey
9. Shri M.K. Raghavan
10. Prof. Sougata Ray
11. Shri Chandra Sekhar Sahu
12. Shri Indra Hang Subba
13. Smt. Supriya Sadanand Sule
14. Vacant
15. Vacant

SECRETARIAT

1.	Shri J.M. Baisakh	-	Joint Secretary
2.	Dr. Sagarika Dash	-	Director
3.	Shri M.C. Gupta	-	Deputy Secretary
4.	Smt. Vineeta Sachdeva	-	Under Secretary

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* The Committee has been constituted w.e.f. 09 October, 2022 *vide* Para No. 5363 of Lok Sabha Bulletin Part-II dated 09 November, 2022

INTRODUCTION

I, the Chairperson of the Committee on Government Assurances (2022-2023), having been authorized by the Committee to submit the Report on their behalf, present this Eightieth Report (17th Lok Sabha) of the Committee on Government Assurances.

2. The Committee on Government Assurances (2020-2021) at their sitting held on 23rd August, 2022 took oral evidence of the representatives of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) regarding pending Assurances.

3. At their sitting held on 07th February, 2023, the Committee on Government Assurances (2022-2023) considered and adopted this Report.

4. The Minutes of the aforesaid sittings of the Committee form part of the Report.

5. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in bold letters in the Report.

NEW DELHI;
07 February, 2022
18 Magha , 1944 (Saka)

RAJENDRA AGRAWAL,
CHAIRPERSON,
COMMITTEE ON GOVERNMENT ASSURANCES

REPORT

I. Introductory

The Committee on Government Assurances scrutinize the Assurances, promises, undertakings, etc., given by the Ministers from time to time on the floor of the House and report the extent to which such Assurances, promises and undertakings have been implemented. Once an Assurance has been given on the floor of the House, the same is required to be implemented within a period of three months. The Ministries/Departments of the Government of India are under obligation to seek extension of time required beyond the prescribed period for fulfilment of the Assurance. Where a Ministry/Department is unable to implement an Assurance, that Ministry/Department is bound to request the Committee for dropping it. The Committee consider such requests and approve dropping, in case, they are convinced that grounds cited are justified. The Committee also examine whether the implementation of Assurances has taken place within the minimum time necessary for the purpose and the extent to which the Assurances have been implemented.

2. The Extracts from the Manual of Parliamentary Procedures in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an Assurance, the time limit for its fulfilment, dropping/deletion and extension, the procedure for fulfilment, etc., besides maintenance of Register of Assurances and periodical reviews to minimize delays in implementation of the Assurances are reproduced at Appendix-I.

3. The Committee on Government Assurances (2009-2010) took a policy decision to call the representatives of various Ministries/Departments of the Government of India, in a phased manner, to review the pending Assurances, examine the reasons for pendency and analyze operation of the system prescribed in the Ministries/Departments for dealing with Assurances. The Committee also decided to consider the quality of Assurances implemented by the Government.

4. The Committee on Government Assurances (2014-2015) decided to follow the well established and time tested procedure of calling the representatives of the Ministries/Departments of the Government of India, in a phased manner and review the pending Assurances. The Committee took a step further and decided to call the representatives of the Ministry of Parliamentary Affairs also as all the Assurances are implemented through it.

5. In pursuance of the *ibid* decision, the Committee on Government Assurances (2021-2022) called the representatives of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) and the Ministry of Parliamentary Affairs to render clarifications with regard to delay in implementation of the pending Assurances pertaining to the Department of Pharmaceuticals at their sitting held on 23rd August,

2022. The Committee examined in detail the following 16 Assurances (Appendices – II to XVII):

Table 1

Sl.No.	SQ/USQ No. dated	Subject
1.	USQ No. 5025 dated 25.04.2013	Vitamins and Neutraceuticals Markets (Appendix-II)
2.	USQ No. 299 dated 25.11.2014	Manufacturing of API (Appendix-III)
3.	SQ No. 205 dated 04.08.2015	Marketing practices by pharma companies (Appendix-IV)
4.	SQ No. 205 dated 04.08.2015 (Supplementary by Kumari Shobha Karandlaje, M.P.)	Marketing practices by pharma companies (Appendix-V)
5.	USQ No. 235 dated 26.04.2016	Capping Trade Margins of Costly Drugs (Appendix-VI)
6.	USQ No. 3383 dated 06.12.2016	Unfair Practices (Appendix-VII)
7.	USQ No. 743 dated 07.02.2017	Pharma Sector (Appendix-VIII)
8.	USQ No. 249 dated 18.07.2017	New Drug Policy (Appendix-IX)
9.	USQ No. 248 dated 19.11.2019	R&D Expenditure (Appendix-X)
10.	SQ No. 231 dated 04.02.2020	Setting up of NIPER (Appendix-XI)
11.	USQ No. 452 dated 04.02.2020	NIPER in Karnataka (Appendix-XII)
12.	USQ No. 1457 dated 20.09.2020	Research and Development of New Drugs (Appendix-XIII)
13.	USQ No. 2314 dated 09.03.2021	Life Saving Drugs (Appendix-XIV)

14.	USQ No. 3313 dated 16.03.2021	PPD Scheme (Appendix-XV)
15.	USQ No. 3567 dated 10.08.2021	Medical Device Park (Appendix-XVI)
16.	General Discussion dated 06/12/2021 by Shri T.R.Baalu, M.P.	Discussion on the National Institute of Pharmaceutical Education and Research (Amendment) Bill (Appendix-XVII)

6. During the oral evidence the Committee drew the attention of the representatives of the Ministry to the inordinate delay in fulfillment of the above 16 Assurances out of which one Assurance pertained to the 15th Lok Sabha, 07 Assurances to the 16th Lok Sabha and 08 Assurances to the 17th Lok Sabha. As the Assurances belonging to the 15th Lok Sabha and 16th Lok Sabha were very old and pending for more than 9 years to more than 5 years and there was inordinate delay in fulfilment of these Assurances, the Committee enquired about the system of implementing/reviewing Assurances being followed in the Ministry, compliance with the instructions contained in the Manual of Practice and Procedure of the Ministry of Parliamentary Affairs as well as coordination with that Ministry for expeditious/timely implementation of the pending Assurances. In reply, the Secretary, Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) briefed the Committee as under:

> *"There are 16 Assurances in our Department. We have also made preparations for this meeting. We do administrative review from time to time at officers level and review is also done at Joint Secretary level. At the level of Secretary, meeting of senior officers is also reviewed. After that, every assurance is answered and its Implementation Report is given. When the extension for time limit is requested, its permission is taken at the level of our Minister of State. The third thing is that whenever the Parliament session starts, we review once before that as to how many implementation reports we can submit to the Parliament Secretariat before the Parliament Session."*

7. When the Committee specifically desired to know the frequency of the meetings held for review of pending Assurances, the Secretary, Ministry of Chemicals and Fertilizers, Department of Pharmaceuticals stated as under:—

> *"There is an agenda in our Senior Officers Meeting (SOM). Although the meeting of senior officers is held almost every week, this agenda is taken up once a month or once in two months."*

8. The Committee while acknowledging that there is great deal of work in the Ministry enquired as to whether it will be possible for the Ministry to take up an agenda

exclusively pertaining to the Parliamentary Assurances once a month to which the Secretary, Department of Pharmaceuticals replied in the affirmative. Thereafter, the Committee was apprised that the Ministry has prepared a presentation for the Committee to give information about the functioning of their Department. After that the presentation was made before the Committee.

9. Subsequently, the Ministry of Parliamentary Affairs laid Implementation Reports in respect of 08 Assurances mentioned at Sl.No.1, 2, 7, 9, 10, 11, 14 and 15 on 14.12.2022 on the floor of the House.

Observations/Recommendations

10. The Committee note that as many as 16 Assurances of the Ministry given during the period from the year 2013 to 2021 were pending even after lapse of time ranging from one year to more than nine years. Out of these 16 pending Assurances taken up during the oral evidence, 08 Assurances mentioned at Sl. Nos. 1, 2, 7, 9, 10, 11, 14 and 15 have since been implemented on 14.12.2022 after delay ranging from one year in respect of some Assurances to more than 09 years in respect of others. Further, eight Assurances at Sl. Nos. 3, 4, 5, 6, 8, 12, 13 and 16 could still not be fulfilled after delays ranging from one year to more than seven years. The inordinate delay in fulfillment of such a large number of Assurances clearly indicates that not only due attention has not been given by the Ministry to bring these Assurances to their logical conclusion but also the extant mechanism put in place by the Ministry for implementation of Assurances is far from effective. The Committee feel that Assurances are solemn Parliamentary obligations and the very purpose, utility and relevance of Assurances are lost if there is prolonged delay in their implementation. The Committee desire that the Ministry take note of the above concern of the Committee and ensure review and streamlining of the existing mechanism/system of monitoring so that the Assurances are fulfilled on time.

The scrutiny of pending Assurances further reveals that there is lack of coordination between the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) on the one hand and various Ministries/Departments involved with the subject matter including the Ministry of Parliamentary Affairs, the nodal Ministry for Parliamentary Assurances on the other, resulting in delay in implementation of the Assurances. The laxity on the part of the Department is also clear from the fact that the Department submitted during evidence that they failed to interact or conduct review meetings with the Ministry of Parliamentary Affairs to review and facilitate implementation of the Assurances. The Committee, therefore, would like the Department to adopt a pro-active approach and scale up their level of coordination with various Ministries/Departments including the Ministry of Parliamentary Affairs for expeditious implementation of all the pending Assurances.

The Committee also urge upon the Ministry to furnish the Minutes of the review meetings held in the Ministry from time to time for monitoring the Assurances as it will help the Committee to assess the progress of the Department of Pharmaceuticals with regard to implementation of Assurances. Further, it would act as an accountability tool and useful document for review of pending Assurances.

II. Review of the Pending Assurances of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals)

11. In the succeeding paragraphs, the Committee deal with some of the important pending Assurances pertaining to the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) which have been critically examined / reviewed by them at their sitting held on 23.08.2022.

A. Capping Trade Margins of Costly Drugs

USQ No. 235 dated 26.04.2016 regarding 'Capping Trade Margins of Costly Drugs' (Sl. No. 05).

12. In reply to USQ No. 235 dated 26.04.2016, the Ministry inter-alia stated that a high level committee had proposed graded trade margins with reference to the Price to Trade (PTT). The proposals of the Committee were put on the Department's website with the request to the stakeholders to give their comments. These comments would be examined and a final decision would be taken thereafter.

13. In its Status Note furnished in August, 2022, the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) apprised the position regarding implementation of the Assurance as under:-

> *"The issue is under active consideration for which extensive consultations are being held with different industry stakeholders. Presently, the issue is at final stage and as soon as its finalization, Implementation Report will be submitted"*

14. Giving an update on the implementation of the Assurance during oral evidence, the Secretary, Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) submitted as under:-

> *"This topic relates to pricing. The Hon'ble Minister assured that the comments of the stakeholders on the proposals of the Committee would be examined and the final decision would be taken thereon. Sir, a lot of discussion and examination took place in the Department on this matter. In February 2019, a pilot project was brought forward as an experiment wherein trade margin rationalization was imposed on the drugs against cancer. We even practiced for a year as to whether the prices come down because of that or not. We got positive response. There has been a reduction in the prices of about 526 different brands of 42 cancer drugs*

from 50 per cent to 90 per cent. On the basis of that experiment, during COVID when the prices of oxygen concentrators which come in the field of medical devices had also increased, we practiced Trade Margin Rationalization. During that period, its demand had also increased a lot. We also used to import it. People were keeping pulse oximeter, glucose meter, BP monitor in their homes. Earlier all these used to happen only in the hospital. In this also we got positive result. Thereafter, we used TRM as an experiment. We have got positive results in all the three experiments. As I said earlier, now we are free from COVID. We have done a lot of work on this in the last 6 months. Our chairperson has worked in great detail in National Pharmaceutical Pricing Authority (NPPA). Now it has been submitted to our Minister. This is a policy decision. Policy decision will be taken after looking at all aspects."

Observations/Recommendations

15. The Committee note that capping of trade margins for costly drugs is crucial for making available drugs/medicines at affordable prices and ensuring the country's national health security. The Committee further note that a high level Committee in the Ministry had proposed graded trade margins with reference to the Price to Trade (PTT) in 2016 and the comments of stakeholders were sought in the matter. The Committee are, however, concerned to find that though the high level Committee has been constituted in 2016, precious little has been done in the direction of capping of trade margins for costly drugs by the Ministry with the result that the Assurance given by the Government as early as April, 2016 still remains unfulfilled even after a lapse of more than 6 years. The Committee do not see any plausible reason for this delay since extensive consultations with different industry stakeholders have been held and experiments have been conducted for trade margin rationalization with positive results. The Committee are given to understand that Post COVID-19 especially during the last six months a lot of work has been done and the matter is now under consideration at the level of Minister. The representatives of the Ministry were, however, not able to give a definite time frame within which the Assurance is likely to be fulfilled citing that the issue involves a policy decision which requires consideration of all aspects. The Committee understand that policy matters do take time and the Ministry have to study/examine the issue in question in its entirety. However, inordinate delay on such an important issue of drug pricing is neither desirable nor acceptable as there is an imperative need for bringing down the MRP of the medicines to give maximum relief to the common man. The Committee while expressing their concern that matching importance and proper attention has not been given to the issue feel that timely action on the part of the Ministry could have helped capping the cause of the trade margins for costly drugs thereby protecting the interests of common citizens who have limited access to expensive drugs and medicines. The Committee, while taking strong objection to the undue delay in fulfillment of the Parliamentary Assurance particularly at a time when the country has been facing serious issues in fixation and monitoring of the prices of costly drugs which tend to be

too high to the detriment of the people at large, recommend the Ministry to take expeditious steps to finalize the trade margins for costly drugs without further delay so that these medicines are available to the common man at most affordable rates and the Assurance fulfilled.

B. New Drug Policy

USQ No. 249 dated 18.07.2017 regarding 'New Drug Policy' (Sl. No. 08).

16. In reply to the Above said Question, it was stated that the Government is contemplating to introduce a new National Pharmaceutical Policy and the details are being worked out.

17. Giving an update on the efforts made by them to implement the Assurance, the Ministry stated in their Status Note in August, 2022 that the fulfilment of the said Assurance would require some more time as the steps have been initiated to draft a New National Pharmaceutical Policy.

18. During oral evidence, the Secretary, Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) explained the reasons for the delay in implementing the Assurance as under:-

> *"In this matter, our work is at a standstill. We have asked for extension. This is a matter of bringing a new policy. The Pharmaceutical Policy we have here is of the year 2002. The question was whether you will bring a new policy. At that time, in the year 2017, we had said that we are working out the details of the new policy. I also got it in a preliminary form. Our Joint Secretary will work on it. I hope in the next two to three months we will be able to make it"*

Observations/Recommendations

19. The Committee note that introduction of a new National Pharmaceutical Policy is crucial for putting in place a regulatory framework for pricing of drugs so as to ensure availability of essential medicines at reasonable prices to the common masses while providing sufficient opportunity for innovation and competition to support the growth of pharmaceutical industry. The Committee are, however, constrained to note that even though the Ministry had assured that the details of the said policy are being worked out, adequate attention has not been given to this issue by the Ministry with the result that the Assurance given as early as 18.07.2017 still remains unfulfilled even after a lapse of more than 5 years. The Committee are equally surprised to see the present status of fulfillment of the Assurance wherein the Ministry have submitted that the subject matter of the Assurance pertained to replacing the existing Pharmaceutical Policy, 2002 with a new one, however, the work on the matter is at a standstill and it will take two or three months. The Committee are disheartened to see the manner in which the subject matter has been handled/treated by the Ministry due to

which the Assurance has been pending without any identified course of action thereby making the poor and middle class suffer immensely. The New National Pharmaceutical Policy is envisioned to facilitate affordable but high quality medicines for critical diseases as per international standards, strengthen infrastructure for health, make India sufficiently self-reliant in end-to-end indigenous drug manufacturing and create an environment of research and development to produce innovative drugs. Hence, there is an urgent need to work out the details of this Policy in order to ensure growth and development of the Indian pharmaceutical industry. The Committee, therefore, exhort the Department to accord utmost priority to the matter, make more serious efforts under a concrete action plan and find ways and means to better coordinate with all concerned so that the details of new Pharmaceutical Policy is worked out/finalized and the pending Assurance implemented without any further delay.

III. Implementation Reports

20. As per the Statements of the Ministry of Parliamentary Affairs, Implementation Reports in respect of the following eight (8) Assurances have since been laid on the Table of the House on 14.12.2022:

Table 2

Sl.No	Sl. No. in the Table 1 (Para No. 5)	SQ/USQ No. and date	Date of Implementation
1.	Sl.No.1	USQ No. 5025 dated 25.04.2013 regarding 'Vitamins and Neutraceuticals Markets'	14.12.2022
2.	Sl. No. 2	USQ No. 299 dated 25.11.2014 regarding 'Manufacturing of API'	14.12.2022
3.	Sl. No. 7	USQ No. 743 dated 07.02.2017 regarding 'Pharma Sector'	14.12.2022
4.	Sl.No.9	USQ No. 248 dated 19.11.2019 regarding 'R&D Expenditure'	14.12.2022
5.	Sl.No.10	USQ No. 231 dated 04.02.2020 regarding Setting up of NIPER'	14.12.2022

6.	Sl.No.11	USQ No. 452 dated 04.02.2020 regarding 'NIPER in Karnataka'	14.12.2022
7.	Sl.No.14	USQ No. 3313 dated 16.03.2021 regarding 'PPD Scheme'	14.12.2022
8.	Sl.No.15	USQ No. 3567 dated 10.08.2021 regarding 'Medical Device Park'	14.12.2022

NEW DELHI;
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RAJENDRA AGRAWAL,
CHAIRPERSON,
COMMITTEE ON GOVERNMENT ASSURANCES

Appendix – I

Extracts from the Manual of Parliamentary Procedures in the Government of India, Ministry of Parliamentary Affairs.

Chapter 8

Assurances

Definition

8.1 During the course of reply given to a question or a discussion, if a Minister gives an undertaking which involves further action on the part of the Government in reporting back to the House, it is called an 'assurance'. Standard list of such expressions which normally constitute assurances as approved by the Committee on Government Assurances (CGA) of the respective House, is given at Annex-3. As assurances are required to be implemented within a specified time limit, care should be taken by all concerned while drafting replies to the questions to restrict the use of these expressions only to those occasions when it is clearly intended to give an assurance on the floor of the House.

Time limit for fulfilling an assurance

8.2 An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This limit has to be strictly followed.

Online Assurances Monitoring System (OAMS)

8.3 To ensure early fulfillment of assurances, entire process beginning from culling out of assurances from the proceedings of the House to the submission of Implementation Report including extension of time, dropping and transfer of assurances have been automated through a Software Application named "Online Assurances Monitoring System" (OAMS). Requests for extension of time, dropping or transfer of assurances and submission of Implementation Report through any other offline mode shall not be entertained under any circumstances.

Culling out of Assurances

8.4 When an assurance is given by a Minister or when the Presiding Officer, directs the Government to furnish information to the House, it is extracted by the Ministry of Parliamentary Affairs, from the relevant proceedings and communicated to the Department concerned online through 'OAMS' normally within 20 working days of the date on which it is given on the floor of the House.

Deletion from the list of assurances

8.5 If the administrative Ministry/Department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfill it, it may upload its request at 'OAMS' within a week of treating such statement as assurance for getting it deleted from the list of assurances. Such action will require prior approval of the Minister concerned and this fact should be clearly indicated in their communication containing the request. If such a request is made towards the end of stipulated period of three months, then it should invariably be accompanied with a request of extension of time. The department should continue to seek extension of time till the decision of the Committee on Government Assurances is conveyed through 'OAMS'. Requests received through offline mode shall not be entertained by either Rajya Sabha/Lok Sabha Secretariat or Ministry of Parliamentary Affairs.

Extension of time for fulfilling an assurance

8.6 If the Department finds that it is not possible to fulfill the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required alongwith details of action taken/progress made in the matter. All such request should be submitted at 'OAMS' for decision by CGA thereon with the approval of the concerned Minister.

Registers of Assurances

8.7.1 The particulars of every assurance will be entered by the Parliament Unit of the Ministry/Department concerned in a register as at Annex 4 after which the assurance will be passed on to the concerned section

8.7.2 Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs through 'OAMS' the section concerned should take prompt action to fulfill such assurances and keep a watch thereon in a register as at Annex 5.

8.7.3 The registers referred to in paras 8.7.1 and 8.7.2 will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session wise.

Role of Section Officer and Branch Officer

The Section Officer in charge of the concerned section will:

(a) scrutinize the registers once a week;

(b) ensure that necessary follow-up action is taken without any delay whatsoever;

(c) submit the registers to the branch officer every fortnight if the House concerned is in session and once a month otherwise, drawing his special attention to assurances which are not likely to be implemented within the period of three months; and

(d) review of pending assurances should be undertaken periodically at the highest level in order to minimize the delay in implementing the assurances.

8.8 The branch officer will likewise keep his higher officer and Minister informed of the progress made in the implementation of assurances, drawing their special attention to the causes of delay.

Procedure for fulfillment of an assurance

8.9.1 Every effort should be made to fulfill the assurance within the prescribed period. In case only part of the information is available and collection of the remaining information would involve considerable time, an Implementation Report(IR) containing the available information should be uploaded at 'OAMS' in part fulfillment of the assurance, within the prescribed time limit. However, efforts should continue to be made for expeditious collection of the remaining information for complete implementation of the assurance at the earliest.

8.9.2 Information to be furnished in partial or complete fulfillment of an assurance should be approved by the Minister concerned before it is uploaded at 'OAMS' in both English and Hindi versions in the prescribed pro forma as at Annex-6 , together with its enclosures. After online submission of the Report for fulfillment of the assurance partial or complete as the case may be, four hard copies each in Hindi and English version with one copy of each version duly authenticated by the officer concerned should be sent to the Ministry of Parliamentary Affairs for laying until e-laying is adopted by the concerned House.

8.9.3 The Implementation Report should be submitted at'OAMS' only. Implementation Report sent by any other mode or sent to Rajya Sabha/Lok Sabha Secretariat directly, will not be considered for laying.

Laying of the Implementation Report on the Table of the House

8.10 The Ministry of Parliamentary Affairs, after scrutiny of the Implementation Report, will arrange to lay it on the Table of the House concerned. A copy of the Implementation Report, as laid on the Table, will be forwarded by Ministry of Parliamentary Affairs to the member(s) concerned. Details of laying of Implementation Report submitted by the Ministry/Department concerned would be made available by the Ministry of Parliamentary Affairs at 'OAMS'. The Parliament Unit of the Ministry/Department concerned and the concerned section will, on the basis of information available at 'OAMS', update their records.

Obligation to lay a paper on the Table of the House vis-à-vis assurance on the same subject

8.11 Where there is an obligation to lay any paper (rule/ order/notification, etc.) on the Table of the House and for which an assurance has also been given, it will be laid on the Table, in the first instance, in fulfillment of the obligation, independent of the assurance given. After this, a formal report regarding implementation of the assurance indicating the date on which the paper was laid on the Table will be submitted at 'OAMS' in the prescribed pro forma (Annex-6) in the manner already described in para 8.9.2

8.12 Each House of Parliament has a Committee on Government Assurances nominated by the Chairman/ Speaker. It scrutinizes the Implementation Reports and the time taken in the fulfillment of Government Assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by Ministry of Parliamentary Affairs from time to time as available on 'OAMS' are to be followed strictly.

Committtees on Government Assurances

RSR 211-A

LSR 323, 324

8.13 The Ministries/Departments will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two Committees for remedial action wherever called for.

Reports of the Committees on Government Assurances

8.14 On dissolution of the Lok Sabha, the pending assurances do not lapse. All assurances, promises or undertakings pending implementation are scrutinized by the new Committee on Government Assurances for selection of such of them as are of considerable public importance. The Committee then submits a report to the Lok Sabha with specific recommendations regarding the assurances to be dropped or retained for implementation by the Government.

Effect on assurances on dissolution of the Lok Sabha

Appendix-II

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

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LOK SABHA
UNSTARRED QUESTION NO. 5025
TO BE ANSWERED ON 25th APRIL, 2013

Vitamins and Neutraceuticals Markets

5025. SHRI MODUGULA VENUGOPALA REDDY:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether the Government is planning to tighten the regulatory landscape of Rs. 4500 crore vitamins and neutraceuticals markets in the country; and
(b) if so, the details thereof?

ANSWER

MINISTER OF STATE (INDEPENDENT CHARGE) IN THE MINISTRY OF CHEMICALS AND FERTILIZERS AND MINISTER OF STATE (INDEPENDENT CHARGE) IN THE MINISTRY OF STATISTICS AND PROGRAMME IMPLEMENTATION (SHRI SRIKANT KUMAR JENA)

(a) & (b): The information is being collected and will be laid on the Table of the House.

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Appendix – III

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

UNSTARRED QUESTION No. 299

TO BE ANSWERED ON THE 25th NOVEMBER, 2014

Manufacturing of API

299. DR. SANJAY JAISWAL:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether the Government has taken any steps to encourage manufacturing of Active Pharmaceutical Ingredient (API) required for production of the essential medicines in the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

ANSWER

MINISTER OF CHEMICALS AND FERTILIZERS (SHRI ANANTH KUMAR)

(a) Yes, Sir.

(b) to (c) In a meeting held in Prime Minister's Office on 08.10.2013, it was decided to set up a Committee of Secretaries under the Chairmanship of Secretary, Department of Health Research to study and identify the Active Pharmaceutical Ingredients (APIs) of critical importance and to workout a package of interventions/concessions required to build domestic production capabilities, and examine the cost implication. In addition to the Chairman, the Committee comprises of Member Secretary, National Manufacturing Competitiveness Council (NMCC), Secretary, Department of Pharmaceuticals, Secretary, Department of Health, Secretary, Department of Commerce and Secretary, Department of Industrial Policy & Promotion. The report of the said Committee is awaited.

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Appendix- IV

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

STARRED QUESTION No. *205

TO BE ANSWERED ON THE 04TH AUGUST, 2015

Marketing practices by pharma companies

*205. KUMARI SHOBHA KARANDLAJE:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether there are reports of aggressive marketing/promotion of drugs/ medicines by pharma companies by way of inducing doctors through gifts, hospitality, foreign trips etc., for prescribing expensive brands of drugs and if so, the reaction of the Government thereon;
(b) whether Uniform Code of Pharmaceutical Marketing Practices (UCPMP) to prevent/stop such unethical marketing practices is being considered;
(c) if so, the salient features and objectives of the said code;
(d) whether the Government has received comments/suggestions from various stakeholders/Pharma associations in this regard, if so, the details thereof and the present status of UCPMP; and
(e) the extent to which UCPMP is likely to reduce the unethical marketing practices by a section of pharmaceutical companies?

ANSWER

MINISTER OF CHEMICALS AND FERTILIZERS (SHRI ANANTH KUMAR)

(a) to (e): A Statement is laid on the Table of the House.

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STATEMENT REFERRED TO IN REPLY TO PARTS (a) to (e) OF THE LOK SABHA STARRED QUESTION NO. 205 TO BE ANSWERED ON 04.08.2015 REGARDING MARKETING PRACTICES BY PHARMA COMPANIES

(a): Yes, Madam.

(b): The Government after consulting all the stakeholders have formulated a Uniform Code for Pharmaceutical Marketing Practices (UCPMP) which is to be adopted at the first instance voluntarily for a period upto 31.08.2015.

(c): In view of reply to (b) above, does not arise.

(d): The Government has received suggestions from the stakeholders subsequent to which a meeting was taken with the stakeholders by the Hon'ble Minister (C&F) on 29.07.2015. The suggestions received would be examined and a concrete code would be formulated after discussion with all the stakeholders.

(e): Once the Uniform Code for Pharmaceutical Marketing Practices (UCPMP) is adopted by the stakeholders in a true spirit it is likely to reduce the unethical marketing practices.

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Appendix- V

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

STARRED QUESTION No. *205

TO BE ANSWERED ON THE 04TH AUGUST, 2015

Marketing practices by pharma companies

*205. KUMARI SHOBHA KARANDLAJE:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether there are reports of aggressive marketing/promotion of drugs/ medicines by pharma companies by way of inducing doctors through gifts, hospitality, foreign trips etc., for prescribing expensive brands of drugs and if so, the reaction of the Government thereon;
(b) whether Uniform Code of Pharmaceutical Marketing Practices (UCPMP) to prevent/stop such unethical marketing practices is being considered;
(c) if so, the salient features and objectives of the said code;
(d) whether the Government has received comments/suggestions from various stakeholders/Pharma associations in this regard, if so, the details thereof and the present status of UCPMP; and
(e) the extent to which UCPMP is likely to reduce the unethical marketing practices by a section of pharmaceutical companies?

ANSWER

MINISTER OF CHEMICALS AND FERTILIZERS (SHRI ANANTH KUMAR)

(a) to (e): A Statement is laid on the Table of the House.

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STATEMENT REFERRED TO IN REPLY TO PARTS (a) to (e) OF THE LOK SABHA STARRED QUESTION NO. 205 TO BE ANSWERED ON 04.08.2015 REGARDING MARKETING PRACTICES BY PHARMA COMPANIES

(a): Yes, Madam.

(b): The Government after consulting all the stakeholders have formulated a Uniform Code for Pharmaceutical Marketing Practices (UCPMP) which is to be adopted at the first instance voluntarily for a period upto 31.08.2015.

(c): In view of reply to (b) above, does not arise.

(d): The Government has received suggestions from the stakeholders subsequent to which a meeting was taken with the stakeholders by the Hon'ble Minister (C&F) on 29.07.2015. The suggestions received would be examined and a concrete code would be formulated after discussion with all the stakeholders.

(e): Once the Uniform Code for Pharmaceutical Marketing Practices (UCPMP) is adopted by the stakeholders in a true spirit it is likely to reduce the unethical marketing practices.

xxxxxxx

(Q. 205)

KUMARI SHOBHA KARANDLAJE : Madam Speaker, I congratulate the Government of India, particularly the Department of Pharmaceuticals for launching the Uniform Code of Pharmaceutical Marketing Practices (UCPMP) from 1st January, 2015 which was pending for many years. It is a good move from the Government to control and detect malpractices and illegal collusion between doctors and pharmaceutical companies. I want to know from the Government as to why the Uniform Code of Pharmaceutical Marketing Practices is voluntary and not mandatory. Anything voluntary in India will not work or serve the purpose especially in the field of business. I want to know, through you, from the Minister what action the Department of Pharmaceuticals will take to make the Uniform Code mandatory and what action will be taken by the Department against the pharmaceutical companies and doctors who are not following the Uniform Code of Pharmaceutical Marketing Practices. How many companies have come under this Code in the last six months?

श्री हंसराज गंगाराम अहीर : माननीय अध्यक्ष महोदया, माननीय सदस्या ने बहुत ही सही प्रश्न पूछा है और हमने उसका जवाब भी दिया है। यह पूछा गया है कि इसे स्वैच्छिक क्यों रखा गया है। माननीय सदस्या ने यह भी माना है कि देश में इस पर पहली बार कुछ काम हो रहा है। इस पर सरकार विचार कर रही है। हमारे मंत्रालय ने इस पर जनवरी में विचार किया। हमने 31 अगस्त तक संबंधित कम्पनियों की एसोसिएशन्स को मौका दिया है कि वे ऐसी शिकायतों पर कुछ काम करें, विशेषकर डाक्टर्स के खिलाफ जो बात बताई गई है कि प्रलोभन दिया जाता है और बड़े उपहार, विदेश यात्रा के रूप में अपनी कम्पनी की महंगी दवाइयां बेचने का प्रयास होता है। इस पर हमारा मंत्रालय अकेले काम करने में सक्षम नहीं है। इसमें डाक्टरों का संबंध होने से हम इस मामले में स्वास्थ्य मंत्रालय से भी सम्पर्क कर रहे हैं। हमारी इसी 29 जुलाई को संबंधित स्टेकहोल्डर्स के साथ मीटिंग हुई। कुछ सुझाव मांगे गए हैं। उसके बाद हमारा मंत्रालय स्वास्थ्य मंत्रालय से बात करके इस पर ठोस कोड बनाने पर विचार कर रहा है ताकि कम्पनियां प्रलोभन देकर डाक्टरों के माध्यम से अपनी महंगी दवाइयां बेचने का प्रयास नहीं करें। हमारा मंत्रालय इस पर गंभीरता से विचार कर रहा है।

KUMARI SHOBHA KARANDLAJE : Madam, the Minister has not answered about the collusion between doctors and pharmaceutical companies. Actually some pharmaceutical companies are selling spurious and adulterated medicines. I want to know from the Minister as to what action the Government will take to curb this practice.

श्री हंसराज गंगाराम अहीर : अध्यक्ष महोदया, अगर कहीं नकली दवाइयां गलत रास्ते से बेची जाती हैं तो हमारे मंत्रालय का एनपीपीए उस पर काम करता है। जो भी शिकायत आती है, उस पर संबंधित कम्पनियों या कहीं गलत तरीके से किसी स्टोर में दवाइयां बिक रही हैं तो कार्यवाही की जाती है।

SHRI P.R. SENTHILNATHAN : Madam Speaker, the Government of Tamil Nadu headed by our able leader *Puratchi Thalaivi Amma* is implementing the Chief Minister's Comprehensive Health Insurance Scheme for the poor through which all the poor people can take medical treatment free of cost in all the hospitals, including private hospitals. Further, in order to make drugs available at an affordable cost, our Amma has opened Amma Pharmacy throughout the State through which all the medicines will be sold at an affordable cost on no profit, no loss basis. I want to know from the hon. Minister whether such a pharmacy on the line of Amma Pharmacy will be opened in all the States to make available all the medicines at an affordable price.

Further, we find unethical marketing practice like online trading of medicines. This will affect lakhs of people engaged in selling medicines. So, I would like to know from the hon. Minister whether the Government will take suitable measure to prevent such online trading in the pharmaceutical industry.

Thank you, Madam.

श्री हंसराज गंगाराम अहीर : अध्यक्ष महोदया, जिस तरह से तमिलनाडु गवर्नमेंट ने गरीब लोगों के लिए जनऔषधि उपलब्ध कराने का कार्यक्रम चलाया है, उसी तरीके से भारत सरकार भी काम करने जा रही है। जेनरिक औषधि और जनऔषधि स्कीम में सुधार करके फिर से देश में लांच करने का मंत्रालय का विचार है। यह स्कीम राजस्थान गवर्नमेंट भी चला रही है और भी कई राज्यों में चलाई जा रही है। आपके माध्यम

से जो प्रश्न पूछा गया है, जो भी इस तरह की शिकायतें आती हैं, हम उस पर कार्रवाई करने के लिए बाध्य हैं और शिकायत मिलने पर हम उस आवश्यक कार्रवाई करते हैं।

श्री दुष्यंत चौटाला : महोदया, जब दवाईयों की बात आती है, यह बहुत अहम हिस्सा है क्योंकि गरीब आदमी आज भी महंगी दवाई न खरीद पाने के कारण लाचार है। जब यूनिफार्म कोड ऑफ मार्केटिंग ऑफ फर्मासूटिकल्स प्रोडक्ट की बात आती है, माननीय मंत्री जी ने अपने जवाब बताया कि सरकार मोनिटरिंग करने में सक्षम नहीं है। जब कोका कोला और अन्य सॉफ्ट ड्रिंक्स के ऊपर पेस्टिसाइड कंट्रोल की बात आई थी तब उस समय एक ज्वाइंट पार्लियामेंटरी कमेटी बनाने का काम किया गया था, जिसमें माननीय मंत्री जी अनंत कुमार जी सदस्य थे। क्यों नहीं फर्मासूटिक्लस कंपनी की मार्केटिंग के लिए एक ज्वाइंट पार्लियामेंटरी कमेटी बनाकर यह दिशानिर्देश हर विभाग को दिया जाए कि गरीब आदमी तक भी सस्ते दाम पर दवाई देने का काम करें। देश के हर गरीब आदमी तक मोनेटरी बेनिफिट देकर महंगी दवाइयां खरीदी जाती हैं इसे भी कम करने का काम किया जाए।

श्री हंसराज गंगाराम अहीर : अध्यक्ष महोदया, डॉक्टरों द्वारा महंगी दवाइयां देने की सामने आ रही है। स्वास्थ्य मंत्रालय और रसायन मंत्रालय के मंत्री अनन्त कुमार जी ने इस संबंध में 29 जुलाई को एक मीटिंग बुलाई थी, इसमें एमसीआई के डॉयरेक्टर भी आए थे। सदस्य ने जो कहा है हम उसी दिशा में काम कर रहे हैं, निश्चित ही हमारा मंत्रालय गरीब लोगों से लूट न हो, चाहे नकली दवा की बात हो या महंगी दवा का प्रश्न हो हम इसी पर काम करने जा रहे हैं।

श्री डी.एस.राठौड़ : महोदया, मैं आपके माध्यम से जानना चाहता हूं कि भारत में महंगी दवाइयों के मुकाबले में सस्ती जेनरिक दवाइयों को ज्यादा प्रचारित करने के बारे में कोई योजना है, यदि हां तो इसकी जानकारी दें।

श्री हंसराज गंगाराम अहीर : अध्यक्ष महोदया, हमारा मंत्रालय जनऔषधि स्कीम 2015 लागू करने जा रहा है। हम उसकी पॉलिसी बना रहे हैं, जेनरिक औषधि दवाइयां सस्ती होती हैं, उसका स्टैंडर्ड मेनटेन करते हुए गरीब लोगों के लिए जगह-जगह पर स्टोर खोलने के लिए हम प्रोग्राम बना रहे हैं। हम यह स्कीम इसी वर्ष शुरू कर रहे हैं, सदस्य की इच्छा के अनुसार ही देश की गरीब जनता को सस्ती दवाइयां उपलब्ध कराने के लिए हम जनऔषधि स्टोर खोलने जा रहे हैं।

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Appendix - VI

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

UNSTARRED QUESTION No. 235

TO BE ANSWERED ON THE 26th April, 2016

Capping Trade Margins of Costly Drugs

235. SHRI Y.S. AVINASH REDDY:
SHRI GUTHA SUKENDER REDDY:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether it is a fact that a high-level committee has recommended for capping of trade margins for costly drugs with a view to bring down the MRP of the medicine; and

(b) if so, the details thereof and the decisions of the Government on this issue?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI HANSRAJ GANGARAM AHIR)

(a): Yes, Madam.

(b): The Committee has proposed graded trade margins with reference to the Price To Trade (PTT). The proposals of the Committee have been put on the Department's website with the request to the stakeholders to give their comments. These comments would be examined and a final decision would be taken thereafter.

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Appendix - VII

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

UNSTARRED QUESTION No. 3383

TO BE ANSWERED ON THE 6th December, 2016

Unfair Practices

3383. SHRI N.K. PREMACHANDRAN:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether the Government is aware that the pharmaceutical companies are doing unfair marketing practices to promote their products and if so, the action taken by the Government to ban this practice;

(b) whether it has come to the notice of the Government that the pharmaceutical companies are giving financial support, valuable gifts, foreign tours, debit cards to doctors for promotion of their products and if so, the action taken by the Government to control the same;

(c) whether the Government is also aware that pharmaceutical companies are sponsoring the medical conferences for doctors and if so, the action taken thereon; and

(d) whether the Government has any proposal for effective implementation of the uniform code of pharmaceutical marketing practices and if so, the details thereof and the action taken thereon?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF ROAD TRANSPORT AND HIGHWAYS; MINISTRY OF SHIPPING AND MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI MANSUKH L. MANDAVIYA)

(a), (b) & (c): Yes Madam. The government had received some complaints against certain Pharmaceutical Companies for using unethical practices for promoting their products. These complaints were examined and action was taken in accordance with the provisions of the Uniform Code of Pharmaceutical Marketing Practices (UCPMP) which is effective from 1.1.2015.

(d): If it is found that the present Uniform Code of Pharmaceutical Marketing Practices (UCPMP) which is effective from 1.1.2015 is not working effectively, the Government will analyze and find effective solutions.

Appendix - VIII

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

UNSTARRED QUESTION No. 743

TO BE ANSWERED ON THE 7th February, 2017

Pharma Sector

743. SHRI B.V. NAIK:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether the Government recognizes the pharma sector as a sunshine industry having a tremendous potential for growth and if so, the details thereof;

(b) whether the Government is considering to set up a separate Ministry for pharma and medical devices sector;

(c) whether the Government is considering to implement the recommendations of the Katoch Committee to cut bulk drugs import from China to help pharma industry in the country; and

(d) if so, the details thereof?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF ROAD TRANSPORT AND HIGHWAYS; MINISTRY OF SHIPPING AND MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI MANSUKH L. MANDAVIYA)

(a): Yes, Madam. The Indian Pharmaceutical Industry is witnessing a robust growth. In the beginning of 11th Plan in 2007 it stood at approximately Rs. 71000 crores which has now risen to approximately Rs. 2,00,000 crores as per data of Pharmatrac and Pharmexcil upto 2015-16.

(b): No, Madam.

(c) & (d): No final view has been taken about implementation of Katoch Committee recommendations yet.

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Appendix - IX

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA

UNSTARRED QUESTION No. 249

TO BE ANSWERED ON THE 18th July, 2017

New Drug Policy

249. SHRI GUTHA SUKENDER REDDY:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether it is true that the Government is contemplating to introduce a new Drug Policy;

(b) if so, the details thereof; and

(c) the time by which the new Drug Policy is likely to come into effect?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF ROAD TRANSPORT AND HIGHWAYS; MINISTRY OF SHIPPING AND MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI MANSUKH L. MANDAVIYA)

(a) & (b): Yes, Madam. The Government is contemplating to introduce a new National Pharmaceuticals Policy. The details are being worked out.

(c): No time limit can be indicated at this stage.

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Appendix - X

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
LOK SABHA

UNSTARRED QUESTION NO: 248
ANSWERED ON: 19.11.2019

R&D Expenditure

Dushyant Singh

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:-

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) the details regarding Research and Development (R&D) expenditure of Indian Pharmaceutical companies/Public Sector Undertakings (PSUs) across various segments during the last five years, year-wise;
(b) the steps taken by the Government to enhance the expenditure on R&D activities for development of new drugs;
(c) the details of the new drug molecules developed in the country; and
(d) the steps taken by the Government to facilitate the development of new drug molecules in the country?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D. V. SADANANDA GOWDA)

(a): The department does not maintain information regarding Research and Development (R&D) expenditure of Indian Pharmaceutical companies. There are five Public Sector Undertakings (PSUs) under the aegis of the Department of Pharmaceuticals, but all of them are either under closure or strategic disinvestment. The R&D expenditure of the pharma PSUs during the last five years is as under:

Year	2014-15	2015-16	2016-17	2017-18	2018-19
R&D Expenses (In Rs. Crores)	0.27	0.36	0.90	1.40	0.15

(b), (c) & (d): The Department of Pharmaceuticals has constituted an Inter-Departmental Committee (IDC) to coordinate work in the area of Pharmaceuticals research undertaken by organizations and institutes under the Central Government for institutionalizing a robust mechanism to ensure economy, efficiency, effectiveness and transparency in the arena of Pharmaceutical research. The Terms of Reference (ToR) of the Committee are: (i) To periodically review and coordinate the research work undertaken by various governmental organizations under different Central Ministries/Departments in a collaborative, synchronized and synergized way for optimum utilization of funds; and (ii) To ensure that research is conducted in such a way so as to avoid duplication of efforts and resources. The Department has set up seven National Institutes of Pharmaceutical Education & Research (NIPERs) as Institutes of national importance all over the country to impart masters and doctorate education and conduct research in various specializations of pharmaceuticals.

Further, the Government has initiated several programs and schemes to discover and develop new drug molecules. It provides funding for different laboratories that are actively involved in drug design and development. Indian Council of Medical Research (ICMR), Defence Research & Development Organization (DRDO) and Council of Scientific & Industrial Research (CSIR) laboratories have been set up in the country to facilitate drug discovery and development programs by Government of India. These research laboratories have not only had developed state of the art facilities for drug discovery and development but also taken new drug molecules to the clinical stage or launched the products. Similarly, the Ministry of Ayush was set up by Government of India to promote and develop Ayurvedic and Herbal medicines. Further details are given at Annexure.

Annexure referred to in part (b), (c) & (d) of LokSabhaUnstarred Question No. 248 for reply on 19.11.2019 raised by ShriDushyant Singh regarding 'R&D Expenditure'.

(b), (c) & (d): (i) As per information received, several new drug molecules have been developed by the Indian pharmaceutical industries and/or research institutions as under:

S No Name of molecule Therapeutic category Organization Status
1 DRF-2593 Diabetes-PPAR agonist Dr Reddys Laboratories Ltd Terminated the development
2 Rbx2258 Benign prostatic hyperplasia Ranbaxy Laboratories Ltd Out licensed to ShwarzPharma
3 RBx11160
(Synriam) Cerebral malaria Ranbaxy Laboratories Ltd Launche4d globally in 2012
4 Polycap Heart attack Cadila Pharmaceuticals Ltd and IIIM, Jammu (CSIR lab) Out licensed to Western Biotech Ltd
5 Crofelemer Antidiarrhoeal agent GlenmarkPharma Ltd Launched in 2012 globally
6 Centchroman Contraceptive CDRI and HLL Lifecare Ltd Launched in India in 1990
7 Dalzbone Rapid fracture healing CDRI and Pharmanza Herbal Pvt Ltd Launched in India in 2015
9 Gugulipid Hypolipidemic Cipla Ltd Launched in India in 1987
10 IN-105 Diabetes mellitus Biocon Ltd Under phase III clinical trial
11 MiADMSA Metal toxicity DRDE, Gwalior Under phase II clinical trials

(ii) NIPER-Kolkata is conducting R&D research with an eye to develop lead molecules which may have cytotoxic activity against cancer cell line. The molecule that have been synthesized by so far, are Spiro-oxindolocurcuminoids which showed cytotoxic effects on HePG2 (Hepatic cancer cell line) and Hela (cervical cancer cell line). The testing of this molecule in the animal model of cancer is underway.

(iii) NIPER-Guwahati has developed 2 potential lead molecules which can be used in the cancer therapy by inhibiting autophagy process and cell metabolism by inhibiting aldose reductaseenxyme. NIPER-Guwahati is also working toward the development of new drug delivery system. With the potential commercial exploitation of modern drug delivery strategies including both solid- and liquid-retentive drug delivery systems after their amalgamation with plant-derived biologically active medicinal agents like coriander, fenugreek, ginger, saffron, etc. Initially, tremendous focus was made only with single medicinal agent to entrap it effectively into the drug delivery carrier. In the recent times, our theme of research is to entrap two medicinal agents in a single drug delivery carrier especially into the liquid-retentive vector.
(iv) Under the drug development program, Central Council for Research in Ayurvedic Sciences (CCRAS) and Central Council for Research in Homoeopathy (CCRH) are undertaking development of new formulations/drugs through a systematic process of drug development viz standardization, pre-clinical safety & clinical study. In this regard, CCRAS has developed 12 technologies and commercialized them through National Research Development Corporation (NRDC) for wider public utility. New drugs in Homoeopathy developed by CCRH are as under:

1. Asclepiascurassavica
2. Brass icaoleracia
3. Buxussempervirens
4. Cardiosperm urn halicacabum
5. CassiajIstula

6. Cuscularefiexa
7. Curcuma longa
8. Cynarascolymus
9. Aloe niculumvulgare
10. Persea Americana
11. Phyl/antheusneruri
12. Withaniasomnifera
13. Cassia sophera
14. Glycyrrhizaglabra
15. Dengue Nosode
16. New Malaria Nosode
17. Nosode from JE virus
18. Nosode from Leishmania
19. Nosode from Rota virus and E-coli bacteria

(v) The Department of Science & Technology under the Ministry of Science & Technology has been implementing a Plan Scheme (Drugs & Pharmaceuticals Research Programme – DPRP) since 1994-95 for promoting R&D in Drugs & Pharmaceutical Sector with the following objectives:

- To synergize the strengths of publicly funded R&D institutions and Indian Pharmaceutical Industry;
- To create an enabling infrastructure, mechanisms and linkages to facilitate new drug development;
- To stimulate skill development of human resources in R&D for drugs and pharmaceuticals;

(vi) Collaborative Projects (Public Private Partnership) - An Indian Pharma company involved in drug development can jointly carry out R&D projects with national laboratories under CSIR, ICMR, ICAR, etc., University department/other academic institution and any other publicly funded R&D institution. The Industry has to contribute 30% of the recurring cost to the institute. The DST will contribute 70% of the recurring cost and 100% of the equipment component.

Under this programme 119 industries - institutional alliances both in modern and Indian systems of medicine including veterinary drugs have been funded. The programme has supported R&D projects on Tuberculosis, Malaria, Diarrhoea, Diabetes, Cataract, Cancer, Dementia, HIV/AIDS, Anti Fungal, Anti Virals, Anti Cancer, Anti Bacterial, Anti Rabies, Anti Obesity, Anti Asthma, Arthritis, etc., vaccine for Dengue, Japanese Encephalitis, Hepatitis-B, etc.

Projects Leading academic institutions/national laboratories having scientific expertise can apply in the field of the facility demanded to cater the needs of Pharma Industries. Basic infrastructure like building will not be considered however specialized structures like cold room, animal house isolation chambers, etc. and other state-of-the-art equipment could be considered. 57 state-of-the art infrastructure for Pharmaceutical R&D have been created in different premier institutions and Universities on Bio-availability, Pharmaco-informatics, Regulatory Toxicology, Safety Pharmacology at NIPER, Mohali, Pharmacokinetic & Metabolic Studies, Regulatory Pharmacology & Toxicology, Medium Throughput Screening at CDRI, Lucknow; Transgenic & Gene Knockout Mice, Clinical Research facility to Stem Cell Technologies and regenerative medicine, Biosafety Laboratory at CCMB, Hyderabad, Bioequivalence, Pharmacovigilance, New Chemical Entities development, Animal Facility for Indian System of Medicine etc. have been created in other Universities & Institutions.

Under this programme grants-in-aid is extended to Indian Pharmaceutical industries for clinical trials – Phase-I, II & III for neglected diseases such as Tuberculosis, Malaria, Kala-Azar, Filariasis, etc. Since 2008-09, this programme supported 4 (four) grants-in-aid projects to Indian Pharma industries for conducting clinical trials in neglected diseases such as malaria, kala-azar, etc.

(vii) The Council of Scientific and Industrial Research (CSIR) supports drug research through state-of-the-art infrastructure and facilities at its constituent laboratories like CSIR-Central Drug Research Institute (CSIR-CDRI), CSIR-Indian Institute of Chemical Technology (CSIR-IICT), CSIR-Institute of Microbial Technology (CSIR-IMTECH), CSIR-Indian Institute of Toxicology Research, etc. The laboratories are pursuing drugs and pharmaceutical Research and Development activities with an emphasis on affordable healthcare.

(viii) To strengthen research facilities for drug development, the Indian Council of Medical Research (ICMR) has identified the Product Development Centres at PGIMER-Chandigarh, CDRI-Lucknow, Nizam Institute-Hyderabad, Seth G.S. Medical Collage & KEM Hospital-Mumbai and AIIMS-Delhi. These centres will evaluate potential products developed by ICMR funded projects in colleges/ICMR centres/centre for advance research. The centres will carry out clinical trials for developing national guidelines/programs, for new drugs e.g. phytopharmaceuticals.

(ix) The Department of Biotechnology (DBT), towards strengthening the product development for Biopharmaceuticals, has initiated a Mission entitled: Industry-Academia Collaborative Mission for Accelerating Discovery Research to Early Development for Biopharmaceuticals – "Innovate in India (i3) Empowering biotech entrepreneurs & accelerating inclusive innovation". The National Biopharma Mission approved by the Cabinet at a total cost of US$ 250 million for five years with 50% funding through World Bank loan is being implemented by Biotechnology Industry Research Assistance Council (BIRAC) - a Public Sector Undertaking of Department of Biotechnology (DBT). The Mission is focusing on development of (i)Vaccines for Pneumococcus, Dengue, HPV and candidates for other diseases of high burden in India (ii) Biosimilars for cancer, diabetics and rheumatoid arthritis and (iii) Medical devices and diagnostics (iv)Process Development Laboratory; Chemistry, Manufacturing, Control Units and cGLP validation facility for Bio therapeutics. DBT has supported R&D projects in disease areas covering Japanese Encephalitis, Chikangunya, Dengue, Malaria, Visceral Leishmaniasis and Anti-Microbial Resistance.
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Appendix -XI

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION NO.231
TO BE ANSWERED ON THE 04th February 2020

Setting up of NIPER

231. SHRI S. VENKATESAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government has approved the proposal to establish an NIPER Institute in Madurai district of Tamil Nadu along with other NIPER Institutes in Chhattisgarh, Rajasthan & Maharashtra as recommended by the Eighth Finance Commission in the meeting held on 20th January, 2011;
(b) whether the said proposal was also considered by the Expenditure Finance Committee on 26.03.2018, if so, the details thereof;
(c) if so, the current status of the proposal and the time by which the NIPER Institute in Madurai along with other proposed NIPER institutes are expected to be commissioned;
(d) whether the State Government of Tamil Nadu has allotted land to establish the NIPER Institute in Madurai district in order to facilitate the admission of students from July 2020; and
(e) if so, the steps taken by the Government for allotment of finance and to facilitate establishing of the NIPER Institute in Madurai?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D. V. SADANANDA GOWDA)

(a): Yes Sir. The proposal to establish NIPER in Madurai district of Tamil Nadu was approved in principle by the Government. Subsequently, in the Budget Speech 2015-16, it was announced to set up NIPERs in the states of Chhattisgarh, Rajasthan & Maharashtra.

(b) to (d): The State Government of Tamil Nadu has allotted 100 acres of land in Madurai District for setting up of NIPER. A consolidated proposal for setting up and equipping the six existing NIPERs and four newly proposed NIPERs at Madurai (Tamil Nadu) and in the states of Chhattisgarh, Rajasthan and Maharashtra was considered by the Expenditure Finance Committee (EFC) in the Ministry of Finance on 26.03.2018. While the Committee recommended continuation and strengthening of the six existing NIPERs during the period 2017-18 to 2019-20, but it deferred setting up of the proposed four new NIPERs at Madurai and in the States of Chhattisgarh, Rajasthan and Maharashtra. The Committee further recommended that the matter may be reviewed in the year 2020 during the Fifteenth Finance Commission period (2020-25). The Department would accordingly approach the Ministry of Finance seeking funds for setting up of deferred NIPERs, including that at Madurai, Tamil Nadu.

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Appendix -XII

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION NO.452
TO BE ANSWERED ON THE 04th February 2020

NIPER in Karnataka

452. SHRI G.M. SIDDESHWAR:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government proposes to set up National Institute of Pharmaceutical Education and Research (NIPER) in the State of Karnataka;
(b) if so, the details thereof;
(c) if not, whether the Government would come up with a proposal to set up NIPER, keeping in view the enormous potential in the form of human resource in the State of Karnataka; and
(d) if so, the details thereof and if not, the reasons therefor?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D. V. SADANANDA GOWDA)

(a) to (d) The Department proposes to set up a National Institute of Pharmaceutical Education and Research (NIPER) at Bengaluru in view well developed pharma industries, high end research institutions in the related field and demand from the student community in the State of Karnataka. Ministry of Finance has been requested to consider announcement of the same in the Budget speech 2020-21.

Appendix -XIV

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION NO. 1457
TO BE ANSWERED ON THE 20th SEPTEMBER, 2020

Research and Development of New Drugs

1457. SHRI MANOJ KOTAK:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government has launched any programme or policy for research and development of new drugs/vaccines for treatment of newly emerging diseases across the country;
(b) if so, the details thereof;
(c) Whether the Government has constituted any inter-department related Committee for pharmaceuticals research and development and if so, the details thereof; and
(d) the details of the steps taken for the benefit of common people of the country?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D.V. SADANANDA GOWDA)

(a) & (b): The Department has set up seven National Institutes of Pharmaceutical Education and Research (NIPERs) at Mohali (Punjab), Ahmedabad (Gujarat), Hajipur (Bihar), Hyderabad (Telangana), Guwahati (Assam), Kolkata (West Bengal) and Raebareli (Uttar Pradesh) to nurture and promote quality and excellence in pharmaceutical education and research in India. These are institutes of national importance, which besides imparting master's and doctorate education, conduct high end research in various specializations of pharmaceuticals.

Further, the Department of Biotechnology is implementing the National Biopharma Mission (NBM) through Biotechnology Research Assistance Council (BIRAC). This PAN-India program is focused on making India a hub for development of novel, affordable and effective vaccines, biotherapeutics and medical devices for combating public health concerns. The Department of Biotechnology is also supporting the implementation of the Ind-CEPI Mission entitled "Epidemic preparedness through rapid vaccine development: Support of Indian vaccine development aligned with the global initiative of the Coalition for Epidemic Preparedness Innovations (CEPI)" which aim to support vaccine development for diseases of epidemic potential in India. The Mission was approved for implementation in March, 2019 for a period of five years and is part of a broader Initiative called the Atal Jai Anusandhan Biotech Mission - Undertaking Nationally Relevant Technology Innovation (UNaTI).

(c) & (d) The Department has set up an Inter- Departmental Committee (IDC) in January, 2019 to periodically review and coordinate research work undertaken by various governmental organization under different Central Ministries/ Departments in a collaborative, synchronized and synergized way for optimum utilization of funds and to ensure no overlapping and duplication of efforts and resources occur. Further, the Department has recently set up a High level inter-departmental Committee including eminent industry leaders/ experts to frame a Policy on R&D and Innovation including Academia-industry linkage in Pharmaceuticals & Medical Devices.

Further, the National Biopharma Mission (NBM) under the Department of Biotechnology is supporting the development of candidate vaccines for Cholera, Influenza, Dengue, Chikungunya, Pneumococcal disease and COVID-19, for establishing shared facilities for vaccine development, funding of Technology Transfer Offices, supporting the development of TRC for chikungunya and dengue and the establishment of Clinical Trial Networks, Field sites for conducting epidemiology studies and preparing for conduct of population-based vaccine trials, Clinical trial consortium of hospitals across the country for specialities of Oncology, Rheumatology, Ophthalmology and Diabetology, Trainings and workshops are organised for enhancing skill development and capacity building activities.

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Appendix -XIV

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION NO. 2314
TO BE ANSWERED ON 9th March, 2021

Life Saving Drugs

2314. SHRI RITESH PANDEY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the number of life-saving drugs enlisted as essential along with the criteria therefor and the number of such drugs that under price control;
(b) whether the Government proposes to revise the National List of Essential Medicines (NLEM) 2015 and bring in some life-saving medical devices under the said list in order to check their prices;
(c) if so, the details thereof along with the number of medicines/devices identified to be included/excluded in/from NLEM;
(d) whether the Government has received any proposal for inclusion of certain cancer medicines in the NLEM, if so, the details thereof and the action taken by the Government thereon;
(e) whether the Government proposes to link availability of essential medicines with Ayushman Bharat Yojana; and
(f) if so, the details thereof and the financial and operational modalities worked out for the same?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D.V. SADANANADA GOWDA)

(a): The Ministry of Health & Family Welfare publishes the National List of Essential Medicines (NLEM), which are incorporated in the Schedule -I of the Drugs (Price Control) Order. There is no separate categorization in NLEM about life-saving drugs. National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals fixes the ceiling price of scheduled formulations as per the provisions of the Drugs (Prices Control) Order, 2013 (DPCO, 2013). The Schedule I of DPCO, 2013 was last amended by adopting NLEM, 2015 consisting of 377 medicines. NPPA has fixed the ceiling prices of 881 scheduled formulations of medicines under NLEM, 2015. The details of price fixed are available on NPPA's website, www.nppaindia.nic.in.

(b) to (d): The Standing National Committee on Medicines (SNCM) has been constituted by the Ministry of Health & Family Welfare on 03.07.2018 to review and revise the National

List of Essential Medicines (NLEM), 2015 by way of additions and deletions in existing NLEM. The NLEM revision process consists of consultative mechanism of subject experts from throughout the country and other important stakeholders. Amongst others, the Committee will suggest inclusion of Medical Devices, medical disposables, medical consumables and other products used for health and hygiene of general public in NLEM. The Committee is deliberating the matter to submit its report.

(e) & (f): The health benefits packages defined under Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) are comprehensive, covering treatment for 25 specialties that include super specialty care like oncology, neurosurgery and cardio-thoracic surgery etc. The health benefits package rate (in case of medical surgical) or defined day-care benefits includes the costs of medicines and drugs from 3 days prior to hospitalization and 15 days post discharge from the hospital. The treatment under AB PM-JAY is provided as per the Standard Treatment Guidelines (if available) and professional judgement of the healthcare provider.

However, there is no proposal with the National Health Authority regarding linking of essential medicines with AB PM-JAY.

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Appendix -XV

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS & FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION No. 3313
TO BE ANSWERED ON THE 16th MARCH, 2021

PPD Scheme

3313. SHRI P RAVINDHRANATH:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the details of the initiatives taken under the Pharmaceutical Promotion and Development Scheme (PPDS) for promotion of the pharmaceutical sector in the country during the last three years;
(b) the status of the proposed establishment of National Institute of Pharmaceutical Education & Research (NIPER) at Madurai in the State of Tamil Nadu; and
(c) the time by which the said NIPER is likely to be functional?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRI D.V. SADANANADA GOWDA)

(a) The Department has taken various initiatives like providing financial assistance to conduct trainings, seminars, workshops as well as other activities on issues/subjects relevant to growth of pharmaceutical industry in the country. Further, the Department has conducted various studies as well as procured reports for better understanding of the pharmaceutical sector. The Department has provided financial assistance to educational institutions, industry associations and other organizations for conduct of about 70 seminars/conferences during the last three years.

(b) & (c): The proposal for setting up of NIPER at Madurai, Tamil Nadu (Madurai), along with three other NIPERs, was considered by the Expenditure Finance Committee (EFC) in the Ministry of Finance in March, 2018 but it decided to defer the same. A fresh consolidated proposal has again been sent by the Department of Pharmaceuticals to the Ministry of Finance in February, 2021 as part of the EFC memo for the period 2020-21 to 2024-25 for up-gradation of the existing NIPERs and setting up four new NIPERs, including one at Madurai. Further action for setting up of the same will be taken pursuant to EFC approval.

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Appendix - XVI

GOVERNMENT OF INDIA
MINISTRY OF CHEMICALS AND FERTILIZERS
DEPARTMENT OF PHARMACEUTICALS

LOK SABHA
UNSTARRED QUESTION No. 3567
TO BE ANSWERED ON THE 10th AUGUST, 2021

Medical Device Park

3567. SHRI B.Y. RAGHAVENDRA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government is planning to take any steps to set up Medical Devices Park in the State of Karnataka;
(b) if so, the details thereof, district wise; and
(c) if not, by when it will be considered along with the criteria to implement the above said scheme?

ANSWER

MINISTER IN THE MINISTRY OF CHEMICALS & FERTILIZERS
(SHRI MANSUKH MANDAVIYA)

(a), (b) & (c): The Government is implementing the scheme "Promotion of Medical Devices Parks" which provides for one-time grant-in-aid of maximum Rs. 100 crore per park for creation of common infrastructure facilities in 04(four) selected Medical Devices Parks which are to be developed by the State Governments. The total financial outlay of the scheme is Rs. 400 crore. The Department had invited proposals under the scheme from all the States and Union Territories and has received proposals from 16 States/Union Territories including a proposal from the Government of Karnataka for setting up a Medical Device Park at Kochanahalli Industrial Area in district Mysuru. The appraisal of the proposals received under the scheme has been initiated.

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Discussion on the National Institute of Pharmaceutical Education and Research (Amendment) Bill dt. 06/12/2021

Appendix XVII

स्वास्थ्य और परिवार कल्याण मंत्री तथा रसायन और उर्वरक मंत्री (श्री मनसुख मांडविया): माननीय अध्यक्ष महोदय, आज दी नेशनल इंस्टीट्यूट ऑफ फार्मास्युटिकल एजुकेशन एंड रिसर्च बिल के अमेंडमेंट पर कुल-मिलाकर 24 माननीय सदस्यों ने अपनी बात रखी। आज का दिन भी महत्वपूर्ण दिन है। आज डॉक्टर बाबा साहेब अम्बेडकर जी का महापरिनिर्वाण दिन है, जिन्हें सिम्बल ऑफ नॉलेज के नाम से दुनिया जानती थी। डॉक्टर बाबा साहब के पास कई पदवियां, कई डिग्रियां थीं। यह डिग्री का विषय ही आज चर्चा का विषय है। नाइपर एक पोस्ट ग्रेजुएट, पीएचडी डिग्री देती है। इससे और अधिक डिग्रियां देने के लिए कई अमेंडमेंट लेकर मैं आज सम्माननीय सदन में आया हूं।

इस सदन में हनुमान बेनीवाल जी मुझे कहकर गए हैं कि हमने बोला है, हमारा नाम आना चाहिए। मेरा फर्ज ही है कि मुझे सभी का नाम बोलना चाहिए। श्री अब्दुल खालेक जी, डॉ. राजदीप राय जी, डॉ. कलानिधि वीरास्वामी जी, प्रो. सौगत राय दादा, डॉ. संजीव कुमार शिंगरी जी, श्री श्रीरंग आप्पा बारणे जी, डॉ. आलोक कुमार सुमन जी, कुमारी चन्द्राणी मुर्मु जी, कुंवर दानिश अली जी, श्रीमती सुप्रिया सदानंद सुले जी, डॉ. मोहम्मद जावेद जी, श्री अनुराग शर्मा जी, श्री एस. वेंकटेशन जी, श्री ई. टी. मोहम्मद बशीर जी, श्री एम. सेल्वराज जी, श्री एन. के. प्रेमचन्द्रन जी,श्री हनुमान बेनीवाल जी, एडवोकेट डीन कुरियाकोस जी, श्रीमती सुनीता दुग्गल जी, श्रीमती प्रतिमा मण्डल जी, डॉ. श्रीकांत एकनाथ शिंदे जी, श्री पी. रविन्द्रनाथ जी, श्रीमती नवनित रवि राणा जी, श्री अधीर रंजन चौधरी जी, कुल मिलाकर 24 सम्माननीय सांसदों ने बिल पर अपने महत्वपूर्ण सुझाव रखे। सभी ने एक ही बात बोली है कि बिल अच्छा है, सभी की कंसेंसस है कि हमें इस बिल को पारित करना है। बिल पर आपने अपनी-अपनी ओर से अपने सुझाव भी रखे हैं। इस बिल के क्या बिंदु हैं और क्यों विषय लेकर आए, यह मैं पहले बता देता हूं। कुल-मिलाकर हम चार अमेंडमेंट्स लेकर आए हैं। चार अमेंडमेंट्स के माध्यम से हम बिल में क्या करना चाहते हैं? मोहाली हमारी नेशनल इंपोर्टेंस की इंस्टीट्यूट थी, उसके बाद 6 नई इंस्टीट्यूट्स बनीं। 1 नेशनल इंपोर्टेंस की थी, तो 6 में कोई क्लेरिफिकेशन नहीं था। हमने तय किया कि सभी 6 और प्लस 1,

यानी 7 हमारी इंस्टीट्यूट्स हैं और हमें आगे भी इंस्टीट्यूस खोलनी हैं। कई लोगों ने सुझाव दिया कि हमारे यहां भी खोलनी चाहिए, तो आने वाले दिनों में जितने इंस्टीट्यूट्स बनें, ये सब नेशनल इंपोर्टेंस नाइपर इंस्टीट्यूट्स बनें। हमारा उसमें यह महत्वपूर्ण संशोधन है, अमेंडमेंट है।

दूसरा अमेंडमेंट है, अब हम केवल मास्टर डिग्री और पीएचडी की डिग्री देते हैं। अधीर रंजन जी, समय बदला है। सबको अंडर ग्रेजुएट एजुकेशन भी मिले, एकेडेमी से लिंकेज हो, वह सैल्फ सस्टेन बने। आज देश में 10,000 से ज्यादा फार्मास्युटिकल्स इंडस्ट्रीज़ हैं। जो बड़ी इंडस्ट्रीज़ हैं, उनके पास रिसर्च यूनिट होते हैं, रिसर्च की व्यवस्था होती है, परंतु छोटी इंडस्ट्री के पास रिसर्च की एस्टेबलिशमेंट नहीं होती है इसके लिए रिसर्च में नाइपर का सहयोग चाहिए। सहयोग देने से उसका खर्च भी कम होगा, नाइपर को इनकम भी होगी और यहां पढ़ने वाले स्टूडेंट्स को ट्रेनिंग भी मिलेगी। एक और उद्देश्य है कि और ज्यादा कोर्सिस चालू हों।

तीसरा अमेंडमेंट है, नाइपर तो बनते जा रहे हैं, नाइपर अपनी ओर से काम करे तो कॉम्प्रिहेन्सिव काम करने की आवश्यकता होगी और हमें टार्गेट तय करना होगा। मैं इसके बारे में आगे बताऊंगा, जैसे हमारे देश में कोई क्रिटिकल मेडिसन नहीं बनती है तो हमें हर इंस्टीट्यूट को कुछ न कुछ मेनडेट देना चाहिए। यह कौन तय करेगा? सरकार को किसकी रिक्वायरमेंट है? वर्तमान स्थिति में हमारी डिमांड क्या है? हमारे देश में रिसर्च कैसी चल रही है? हम कॉम्प्रिहेन्सिव रिसर्च कर सकें, एजुकेशन दे सकें ताकि इसका उपयोग देश के लिए हो, इसलिए हमने नैशनल काउंसिल बनाने की बात कही है। सौगत राय दादा, नैशनल काउंसिल में बोर्ड ऑफ गवर्नेंस का कोई अधिकार नहीं ले रहा है। बोर्ड ऑफ गवर्नेंस के पास जो अधिकार है, वह अधिकार वहीं रहेगा। नैशनल काउंसिल एडवाइजरी बॉडी के रूप में काम करेगी।

यहां कई सम्मानित सदस्यों ने अपनी बात रखी कि इसमें एससी, एसटी का प्रतिनिधित्व नहीं है। गवर्निंग बॉडी में 22 की संख्या को कम कर दिया, 12 कर दिया और वहां जो एससी, एसटी के कैंडीडेट थे, हमारे सम्मानित सांसद भी उसमें थे, उनको काउंसिल में ले लिया। हमने प्रतिनिधित्व खत्म नहीं किया है। हमने प्रतिनिधित्व ऑलरेडी काउंसिल के तौर पर रखा है। यह

एक महत्वपूर्ण विषय है। कुल मिलाकर नाइपर में काउंसिल बनाना, डिग्री देना, अंडर ग्रेजुएट डिग्री चालू करना, सबको नैशनल इम्पॉर्टेंस घोषित करना और गवर्निंग बॉडी में सदस्य संख्या कम करना, हम ये चार सुझाव, अमेंडमेंट लेकर आए हैं। सबने बहुत सकारात्मक और हकारात्मक बात कही है। मैं आप सभी सम्मानित सदस्यों का आभारी हूं। इसमें जो कमेंट आए हैं, बात आई है, मैं उसे पहले थोड़ा क्लेरिफाई कर दूं। वैसे तो मुझे पहले से बात चालू करनी चाहिए लेकिन अधीर रंजन जी ने पूछा कि आपने किया क्या? मुझे यह बताना चाहिए। अधीर रंजन जी, प्रेमचन्द्रन जी और कई सदस्यों ने जन औषधि का उल्लेख किया।

आपने कहा कि हमने किया, मैं बता दूं, अच्छी स्कीम उन्होंने ही वर्ष 2008 में शुरू की थी। वर्ष 2008 में जब यूपीए गवर्नमेंट थी, उन्होंने कहा कि जेनरिक मेडिसन लोगों को मिलनी चाहिए। हम सरकार में वर्ष 2014 में आए। उस वक्त छः साल हो गए थे, केवल 103 स्टोर थे और वहां 300 से कम टाइप की मेडिसन मिलती थी। जो स्टोर थे, एक के बाद एक बंद हो रहे थे। मोदी जी ने मुझे जिम्मेदारी दी, मैं एमओएस हुआ करता था। मैं उनसे मिलने गया तो माननीय प्रधान मंत्री जी ने कहा कि यह सेवा का कार्य है और करना चाहिए, रुचि लेकर करना चाहिए। मैं एमओएस हुआ करता था, मेरे पास ज्यादा काम नहीं था, मैं इस काम में लगा क्योंकि यह गरीबों का काम था।

मेडिसन की प्रेस्क्रिप्शन लिख देना एक बात होती है और प्रेस्क्रिप्शन के बाद डायग्नोसिस करना एक बात होती है। निदान हो गया, 100 रुपये फी दे दी, लेकिन जब मेडिसन लेने जाते हैं बहुत महंगी मिलती है, जैसे कैंसर की मेडिसन है। अब तो हैबिचुअल डिसीज़ बढ़ रही हैं, डायबिटीज़ की परमानेंट मेडिसन लेनी पड़ती है। बीपी की परमानेंट मेडिसन लेनी पड़ती है। कैंसर पेशंट को परमानेंट मेडिसन देनी पड़ती है। कार्डियक पेशंट को परमानेंट मेडिसन लेनी पड़ती है। गरीब हो या अमीर हो, बीमारी किसी को पूछ कर नहीं आती है। अमीर के यहां भी आती है, गरीब के यहां भी आती है। जब अमीर के यहां आती है तो उसकी जेब में पैसा होता है, वह सर्वाइव कर जाता है, लेकिन गरीब के यहां जब हैबिचुअल बीमारी आती है तो 2000-3000 रुपये मेडिसन में

चले जाते हैं। इससे उसके बच्चे की पढ़ाई हो सकती है, घर का गुजारा चल सकता है। उन्हें सस्ती दवाई मिले, इसके लिए काम करना चाहिए। मोदी जी ने मुझे मार्गदर्शित किया और मैंने वह काम किया। मुझे सदन को बताते हुए खुशी हो रही है कि आज देश में 8500 जन-औषधि स्टोर हैं। 2400 से अधिक टाइप की मेडिसिन्स वहां उपलब्ध हो रही हैं और 56 से ज्यादा मेडिकल डिवाइसेज उपलब्ध हो रहे हैं । पर डे 10 से 15 लाख लोग जन औषधि स्टोर पर मेडिसिन लेने जाते हैं।

अधीर रंजन जी हमने ये काम भी किया। यहां यह भी बात हुई कि जेनेरिक मेडिसिन का व्याप बढ़ाना चाहिए। दुनिया अपने यहां रिसर्च करके और पेटेंट करके ब्रांडेड एवं महंगी मेडिसिन इंडिया में भेजती है, लेकिन दुनिया हमारी जेनेरिक मेडिसिन खाती है। आप अमेरिका जाएंगे तो देखेंगे कि वहां 40 परसेंट इंडिया में बनी हुई जेनेरिक मेडिसिन का यूज होता है और हम ब्रांडेड मेडिसिन खाते हैं। उसके लिए अवेयरनेस क़ैसे लाया जाए? यह अवेयरनेस लाने का काम करने के लिए जन औषधि स्टोर चलाया गया। जन औषधि स्टोर का नतीजा यह निकला कि पहले देश में जेनेरिक मेडिसिन का शेयर केवल 2 परसेंट होता था, लेकिन आज वह 8 परसेंट से ज्यादा है। जेनेरिक मेडिसिन का शेयर बढ़ने लगा और लोगों को सस्ती मेडिसिन मिलने लगी। मैंने एक स्टडी करवाई थी कि जन औषधि स्टोर के माध्यम से लोगों को कितना फायदा हुआ तो आकलन यह निकला कि प्रतिवर्ष 8 हजार जन औषधि स्टोर्स से सस्ती जेनेरिक मेडिसिन दवाइयां मिलती हैं। कैंसर की कई मेडिसिन्स हैं, जो मार्केट में एक ब्रांडेड टैबलेट की कीमत 200 से 300 रुपये होती है, लेकिन जन औषधि स्टोर पर जाने पर वह 50-60 रुपये में मिल जाती है। वहां लंबी लाइन लगी होती है। यह बात सही है कि कभी आप जन औषधि स्टोर पर गए हों, आप कोई भी फॉर्मेसी स्टोर पर जाएं, वहां हंड्रेड परसेंट मेडिसिन उपलब्ध हो, ऐसा जरूरी नहीं है। यदि कोई कार्डियक का डॉक्टर हो और उसके अगल-बगल में मेडिकल स्टोर है तो वहां कार्डियक के अनुरूप मेडिसिन्स ज्यादा उपलब्ध होते हैं। कोई एम.डी. डॉक्टर होता है तो वहां उसी अनुरूप मेडिसिन्स उपलब्ध होती हैं। आप जो मांगें और वही मेडिसिन सभी जगह मिल जाए, ऐसा जरूरी नहीं है। मैं ऐसा दावा

नहीं करता हूं कि जन औषधि स्टोर पर आप जो भी मेडिसिन मांगेंगे, वह उपलब्ध होगी। लेकिन, हमने प्रयास किया है कि देश के लोगों को सस्ती से सस्ती दवाइयां मिले, लोगों का जीवन सुनिश्चित और वह उसकी बीमारी में उपयोगी हो।

श्रीकांत शिंदे जी ने बहुत अच्छी बात कही, आपने भी यह प्रश्न रेज किया कि एपीआई के मामले में हमें दुनिया पर निर्भर नहीं रहना चाहिए। हमारा देश 130 करोड़ की आबादी वाला देश है। हमें भी मेडिसिन की रिक्वॉयरमेंट है। यदि हम इतनी अबादी के लिए मेडिसिन के लिए दूसरे पर निर्भर रहें तो यह उचित नहीं है। इसके बारे में आप भी सोच सकते थे। आपकी भी सरकार थी। एक बात और मैं आपको बता दूं कि ये सब पीएसयू कब मर गए? उनको हमने आकर नहीं मारा। वे तो मरे हुए थे। हमने तो कोशिश की है कि वह स्ट्रैटेजिक सेल करे और जो बच सके, उसको बचाएं।

हमारी सुप्रिया बहन ने कहा कि पिंपरी में पेनिसिलिन का प्लांट है। मैं जब प्राइमरी स्कूल में पढ़ता था तब यह हमारे सिलेबस का पार्ट था कि देश में सबसे बड़ा पेनिसिलिन का प्लांट कहां है? तो हम लिखते थे कि पिंपरी में पेनिसिलिन का भारत में सबसे बड़ा एपीआई प्लांट है। वह हमारे लिए एक समय प्राइड थी। लेकिन, वह क्यों मर गई। वह इसलिए मर गई, क्योंकि जब दुनिया में ग्लोबलाइजेशन हुआ और ग्लोबलाइजेशन में डब्ल्यूटीओ के अंतर्गत सारी दुनिया फ्री ट्रेड करने लगी तो कई कंट्रीज ने इस मौके का फायदा उठाते हुए अपने यहां बड़े-बड़े कारखाने लगा दिये और सस्ते दाम पर पेनिसिलिन का एपीआई बनाकर इंडिया में डंप करने लगे। उसके बाद, हमारी कंपनियां मरने लगीं। यदि उस वक्त आपने ध्यान दिया होता तो आज की स्थिति मरने की स्थिति नहीं होती। उस वक्त उसको कैसे रोका जाए, ऐसा प्रयास करने की आवश्यकता थी। लेकिन, वह प्रयास नहीं हुआ। इसको करने के लिए हममें से किसी ने ना नहीं कहा। जब मोदी जी देश के प्रधान मंत्री बने तो उन्होंने इसके लिए हमें मार्गदर्शन दिया। ऐसे कितने एपीआई हैं? आप आइडेंटिफाई कीजिए। कौन-सा ऐसा एपीआई नहीं है और हमारे यहां फॉर्मूलेशन में दिक्कत आ जाए। यह बहुत क्रिटिकल स्थिति हो जाती है। हमारे यहां फॉर्मूलेशन इंडस्ट्रीज है लेकिन उसको

चलाने के लिए, जैसा आपने कहा कि स्टार्टिंग मेटेरियल चाहिए, एपीआई चाहिए और इंटरमीडिएट चाहिए। ये हम बाहर से लाएं और बाहर वाला हमें देना बंद कर दे तो हमारी स्थिति क्या होगा ी। उसके मद्देनजर हमने उसके ऊपर डीपली काम करना शुरू किया और हमने ऐसे 51 एपीआई आइडेंटिफाई किए। हम 80 परसेंट से ज्यादा एपीआई दुनिया से इम्पोर्ट करते हैं। यदि ये हमारे देश में नहीं आएंगे और हम नहीं बनाएंगे तो हमारे देश में कभी भी मेडिसिन की क्राइसिस हो सकती है। इस विषय को लेते हुए प्रधान मंत्री ने कहा कि उसके ऊपर काम करना शुरू कीजिए।

माननीय अध्यक्ष जी, मुझे इस सदन को यह बताते हुए खुशी हो रही है कि भारत में 51 एपीएआई बनें, उसके लिए हमने 14,000 करोड़ रुपये के सहयोग से पीएलआई वन स्कीम निकाली है। इस स्कीम से क्या हुआ?हमें भारत में एपीआई बनानी है। दुनिया में उसकी क्या वाइबिलिटी गैप फंडिंग है, हम भाषण देंगे, तो इंडस्ट्रियलिस्ट उसको नहीं बनाएंगे। हम कितनी भी बात करें, लेकिन वह वाइबल होना चाहिए। मतलब हम उसे कब प्रोक्योर करेंगे, उसको दुनिया के मार्केट के बराबर मार्केट मिले। ऐसे कई एपीआईज़ हैं, अगर हम उनको अपने यहां मैन्युफैक्चर्स करें, तो दुनिया से लेने में जो खर्च आता है, हमें उससे 20 प्रतिशत कम रेट पर मिल सकता है। हमने ऐसे एपीआई पर 20 प्रतिशत पीएलआई स्कीम के माध्यम से किया है। अगर वे 100 रुपये का बनाते हैं, तो हमने पीएलआई स्कीम में देने के लिए 20 रुपये का प्रावधान किया है। कई ऐसे एपीआई थे, जिनमें 10 प्रतिशत की कमी थी। उस वाइबिलिटी गैप फंडिंग के लिए 10 प्रतिशत की आवश्यकता थी, हमने उसमें 10 प्रतिशत दिया है।

इतना ही नहीं, उसे बनाने के लिए हमें फॉर्मा पार्क बनाने की आवश्यकता होगी, क्योंकि जब एपीआई बनाने की बात होती है, उसमें हैजार्ड्स एम्फ्लुएंट होता है। उसमें क्लस्टर डेवलेपमेंट और पार्क के माध्यम से डेवलेपमेंट करना होता है। हमने देश में एक-एक हजार करोड़ रुपये के खर्च से ऐसे चार पार्क बनाने के लिए तय किया है। उसका उपयोग करके हम देश में बल्क एपीआई मैन्युफैक्चरिंग कर सकें, हमने यह किया है। अधीर रंजन जी, हमने यह किया है। हम रुके नहीं हैं। हमने यह इसलिए किया है, ताकि देश को भविष्य में ऐसे किसी संकट का सामना न करना पड़े और

देश की जरूरत देश में ही पूरी हो जाए। हमने यह भी किया है, हमने एपीआई, पीएलआई वन स्कीम 14,000 करोड़ रुपये की निकाली है। हम उसके बाद भी नहीं रुके, हमने कहा कि देश में एपीआई का प्रोडक्शन हो, इतना ही नहीं, हमें फॉर्मेसी ऑफ द वर्ल्ड बनना है। हमें केवल उत्पादन करके अपनी जरूरत को पूरा करना है, ऐसा नहीं है। हमें अपनी जरूरत पूरी करके एक्सेस होना है और दुनिया के मार्केट में भारत की फॉर्मा इंडस्ट्रीज़ अपना माल बेच सकें। हम देश और दुनिया को ऑब्लाइज करे सकें, इसलिए हमने 15,000 करोड़ रुपये की पीएलआई स्कीम निकाली है। मैंने उसमें एक-एक चीज को प्रत्यक्ष रूप से देखा है। हम उसके पीछे रातों तक जागे हैं, तब जाकर यह हुआ है। भविष्य में देश कैसे सशक्त हो, कैसे मज़बूत हो, हमने यह किया है।

माननीय अध्यक्ष महोदय, जब देश में पैनडेमिक स्टार्ट हुआ और फर्स्ट लॉकडाउन चल रहा था, जैसा कि आपने मेंशन किया है, हमने देखा है कि उस वक्त विकसित देशों की क्या हालत हुई थी। विकसित देशों के पास 15-15 दिन तक एजिथ्रोमाइसिन नहीं थी, हम जिनका हेल्थ इन्फ्रास्ट्रक्चर स्ट्रांग मानते हैं। कैसी व्यवस्था हो गई थी। उस स्थिति में हिन्दुस्तान ने 150 देशों में अपनी दवाई उपलब्ध कराई थी। मैं यहां पर उस व्यवस्था को देख रहा था। हमारे यहां प्रतिदिन केवल मेडिसिन लेने के लिए पांच प्लेन आते थे। यह हमारे लिए गौरव का विषय है। यह देश की उपलब्धि है। यह देश के नागरिकों की उपलब्धि है। हम उसको इस दृष्टि से देखते हैं। हमने कभी इस विषय पर राजनीति करने की कोशिश नहीं की है। व्यवस्था कैसे स्ट्रांग हो, हमने उसकी कोशिश की है। जब भारत में दूसरी वेव आई थी और हमें दिक्कत हुई, तब अमेरिका के राष्ट्रपति को यह कहना पड़ा था कि भारत ने पहली वेव में जो हमारी मदद की थी, उसको अमेरिका कभी नहीं भूल पाएगा। जब हमने जो-जो चीजें मांगी थीं, उस वक्त भी हमें कई चीजों की आवश्यकता थी, हमने वह रिक्वॉयरमेंट पूरी की है। हमने यह भी किया है। मैंने कल विस्तृत रूप से रखा था।

मैंने कल भी कहा था कि देश में वैक्सीन मैन्युफैक्चरिंग होती है। मैं मानता हूं कि देश में वैक्सीन मैन्युफैक्चरिंग होती है। पूरी दुनिया में भारत का वैक्सीन में 60 प्रतिशत शेयर है। हम वैक्सीन मैन्युफैक्चर्स करते हैं और उसको दुनिया में बेचते हैं, लेकिन हम रिसर्च में पीछे थे, हम

रिसर्च नहीं कर पाते थे। कोई रिसर्च करता था, वह बाद में पेटेन्ट फ्री हो जाता था या तो हम लाइसेंस लेते थे, तब हम मैन्युफैक्चरिंग करते थे। जब पहली वेव चल रही थी, तब हमने इस विषय से बाहर निकलने के लिए चिंतन किया था। तब उसके ऊपर अपना माइंड अप्लाई किया था कि क्यों हमारे यहां रिसर्च नहीं हो रही है। हम फॉर्मा कंपनियों और रिसर्च करने वाली बड़ी कंपनियों के साथ घंटों तक बैठे हैं कि हमें क्या करने की आवश्यकता है, हम क्या करें, ताकि हम आपकी मदद कर सकें। हमें कोरोना की वैक्सीन देश में ही बनानी है। सभी कंपनियां काम पर लगीं, भारत सरकार की कंपनियां काम पर लगीं और प्राइवेट कंपनियां भी काम पर लगीं। क्या आवश्यकता है? उन्होंने उस वक्त पहला विषय रखा था, हमने कहा कि यह तुरंत ही करना है। नहीं होगा, हमारा सिस्टम ही ऐसा है, हमारे रूल्स और रेग्युलेशंस ही ऐसे हैं, हमारा कानून ही ऐसा है, हमारा प्रोसीजर ही ऐसा है। हमें यह करते-करते तीन साल लग जाते हैं। हमने इन सारी व्यवस्थाओं को सरल कर दिया और भारत के वैज्ञानिकों ने नौ महीनों में रिसर्च करके हमें वैक्सीन दे दी।

उसका नतीजा यह निकला है कि आज देश में कोवैक्सीन इंडियन रिसर्च और इंडियन मैन्युफैक्चरिंग की बदौलत है। दुनिया 20 सालों से जायकोव-डी डीएनए वैक्सीन पर मेहनत कर रही है, लेकिन डीएनए वैक्सीन को बनाने में सक्सेस नहीं हो पाई है। भारत सरकार के प्रोत्साहन से हमारे देश के साइंटिस्टों ने डीएनए वैक्सीन भी बना दी और उसकी मैन्युफैक्चरिंग भी चालू कर दी है। आगामी दिनों में इंडिया में और दो वैक्सीन्स का थर्ड ट्रायल का डेटा सबमिट हो जाएगा। हम अपेक्षा करते हैं कि उसका डेटा और ट्रायल सक्सेसफुल हो, जिससे इंडिया की ही दो कंपनीज़, इंडिया रिसर्च और इंडिया मैन्युफैक्चरिंग सक्सेस हो। भारत ने कभी भी दवाइयों को बिजनेस की दृष्टि से नहीं देखा है। हमारी संस्कृति और परम्परा वसुधैव कुटुम्बकम की रही है। हमने उसे बिजनेस के रूप में बाद में देखा है, पहले उसे सेवा के रूप में देखा है। दुनिया की मदद करना भारत की रीति-नीति और कार्य पद्धति रही है। हमने ऐसा नहीं सोचा कि हमें हमारी जरूरत पूरी करनी है। हमने ऐसा नहीं सोचा कि वैक्सीन ज्यादा बनाने की जरूरत नहीं है, हम एक-दो कंपनी बना लें और हमारी रिक्वायरमेंट पूरी हो जाए। हमने वसुधैव कुटुम्बकम की दृष्टि से सोचा

है। हमें हमारा भी ख्याल रखना है और दुनिया की भी मदद करनी है। हम तो शुभ-लाभ की संस्कृति वाले लोग हैं। हम लाभ की तो बात करते है, लेकिन साथ ही दूसरों के शुभ की भी बात करते हैं। हम दूसरे की भावना को भी समझते हैं और उसकी भी मदद करते हैं। इसलिए आज दुनिया की कंट्रीज हमसे वैक्सीन मांग रही है। अमेरिका और करेबियन कंट्री समूह के 29 राजदूतों ने इकट्ठा होकर मुझे बुलाया था और उन्होंने कहा कि हमें वैक्सीन चाहिए। मैंने कहा कि हमारे पास वैक्सीन की एक्सेस है और हम आपको एक्सेस वैक्सीन देंगे। मोदी जी ने कहा है कि हमें दुनिया की मदद करनी है। आज दुनिया में भारत की वैक्सीन एक्सपोर्ट होने लगी है। जब पहली बार राज्य सभा में कोविड पर डिस्कशन चल रहा था तो मैंने उस स्थिति को झेला, उस समय ये बोलते थे कि आपने 6 करोड़ वैक्सीन की डोज को एक्सपोर्ट कर दिया। हम एक्सपोर्ट नहीं करना चाहते थे, लेकिन उसकी लाइफ लाइन सैल्फ लाइफ होती है। वह 6 महीने में एक्पायर्ड हो जाती है या 9 महीने में एक्सपायर्ड हो जाती है। यहां पर तो बूम चल रही थी कि यह मोदी वैक्सीन है मत लो, यह बीजेपी की वैक्सीन है। मोदी जी वैक्सीन क्यों नहीं ले रहे है, यह वैक्सीन सही नहीं है। इस तरह से वैक्सीन के लिए इतनी ज्यादा अफवाह फैलाई जा रही थी, जिससे यह स्थिति पैदा हो गई थी कि देश की कंपनियों के पास वैक्सीन तो पड़ी थी, लेकिन जब हम उसको यूज ही नहीं करते थे तो उसका क्या करना था? आपने वैक्सीन एक्सपोर्ट क्यों कर दी, ऐसी बातें हमें झेलनी पड़ी।... (व्यवधान) दादा के राज्य में भी वैक्सीन पड़ी हुई है। आज देश में 20 करोड़ से अधिक डोजेस उपलब्ध हैं।... (व्यवधान) जहां पर जिसको कैम्पेन चलाना हो या जनता की मदद करने की भावना हो, वह कर सकता है। हमारी आलोचना होने से हमें कोई दिक्कत नहीं है। मोदी जी के लिए तो जो कहते हैं, वे हर दिन उठकर कहते ही रहते हैं, लेकिन मोदी जी उसका कोई प्रति उत्तर नहीं देते हैं। हम आपको अपने-अपने क्षेत्र में वैक्सीनेशन ड्राइव चलाने के लिए नहीं रोकते हैं। वहां पर वैक्सीन्स पड़ी हुई हैं। कृपया करके आप जाइए और अपने क्षेत्र में जोश के साथ मीटिंग कीजिए।... (व्यवधान)

कुंवर दानिश अली : योगी जी को बोलिए कि हमारे जिले में वैक्सीन भेजे।... (व्यवधान)

श्री मनसुख मांडविया: आपके जिले में भी वैक्सीन पड़ी हुई है। मैं अधीर रंजन जी की बात में करेक्शन करना चाहता हूँ कि आज देश में एपीआई नहीं, बल्कि मेडिकल डिवाइसेज़ का 70 परसेंट इंपोर्ट करना पड़ता है। इम्पोर्ट क्यों करना पड़ता है, मैं उस वे में नहीं जा रहा हूँ। अगर पहले हुआ होता तो हमें इतना इम्पोर्ट नहीं करना पड़ता, कम इम्पोर्ट करना पड़ता। हमारे देश में जब मार्केट बढ़ रहा है, देश में मिडिल क्लास बढ़ रहा है तो देश के प्रधान मंत्री जी ने हेल्थ को डेवलपमेंट के रूप में देखा है। हेल्थ को डेवलपमेंट के एक पार्ट के रूप में देखा। हमें देश को डेवलप करना है और हम हेल्थ को उपेक्षित नहीं कर सकते हैं, इसी विषय को दृष्टिगत रखते हुए आयुष्मान भारत योजना चली। पाँच से छ: गांवों के बीच में एक आयुष्मान भारत हेल्थ एण्ड वेलनेस सेन्टर स्थापित किया गया। उसके बाद दस करोड़ फैमिलीज के लिए आयुष्मान भारत जन आरोग्य योजना चली। तीसरा, सभी का रिकॉर्ड आपके पास रहे। अगर आपने कोई ट्रीटमेंट लिया है, क्या ट्रीटमेंट लिया, आपकी रिपोर्ट क्या है, ये सब संग्रहित करके, फाइल लेकर घूमना पड़ता है, तो आप उसका डिजिटल रिकॉर्ड रख सकें, उसे आप डिजिटली लेबोरेटरी से कनेक्ट कर सकें, डिजिटली आप सारी व्यवस्था उपलब्ध करवा सकें, इसके लिए आयुष्मान भारत डिजिटल मिशन चलाया गया।

चौथा, आयुष्मान भारत हेल्थ इंफ्रास्ट्रक्चर मिशन के माध्यम से 64 हजार करोड़ रुपये खर्च करके, हर जिले में 100 करोड़ रुपये खर्च करके, वहां के हेल्थ इंफ्रास्ट्रक्चर को मजबूत करने का काम किया गया है।...(व्यवधान) अध्यक्ष जी, मुझे अपनी बात पूरी करनी है। अभी मैं प्रारम्भिक स्टेज में पहुंचा हूं।...(व्यवधान) मैं शॉर्ट में अपनी बात कहता हूं। आपको अच्छी इनफार्मेशन मिलेगी, जो सबके लिए उपयोगी भी होगी।...(व्यवधान) कुल मिलाकर हेल्थ को डेवलपमेंट के साथ जोड़कर मोदी जी ने जो काम करना शुरू किया, उसका अच्छा नतीजा यह निकल रहा है कि अब एक गरीब व्यक्ति भी अच्छा इलाज ले सकता है।...(व्यवधान) यह सच है तो स्वीकार करना ही पड़ेगा। ।...(व्यवधान) पहले यह बात थी कि गरीब लोगों को ट्रीटमेंट लेने

के लिए कहां जाना है, तो गरीब लोगों को ट्रीटमेंट लेने के लिए सरकारी अस्पताल में जाना है। ...(व्यवधान)

सर, एक समय था कि गरीब लोगों को ट्रीटमेंट लेनी है तो कहां जाना है - सरकारी अस्पताल में । किसी सुखी-समृद्ध को ट्रीटमेंट लेने के लिए कहां जाना है – किसी प्राइवेट हॉस्पिटल में जाना है। प्राइवेट हॉस्पिटल में सुविधाएं होती हैं, लेकिन गरीब लोगों को सरकारी हॉस्पिटल में जाना होता था। इसलिए सरकारी हॉस्पिटल्स को भी सक्षम बनाना है, जिससे वहां भी बेस्ट लेवल की ट्रीटमेंट मिले और अगर किसी पेशेंट को प्राइवेट हॉस्पिटल में जाना है तो गरीब लोगों के लिए भी आयुष्मान भारत योजना के तहत 20 हजार डिसपेंसरीज को आइडेंटिफाइड किया गया है। वहां एक बेड अमीर लोगों का होता है और बगल का एक बेड देश के पिछड़े, गरीब और वंचित लोगों के लिए होता है। जिन गरीब, पिछड़े और वंचित लोगों की दानिश भाई ने बात की, उनके लिए हमने यह काम किया है। उसके लिए जो करना चाहिए, वह हमने किया है। उसको हमने अमीर के बराबर एक दर्जा दिया है और उसके लिए सुविधा दी है। इस तरह से प्रयास है कि देश को उत्तम से उत्तम स्वास्थ्य सुविधा प्राप्त हो। एक जज्बा होता है। पहले जब मैं शिपिंग मिनिस्ट्री में था, तब एक एम्बेसडर मुझे मिलने आते थे। एक बार बात-बात में उन्होंने मुझे कहा कि मुझे आपसे मिलना अच्छा लगता है। तब मेरे मन में जिज्ञासा हुई कि मुझे मिलना क्यों अच्छा लगता है, क्योंकि वह अपने काम से आते थे। उन्होंने कहा कि आप एम्बेसडर में चलते हैं, तो मैंने सोचा कि उसमें क्या हो गया। मुझे शिपिंग मिनिस्ट्री ने एम्बेसडर कार एलॉट की थी तो मैं उससे चलता था। मैंने कहा कि मुझे शिपिंग मिनिस्ट्री ने एम्बेसडर कार प्रोवाइड की है, इसलिए मैं उससे चलता हूं। बाद में उन्होंने कहा कि यह टेक्नोलॉजी हमारी है। इस बात का उसे गौरव होता है। जब हमारी इंडस्ट्रीज दुनिया में वैक्सीन्स सप्लाई करती हैं, अगर हम दुनिया में किसी देश में जाएं और वहां 'मेक इन इंडिया' या 'मेड इन इंडिया' लिखा हो तो हमें गौरव महसूस होगा या नहीं होगा? अध्यक्ष महोदय, देश को गौरव कैसे प्राप्त हो, आपको भी दुनिया में जाने का अवसर मिला होगा, हम भी दुनिया के किसी न किसी कंट्री में जाते हैं, आज कितना बदलाव आया है, इसे आपने प्रत्यक्ष

महसूस किया होगा। आज इंडिया के किसी नागरिक को दुनिया में सिर ऊंचा करके रखने का गौरव मोदी जी ने ही दिया है। यह तो मानना पड़ेगा। ... (व्यवधान) यह मानना ही पड़ेगा।

माननीय अध्यक्ष महोदय, कहने के लिए बहुत कुछ है, लेकिन कुल मिलाकर इस बिल में चार अमेंडमेंट्स थे, जो मैंने आपके सामने रखे हैं। स्टैंडिंग कमेटी की जो सिफारिशें मिली थीं, हमने उनमें से कई सिफारिशें मान ली हैं, जो सिफारिश नहीं मानी है, उसे मैंने प्रत्यक्ष देख लिया है, उनको जब नियम बनेंगे, उनमें हम एड कर सकेंगे। इसलिए कोई ऐसा विषय नहीं था कि हमने उनको नहीं माना है।...(व्यवधान)

श्री अधीर रंजन चौधरी : बीसीपीएल के बारे में बताइए।...(व्यवधान)

प्रो. सौगत राय (दमदम): बंगाल के बारे में भी बताइए।... (व्यवधान)

श्री मनसुख मांडविया: मैं बताता हूं।... (व्यवधान) मैं बता दूंगा, एक बार मेरी रिप्लाई पूरी हो जाने दीजिए। उसके बाद मैं आपको रिस्पांड भी करूंगा। ... (व्यवधान) दादा, मैं रिस्पांड करूंगा।

बंगाल केमिकल्स में आपने वहां एक 'नाइपर' स्थापित करने की बात की है। मैं चाहता हूं कि बंगाल कैमिकल्स के पास लैण्ड है, मैं वहां नाइपर को लैण्ड देने जा रहा हूं। मैं उसमें आपका सहयोग भी मांगूगा। उसमें थोड़े सहयोग की आवश्यकता है, वह आप मुझे कर दीजिएगा। ... (व्यवधान) वहां उसको कैम्पस मिल जाए, यह भी बहुत जरूरी है। उसका स्ट्रैटजिक सैल है, उसको 100 परसेंट सैल नहीं करना है। उसकी लायबिलिटी है, वह खत्म करनी है। आपकी एम्प्लाइज की यूनियन है, वह यूनियन मेरे पास आती है। उसको पैसा देना है। उसको स्ट्रैटजिक सैल करके, बंगाल कैमिकल्स का स्ट्रैटजिक सैल करना है, हिंदुस्तान एंटीबायोटिक्स का भी स्ट्रैटजिक सैल करना है। हमने एडिश्नल पैसा देकर आज तक किसी एम्प्लॉइज को सैलरी के बिना नहीं रखा है। हम जानते हैं और समझते हैं कि उसकी फैमिली उस पर डिपेंड होती है। उसको स्ट्रैटजिक सैल करके, वह अच्छी तरह से कैसे चले, हमें मिलकर इस दिशा में प्रयास करना है।

माननीय अध्यक्ष : जो ये पूछ रहे हैं, इन चीजों से बिल का क्या संबंध है?

... (व्यवधान)

श्री मनसुख मांडविया : अध्यक्ष जी, कोई संबंध नहीं है। ... (व्यवधान)

माननीय अध्यक्ष : मैंने बिल देखा है, इन चीजों से इनका कोई संबंध नहीं है।

... (व्यवधान)

SHRI T. R. BAALU (SRIPERUMBUDUR) : Would the hon. Minister please clarify the status of Chengalpattu and Kannur vaccination units? *....(Interruptions)*

श्री मनसुख मांडविया : मैं आपको रिप्लाई दूंगा।

माननीय अध्यक्ष : वैक्सीन यूनिट से इस बिल का क्या संबंध है? आप क्यों जवाब देंगे?

श्री मनसुख मांडविया : अध्यक्ष महोदय, उसमें सवाल कुछ नहीं है, मैं भला आदमी हूं तो मैं रिप्लाई दे देता हूं, इसलिए मुझसे पूछ लेते हैं। मैं ऐसा भी कह सकता था कि यह बिल का पार्ट नहीं है, लेकिन सीधा आदमी हूं तो जो पूछता है, उसका रिप्लाई दे देता हूं। ... (व्यवधान)

महोदय,चेंगलपट्टू में 600 करोड़ रुपये से ज्यादा खर्च करके एक वैक्सीनेशन यूनिट बना रहे थे। उसमें कई कारण थे। उसमें इन्फ्रास्ट्रक्चर रेडी हो गया है। हम दो-तीन ऑप्शंस पर काम कर रहे हैं। मैं हाउस में कहना चाहूंगा कि हम पक्का चालू करेंगे। हमें आवश्यकता होगी तो हम स्टेट गवर्नमेंट का सहयोग लेंगे। यह नेशन इंट्रैस्ट का काम है, यह मेरा या स्टेट गवर्नमेंट का विषय नहीं है। उसको कैसे करें, यह हम एनालिसिस कर रहे हैं। वह करना है और उसको करेंगे। ... (व्यवधान)

SHRI T. R. BAALU : What about Kannur? *....(Interruptions)*

श्री मनसुख मांडविया : मुझे कन्नूर का पता नहीं है, मुझे चेंगलपट्टू का पता है और चेंगलपट्टू का करूंगा। वैक्सीन का प्रोडक्शन इण्डिया में हो, यह दुनिया भी चाहती है। क्योंकि वैक्सीन 18

डॉलर, 17 डॉलर और 20 डॉलर की वैक्सीन है, लेकिन इण्डिया की 3-4 डॉलर की वैक्सीन है तो दुनिया को यह सस्ती मिलती है। हम यह कर सकते हैं। ... (व्यवधान)

माननीय अध्यक्ष महोदय, मैं केवल ये चार अमेंडमेंट्स लेकर आया हूं। सभी लोगों ने मुझे इस पर सहयोग किया है। इसलिए मैं सभी माननीय सदस्यों का आभार व्यक्त करता हूं। आप सभी उसे यूनेनिमस्ली पास करें, ऐसी मेरी रिक्वेस्ट है।

माननीय अध्यक्ष: प्रश्न यह है:

"कि राष्ट्रीय औषध शिक्षा और अनुसंधान संस्थान अधिनियम, 1998 का और संशोधन करने वाले विधेयक पर विचार किया जाए।"

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष: अब सभा विधेयक पर खण्डवार विचार करेगी।

Clause 2 Amendment of long title

माननीय अध्यक्ष : प्रो. सौगत राय जी,क्या आप संशोधन संख्या 4 प्रस्तुत करना चाहते हैं?

PROF. SOUGATA RAY (DUM DUM): Sir, I beg to move:

Page 2, line 4,-

for "certain institutions of pharmaceuticals education and research"

substitute "all Central Government and State Government institutions conducting teaching and research in Allopathy and Ayurveda". (4)

माननीय अध्यक्ष:अब प्रो. सौगत राय द्वारा खंड 2 में प्रस्तुत संशोधन संख्या 4 को सभा के समक्ष मतदान के लिए रखता हूं।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष:प्रश्न यह है:

"कि खंड 2 विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 2 विधेयक में जोड़ दिया गया।

खंड 3 से 5 विधेयक में जोड़ दिये गए।

Clause 6 Amendment of Section 4

Amendment made:

Page 3, *after* line 20,-

insert "Provided that one member from amongst members to be nominated under clauses (f), (g) and (h) shall be either from the Scheduled Castes or from the Scheduled Tribes.". (1)

(Shri Mansukh Mandaviya)

माननीय अध्यक्ष :श्री एन. के प्रेमचन्द्रन जी, क्या आप संशोधन संख्या **5** और **7** प्रस्तुत करना चाहते हैं?

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

Page 3, line 6,-

after "academician"

insert "in pharmacology". (5)

Page 3, line 12,-

after "technical"

insert "pharmacology". (7)

Sir, my amendment no. 5 is regarding the qualification of the Chairperson who shall be an eminent academician according to the Government. My amendment is 'shall be an eminent academician in pharmacology.' That may be accepted.

माननीय अध्यक्ष : अब मैं श्री एन. के. प्रेमचन्द्रन जी द्वाराखंड 6 में प्रस्तुत संशोधन संख्या 5 और 7 को सभा के समक्ष मतदान के लिए रखता हूं।

संशोधन मतदान के लिए रखे गए तथा अस्वीकृत हुए।

माननीय अध्यक्ष :प्रो. सौगत राय जी, क्या आप संशोधन संख्या 6 प्रस्तुत करना चाहते हैं?

PROF. SOUGATA RAY: Sir, I beg to move:

Page 3, line 7,-

omit "or technologist". (6)

माननीय अध्यक्ष : अब मैं प्रो. सौगत राय जी द्वाराखंड 6 में प्रस्तुत संशोधन संख्या 6 को सभा के समक्ष मतदान के लिए रखता हूं।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है

"कि खंड 6, यथा संशोधित, विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 6, यथा संशोधित, विधेयक में जोड़ दिया गया।

खंड 7 से 9 विधेयक में जोड़ दिए गए।

Clause 10 Amendment of Section 7

माननीय अध्यक्ष :प्रो. सौगत राय जी, क्या आप संशोधन संख्या 8 प्रस्तुत करना चाहते हैं?

PROF. SOUGATA RAY : Sir, I beg to move:

Page 3, line 37,-

after "leading to"

insert "diploma,". (8)

माननीय अध्यक्ष : अब मैं प्रो. सौगत राय जी द्वाराखंड 10 में प्रस्तुत संशोधन संख्या 8 को सभा के समक्ष मतदान के लिए रखता हूं।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

"कि खंड 10 विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 10 विधेयक में जोड़ दिया गया।

खंड 11 से 17 विधेयक में जोड़ दिए गए।

Clause 18 Amendment of Section 16

Amendment made:

Page 4, *for* lines 35 and 36,-

substitute '18. In Section 16 of the principal Act, in sub-section (1), for the words "Director of the Institute shall be appointed by the Board", the words "Director of each Institute shall be appointed by the Council" shall be substituted.'. (2)

(Shri Mansukh Mandaviya)

माननीय अध्यक्ष : प्रश्न यह है :

"कि खंड 18, यथा संशोधित, विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 18, यथा संशोधित, विधेयक में जोड़ दिया गया।

खंड 19 से 28 विधेयक में जोड़ दिए गए।

57

Clause 29 Insertion of new Chapter II-A

Amendment made:

Page 7, line 25,-

for "every year,"

substitute "every six months". (3)

(Shri Mansukh Mandaviya)

माननीय अध्यक्ष :श्री एन. के प्रेमचन्द्रन जी, क्या आप संशोधन संख्या 9 से 14 प्रस्तुत करना चाहते हैं?

SHRI N. K. PREMACHANDRAN: Sir, I would like to give a suggestion regarding the amendments. Two official amendments have been made by the hon. Minister. We do not have a copy thereof. Maybe, they are there in the website or in the portal. It is very difficult to know in the House what the amendment of the hon. Minister is. He is not explaining what his amendment is. We are not aware of what official amendments the Government is moving. So, kindly give a direction to circulate at least the official amendments among the Members. Otherwise, how do we know what the amendments of the Government are, which the hon. Minister is moving? The Government is moving amendments. ... (*Interruptions*)

I do agree that they may be there in the portal, but the net is not available inside the House.

माननीय अध्यक्ष :आपके सुझाव को नोट कर लिया।

क्या आप अमेंडमेंट्स मूव कर रहे हैं?

SHRI N. K. PREMACHANDRAN : Sir, I am not moving my amendments.

माननीय अध्यक्ष :श्री विनायक राउत जी, क्या आप संशोधन संख्या 20 प्रस्तुत करना चाहते हैं?

SHRI VINAYAK BHAURAO RAUT (RATNAGIRI-SINDHUDURG): Sir, I am not moving my amendment no. 20.

माननीय अध्यक्ष :श्री सौगत राय जी, क्या आप संशोधन संख्या **15** प्रस्तुत करना चाहते हैं?

प्रो. सौगत राय : सर, मैं संशोधन संख्या 15 मूव नहीं करूंगा।

माननीय अध्यक्ष :श्री अधीर रंजन चौधरी जी, क्या आप संशोधन संख्या **17** प्रस्तुत करना चाहते हैं?

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, I beg to move:

Page 7, *after* line 6,-

insert	"(a) to advise on matters relating to standards and quality of education in the institutes and other matters relating to quality of education". (17)

माननीय अध्यक्ष : अब मैं श्री अधीर रंजन चौधरी जी द्वाराखंड 29 में प्रस्तुत संशोधन संख्या 17 को सभा के समक्ष मतदान के लिए रखता हूं।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष :श्री विनायक भाउराव राऊत जी, क्या आप संशोधन संख्या 21 प्रस्तुत करना चाहते हैं?

श्री विनायक भाउराव राऊत : अध्यक्ष महोदय, मंत्री जी भी इस अमेंडमेंट को मानेगें कि जहां आप नॉमिनेटेड तीन सदस्य ले रहे हैं, उसमें एक सदस्य बढ़ाए और दलित, मागासवर्गीयको सम्मिलित करें, तो अच्छा होगा।... (व्यवधान) मुझे ऑफिशियल अमेंडमेंट की कॉपी नहीं मिली है।

मैं संशोधन संख्या 21 मूव नहीं कर रहा हूं।

माननीय अध्यक्ष : श्री टी. एन. प्रथापन- उपस्थित नहीं।

श्रीमती अपरूपा पोद्दार - उपस्थित नहीं।

प्रश्न यह है:

"कि खंड 29, यथा संशोधित, विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 29, यथा संशोधित, विधेयक में जोड़ दिया गया।

खंड 30 से 34 विधेयक में जोड़ दिए गए।

Schedule

माननीय अध्यक्ष : श्री अधीर रंजन चौधरी जी, क्या आप संशोधन संख्या 19 प्रस्तुत करना चाहते हैं?

SHRI ADHIR RANJAN CHOWDHURY : Sir, I am not moving the amendment.

माननीय अध्यक्ष :प्रश्न यह है:

"कि अनुसूची विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

अनुसूची विधेयक में जोड़ दी गई।

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

SHRI MANSUKH MANDAVIYA: Sir, I beg to move:

"That the Bill, as amended, be passed."

माननीय अध्यक्ष : प्रश्न यह है:

"कि विधेयक, यथा संशोधित, पारित किया जाए।"

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : सभा की कार्यवाही मंगलवार, 7 दिसंबर, 2021 को प्रात: 11 बजे तक के लिए स्थगित की जाती है।

18.47 hrs

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, December 7, 2021/Agrahayana 16, 1943 (Saka)

Appendix - XVIII

MINUTES

COMMITTEE ON GOVERNMENT ASSURANCES
(2021-2022)
(SEVENTEENTH LOK SABHA)
TWELFTH SITTING
(23.08.2022)

The Committee sat from 1500 hours to 1615 hours in Committee Room No. 3, Extension to Parliament House Annexe, New Delhi.

PRESENT

Shri Rajendra Agrawal - **Chairperson**

MEMBERS

2. Prof. Sougata Ray
3. Shri Gaurav Gogoi
4. Shri Ramesh Chander Kaushik
5. Shri Chandra Sekhar Sahu

SECRETARIAT

1. Shri J.M. Baisakh - Joint Secretary
2. Dr. (Smt.) Sagarika Dash - Director
3. Shri K.C. Pandey - Deputy Secretary

WITNESSES

Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals)

1. Ms. S. Aparna, Secretary
2. Shri Kamlesh Kumar Pant, Chairman (NPPA)
3. Shri Rajneesh Tingal, Joint Secretary
4. Dr. N. Yuvaraj, Joint Secretary
5. Ms. Vinod Kotwal, Member Secretary (NPPA)
6. Shri P. Krishna Kumar, Director
7. Shri Pawan Kumar, Joint Director

8. Shri Abhishek Singh, Deputy Secretary
9. Shri Parveen Kumar, Deputy Secretary
10. Dr. Richa Pandey, Deputy Secretary
11. Shri S.U. Ansari, Under Secretary

Ministry of Parliamentary Affairs

1. Shri P.K. Haldar - Under Secretary

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them that the sitting has been convened to (i) consider 20 Memoranda containing requests received from various Ministries/Departments for dropping of 24 pending Assurances; and (ii) take oral evidence of the representatives of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) regarding pending Assurances.

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3. Thereafter, the representatives of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) and the Ministry of Parliamentary Affairs were ushered in. The Chairperson welcomed the witnesses to the sitting of the Committee and drew their attention to confidentiality of the deliberations till the Reports are presented to the House. The Committee then took oral evidence of the representatives of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) regarding pending Assurances. Considering the pendency of a number of Assurances of the Ministry for a long time, the Chairperson asked the representatives to give an overview of the pending Assurances and also apprise the Committee about the internal mechanism in place for monitoring and review of pending Assurances in the Ministry.

4. The Secretary, Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals), briefed the Committee about the review meetings being held for implementation of pending Assurances. The Chairperson asked the representatives of the Ministry to furnish the Minutes of the review meetings for monitoring of pending Assurances.

5. The Members then raised queries and sought clarifications on the pending Assurances. The witnesses responded to the queries and also provided clarifications. As some queries required detailed replies and inputs from various quarters, the Chairperson asked the witnesses to furnish written replies on the same in due course.

6. The Committee observed that there have been inordinate delays in laying of Implementation Reports in the House even though the action has been completed on various Assurances by the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals). The Committee directed the representatives of the Ministry to furnish Implementation Reports in respect of all such Assurances to the Ministry of Parliamentary Affairs at the earliest.

7. The Chairperson thanked the witnesses for deposing before the Committee and furnishing valuable information on the queries raised and clarifications sought by them.

The witnesses, then, withdrew.

A verbatim record of the proceedings has been kept.

The Committee then adjourned.

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Annexure-III

COMMITTEE ON GOVERNMENT ASSURANCES (2021-2022) LOK SABHA

Statement of pending/implemented Assurances pertaining to the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) discussed during oral evidence on 23.08.2022.

Sl.No.	SQ/USQ No. dated	Subject
1.	USQ No. 5025 dated 25.04.2013	Vitamins and Neutraceuticals Markets
2.	USQ No. 299 dated 25.11.2014	Manufacturing of API
3.	SQ No. 205 dated 04.08.2015	Marketing Practices by Pharma Companies
4.	SQ No. 205 dated 04.08.2015 (Supplementary by Km. Shobha Karandlage, M.P)	Marketing Practices by Pharma Companies
5.	USQ No. 235 dated 26.04.2016	Capping Trade Margins of Costly Drugs
6.	USQ No. 3383 dated 06.12.2016	Unfair Practices
7.	USQ No. 743 dated 07.02.2017	Pharma Sector
8.	USQ No. 249 dated 18.07.2017	New Drug Policy
9.	USQ No. 248 dated 19.11.2019	R&D Expenditure
10.	USQ No. 231 dated 04.02.2020	Setting up of NIPER
11.	USQ No. 452 dated 04.02.2020	NIPER in Karnataka
12.	USQ No. 1457 dated 20.09.2020	Research and Development of New Drugs
13.	USQ No. 2314 dated 09.03.2021	Life Saving Drugs
14.	USQ No. 3313 dated 16.03.2021	PPD Scheme
15.	USQ No. 3567 dated 10.08.2021	Medical Device Park
16.	General Discussion dated	General Discussion on the National Institute of

	06.12.2021 by Shri T.R. Baalu, M.P	Pharmaceutical Education and Research (Amendment) Bill

MINUTES
COMMITTEE ON GOVERNMENT ASSURANCES
(2022-2023)
(SEVENTEENTH LOK SABHA)
FOURTH SITTING
(07.02.2023)

The Committee sat from 1500 hours to 1530 hours in Room No. 216 (Chamber of Chairperson), 'B' Block, Extension to Parliament House Annexe, New Delhi.

PRESENT

Shri Rajendra Agrawal - Chairperson

Members

2. Shri Nihal Chand Chauhan
3. Shri Khagen Murmu
4. Shri Ashok Mahadeorao Nete
5. Shri Santosh Pandey
6. Shri Chandra Sekhar Sahu

Secretariat

1.	Shri J.M. Baisakh	- Joint Secretary
2.	Dr. (Smt.) Sagarika Dash	- Director
3.	Shri Mahesh Chand Gupta	- Deputy Secretary
4.	Smt. Vineeta Sachdeva	- Under Secretary

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda. Thereafter, the Committee considered and adopted the following four (04) draft Reports without any amendments:-

(i) Draft Seventy-Ninth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Minority Affairs';

(ii) Draft Eightieth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Chemical and Fertilizers (Department of Pharmaceuticals)';

(iii) Draft Eighty-First Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Acceded to)'; and

(iv) Draft Eighty-Second Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Not Acceded to)'.

2. The Committee authorized the Chairperson to present the Reports during the ongoing session.

The Committee then adjourned.

Appendix-XX

COMPOSITION OF THE COMMITTEE ON GOVERNMENT ASSURANCES* (2021 - 2022)

SHRI RAJENDRA AGRAWAL - Chairperson

MEMBERS

2. Prof. Sougata Ray **
3. Shri Nihal Chand
4. Shri Gaurav Gogoi
5. Shri Nalin Kumar Kateel
6. Shri Ramesh Chander Kaushik
7. Shri Kaushlendra Kumar
8. Shri Ashok Mahadeorao Nete
9. Shri Santosh Pandey
10. Shri M.K. Raghavan
11. Shri Chandra Sekhar Sahu
12. Dr. Bharatiben D. Shiyal
13. Shri Indra Hang Subba
14. Smt. Supriya Sule
15. Vacant

SECRETARIAT

1.	Shri J.M. Baisakh	-	Joint Secretary
2.	Dr. Sagarika Dash	-	Director
3.	Shri Krishna C. Pandey	-	Deputy Secretary
4.	Smt. Vineeta Sachdeva	-	Under Secretary

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* The Committee has been constituted w.e.f. 09 October, 2021 vide Para No. 3202 of Lok Sabha Bulletin Part-II dated 18 October, 2021

** Nominated to the Committee vide Para No 4711 of Lok Sabha Bulletin Part-II dated 06 June, 2022 vice Shri Sudip Bandyopadhyay resigned on 01 June, 2022