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Title: Shri Gurudas Dasgupta called the attention of the Minister of Health and Family Welfare to the situation arising out of high cost of health services and need to evolve laws to regulate the private nursing homes.

SHRI GURUDAS DASGUPTA (PANSKURA): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

"The situation arising out of high cost of health services and need to evolve laws to regulate the private nursing homes."

MR. SPEAKER: Hon. Minister, you may lay your statement on the Table.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): Sir, private investment in the Health Sector is made primarily on market considerations except the investment made by the charitable and philanthropic institutions/organizations. Despite this, the private sector plays an important role in providing basic health care services in the country.

Notwithstanding the above, under the mandate of the National Common Minimum Programme (NCMP) of UPA Government, Health Care is one of the 7 Thrust Areas, wherein it is proposed to increase the expenditure in health sector from 0.9% of GDP to 2-3 % of GDP over the next five years. This is being implemented through a basket of strategies :-

1. Effective Primary Health Care through NRHM: National Rural Health Mission (NRHM) has been launched from April 2005 throughout the country with special focus on 18 States which include 8 Empowered Action Group States (Bihar, Jharkhand, M.P. Chhattisgarh, U.P., Uttaranchal, Orissa and Rajasthan), 8 North East States (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) Himachal Pradesh and Jammu and Kashmir. The main objective of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care, especially to poor and vulnerable sections of the population. Under the strategy of NRHM, the gaps in the existing scenario

* Laid on the table and also placed in Library. See No. LT 7241/2007)

of rural health care are to be addressed by creating of a cadre of community level functionaries called Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country.

2. Tertiary care through PMSSY: Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been approved in March 2006 with the objective of correcting the imbalances in availability of affordable/reliable tertiary level healthcare in the country in general and to augment facilities for quality medical education in the under-served States. The PMSSY envisages:-

(i) Setting up 6 AIIMS like institutions one each in the States of Bihar(Patna), Madhya Pradesh (Bhopal), Orissa (Bhubaneswar), Rajasthan (Jodhpur), Chhattisgarh (Raipur) and Uttaranchal (Rishikesh) at an estimated cost of Rs.332 Crores per institution. Each institution will have a 850-bedded hospital intended to provide healthcare facilities in 39 specialty/super-specialty disciplines. Medical College will have 100 UG intake besides facilities for imparting PG/doctoral courses in various disciplines.

(ii) Upgradaztion of 13 existing medical institutions with an outlay of Rs.120 Crores per institution, of which Rs. 100 Crores would be borne by the Central Government and the remaining Rs.20 crores by the respective State Governments.

3. Financial Assistance under RAN: My Ministry is also operating a scheme called Rashtriya Arogya Nidhi under which financial assistance is provided to the patients living below poverty line who are suffering from major life threatening diseases to enable them to receive proper medical treatment at government hospitals. Central Government also provides grant in aid to states/UTs to set up similar state level Illness Funds and except for a few states, all other have set up such funds and are providing financial assistance to below poverty line patients for taking treatment in respective state government hospitals.

4. Setting up of Vaccine and Medi-Park: A decision has recently been taken to set up a medi-park for production of health care equipments/devices. In addition, a vaccine park will also be set up adjacent to the medi-park for production of vaccines which are currently required for running our programmes. This will also include many vaccines which are currently being imported from other countries at high cost. These facilities will be set up in about 200 acres of land which is available at Chengalpet.

It is expected that the cost of manufacturing of these vaccines at the vaccine park and medical equipments at the medi-park will be considerably lower than the current cost which we are incurring in importing these vaccines and equipments/devices. These will have definite contributions towards reducing the cost of health services.

In so far as a need for enactment of a Legislation to regulate the Private Nursing Homes is concerned, the Central Government have already introduced the Clinical Establishments (Registration and Regulation) Bill, 2007, in the Lok Sabha on 30.8.2007. The Bill is presently being examined by the Department related Parliamentary Standing Committee on Health & Family Welfare and after enactment, this legislation will initially apply to four states of Himachal Pradesh, Arunachal Pradesh, Sikkim and Mizoram as also to all Union Territories. It is hoped that after the Bill gets enacted, all remaining States will adopt the same. Some States already have their own laws for regulatory clinical establishments.

SHRI GURUDAS DASGUPTA : Sir, I do not know where to begin.

MR. SPEAKER: In this House!

...(Interruptions)

SHRI GURUDAS DASGUPTA : In this House and also on this subject.

MR. SPEAKER: Precisely.

SHRI GURUDAS DASGUPTA : Sir, the hon. Minister has made a statement. I have read the statement most carefully. It is very well written and well drafted, but I am constrained to say whatever he may like, whatever epithets he may choose, it is either a school-boy essay or a lame-duck statement. Whatever epithets he likes, I am ready to ...(Interruptions)

MR. SPEAKER: Why do you insult school boys?

...(Interruptions)

SHRI GURUDAS DASGUPTA : Sir, I did not follow it. ...(Interruptions) It is a far more indictment. ...(Interruptions) I accept your statement. ...(Interruptions)

MR. SPEAKER: Why should you refer to the school boys *vis-a-vis* his statement?

...(Interruptions)

SHRI GURUDAS DASGUPTA : Let me not go into it. Let me come to the subject. ...(Interruptions)

MR. SPEAKER: I have not read the statement as yet.

...(Interruptions)

SHRI GURUDAS DASGUPTA : But lame-duck statement is an epithet which we can still use for the statement.

I begin by asking questions on two points. Is the hon. Minister aware of the poverty of India, the capability of the people, their resourcefulness to receive the treatment? Is he aware of what is the actual allocation that has been made for health as a percentage of GDP? Or, is he aware that the Government he represents has violated the promise made in the Common Minimum Programme? After all, he is the Health Minister of the country and he must know the health of the country.

Just to tell about the poverty of the people of this country, let me quote a Government Report. It is not the report of the Left or of the BJP or any other party. It says:

"6.4 per cent of the people daily spend Rs. 8.9; 15.4 per cent of the people spend Rs. 11.6 per day per head; 19 per cent people spent Rs. 14.6 per day; and 33 per cent of people spend less than Rs. 20.[\[s16\]](#)"

[\[r17\]](#)

It is a statement of a Committee appointed by the Ministry of Labour on the unorganised labour.

What is the health of the nation? The per-capita food intake has declined. ...(Interruptions)

SHRI ADHIR CHOWDHURY (BERHAMPORE, WEST BENGAL): What is the poverty status in the State of West Bengal? ...(Interruptions)

SHRI GURUDAS DASGUPTA : Sir, is this the way? ...(Interruptions) Let him speak. I yield to him. ...(Interruptions)

MR. SPEAKER: Shri Adhir Chowdhury, please cooperate with the Chair. We already have had enough commotion in this House. Let us not add to it.

SHRI GURUDAS DASGUPTA : Can the hon. Members of the House not even have the patience to listen about India? This is the Indian Parliament, and it is not the West Bengal Assembly.

Anyway, the per-capita food intake has declined to 64 grams per head per day, and in terms of calories it is 250 calories. There has been rise in the absolute and relative number having nutritional deficit. Hon. Health Minister, this is the status of health in India.

India is home to 50 per cent of the hungry people of the world; 50 per cent of Indian children under the age of five years are suffering from malnutrition or are undernourished; and 1.2 million people are *

MR. SPEAKER: No, let these comments not be made please. This should be deleted.

...(Interruptions)

SHRI GURUDAS DASGUPTA : Sir, this is not an unparliamentary word. ...(Interruptions)

MR. SPEAKER: No, it is not necessary. The hon. Minister has to do his job, and you are doing your job. Kindly come to the subject before us.

...(Interruptions)

DR. ANBUMANI RAMADOSS : Sir, he is a very good friend, but he would not acknowledge this in public.

SHRI GURUDAS DASGUPTA : Hon. Minister, I respect you for your intolerance. ...(Interruptions)

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MR. SPEAKER: Personal comments need not be made here.

...(Interruptions)

SHRI GURUDAS DASGUPTA : Anyway, 1.2 million people die every year due to malnutrition; 118 million people do not have drinking water at home; and diarrhea claims lakhs of lives in this country. This is the public health of this country.

What is this Government spending on public health? The UPA had made a commitment before elections that they will be spending between 2 per cent and 3 per cent of the GDP on health. This was the commitment of this Government. ...(Interruptions) I wish Prof. Malhotra would listen to me as it will be useful for him in the elections. The World Health Organisation (WHO) suggested 7.5 per cent of the GDP. What is this Government spending? Why should I not be intolerant of the hon. Minister of Health? ...(Interruptions)

MR. SPEAKER: Hon. Member, just a minute. Your Calling Attention is on the situation arising out of high cost of health services and need to evolve laws to regulate the private nursing homes.

...(Interruptions)

SHRI GURUDAS DASGUPTA : Sir, I am coming to it.

MR. SPEAKER: Please come to it.

SHRI GURUDAS DASGUPTA : This Government is spending 1.38 per cent of the GDP. Is it not shameful? Is it not unfortunate? ...(Interruptions) Is it consistent with the spirit of the commitment that the Government has made to improve the health situation in this country? This is the reason for privatization.

We are talking about privatization. What is the reason for it? India is sixth in the world in terms of privatization. How poor is the country, and how intense is the privatization of health in India! Therefore, the Government has refused to increase the spending on health and deteriorating health condition in India in the background of stagnating poverty.

I would like to give one more statistic as to how the health standard is declining. The percentage of Primary Health Centres and

Sub-Centres has declined if we calculate its number based on the 2001 census on population and the 2004 data on infrastructure.

What is the cause for high cost of health services? I am coming to this point only. What is the condition of hospitals? The condition of the hospitals is that there are no doctors; if there are doctors, there are no medicines; if there are doctors and medicines, then there are no beds; and if there are beds, then three persons are sleeping on the same bed. ...*(Interruptions)*[\[r18\]](#)

MR. SPEAKER: This is not a debate on the Health Ministry. Your specific issue is how to regulate the private nursing homes.

DR. ANBUMANI RAMADOSS : Yesterday, I said that under the National Rural Health Mission, we could have half-an-hour discussion on that.

MR. SPEAKER: Yes, we shall have half-an-hour discussion on that, if the hon. Members want.

SHRI GURUDAS DASGUPTA : This is the condition. The public health system has almost collapsed in this country. Secondly, health insurance premium has been trebled. In this background, there is a mushrooming growth of private nursing homes in the country. How it is so? Most of the State Governments give land on a subsidized rate for the construction of a private nursing home/hospital, and the condition is that they must treat some poor patients at subsidized rates. That is the pre-condition. In Mumbai also, I know Mr. Murli Deora that it is the case and that a poor man like you should get subsidized treatment, I know that. The point is that the Government gives the land at a subsidized rate. They take the land at a subsidized rate, they take the money from the banks, and that is how the private nursing homes/hospitals are set up.

How do they charge? There are two kinds of costs that are charged. If you are insured, they will charge you a higher cost; they will claim a higher charge, if you are insured. If you are not insured, they will charge you a lower rate. How are they functioning? Recently, a dead body was operated upon and the patient's relative was asked to pay the money. What a shame! Every now and then, dead bodies are held up by the private nursing homes; if they do not get the payment, they would not hand over the dead bodies to the relatives. After an accident, if a patient requiring emergency treatment goes to a private nursing home, the first thing they ask is, "Where is the money? Who will pay the money? Tell us the name first." Ultimately, they are not admitted. This is a reckless, ruthless exploitation by private nursing homes that are mushrooming in India because of the failure of the public health system in the country and because of the failure of the Government.

MR. SPEAKER: Health is also a State subject.

SHRI GURUDAS DASGUPTA : It is a concurrent subject also. Why is mushrooming of private nursing homes taking place? It is because the public health system has declined and it is because the Government, in the Budget, has allocated a very small amount. That is my contention.

MR. SPEAKER: Now come to your questions, please.

SHRI GURUDAS DASGUPTA : I am coming to the questions. I am just giving the price rise and do not be horrified, Sir. You are a senior person and do not be horrified at the list that I am submitting. The decontrolled drug prices rose ten times. The Minister's statement does not mention it at all. Ten times! I will give you a few examples: Ptomaine tablets, price increase was to the extent of 321 per cent; Paraxine tablets, price increase was to the extent of 218 per cent; Rosaline capsules, price increase was to the extent of 64 per cent; Vivaron tablets, the price increase was to the extent of 146 per cent, and Betaloc tablets, the price increase was to the extent of 148 per cent.

This is the monitoring which the Health Ministry is doing. He is too much busy with the All India Institute of Medical Sciences, I know.

MR. SPEAKER: This is not right. Do not make personal accusations. Why is it being done?

THE MINISTER OF PETROLEUM AND NATURAL GAS (SHRI MURLI DEORA): AIIMS does not come under him.

SHRI GURUDAS DASGUPTA : The hon. Minister is saying that AIIMS does not come under the Health Ministry. What ignorance!

MR. SPEAKER: You know very well that the price of drugs is dealt with by the Chemicals and Fertilizers Ministry. You should have asked him.

SHRI GURUDAS DASGUPTA : Sir, that is not issue. The Health Minister has the moral right to look after it. This is the price. Secondly, Sir, health is a subject which is under him. I will now coming to the statistics of the Government of India.

MR. SPEAKER: You have already taken 15 minutes.

SHRI GURUDAS DASGUPTA : The infant mortality rate, India's place is 56, next to Bangladesh and below Pakistan.

MR. SPEAKER: The whole country has to consider this and not the Government alone.

SHRI GURUDAS DASGUPTA : In regard to immunization coverage, Bangladesh is ahead of us, and we are below Pakistan. This is the state of health. ...*(Interruptions)* You can have a look at it.

MR. SPEAKER: You do not get diverted. You have one more minute to conclude. [r19]

SHRI GURUDAS DASGUPTA : Too intolerant is the Chief Whip of the ruling party.

SHRI MADHUSUDAN MISTRY (SABARKANTHA): Yes, if you are referring to ten year old information.

SHRI GURUDAS DASGUPTA : It is taken from the Economic Times of 2007.

MR. SPEAKER: Please put your question to the Minister.

SHRI ADHIR CHOWDHURY : You will find the truth if you look at West Bengal in terms of health, in terms of poverty.

MR. SPEAKER: Nothing will be recorded except questions by Shri Dasgupta, if any. Mr. Chowdhury, please cooperate.

*(Interruptions)**

SHRI GURUDAS DASGUPTA : Mr. Chowdhury is suffering from Bengal Syndrome, I appreciate.

MR. SPEAKER: Please put your question.

SHRI ADHIR CHOWDHURY : Health is not solely the Union Subject. It is a Concurrent Subject.

MR. SPEAKER: This is very unfair, Mr. Chowdhury. यह क्या हो रहा है? No rule, no system, no procedure, no discipline, no respect for the Chair, and no respect for the House and the people who have sent you here! We are here because we are elected by the people. I hope they will look at us and decide in the next election.

प्रो. विजय कुमार मल्होत्रा (दक्षिण दिल्ली) : अध्यक्ष महोदय, हम सब के बारे में भी ...*(व्यवधान)*

श्री सैयद शाहनवाज़ हुसैन (भागलपुर) : महोदय, यह कहने से वोटर को भी लगता है। ...*(व्यवधान)*

अध्यक्ष महोदय : हम तो यह चाहते हैं, इसके लिए हिम्मत चाहिए। इसका असर होना चाहिए, इसीलिए तो टीवी चैनल है।

श्री सैयद शाहनवाज़ हुसैन : महोदय, इससे तो सभी लोगों के लिए ...*(व्यवधान)*

अध्यक्ष महोदय : टीवी चैनल से पता लगता है कि आप यहां क्या करते हैं?

(व्यवधान)

MR. SPEAKER: Enough, Shri Dasgupta, put your questions now.

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SHRI GURUDAS DASGUPTA : Will the hon. Minister agree to the fact that there is mushroom growth of high-cost private nursing homes with low standards sucking the blood of patients which is resulting in deterioration and decline of standards of treatment? If he agrees with that, will he be ready to talk about stringent measures including introducing a Bill and having it passed as early as possible? Will the hon. Minister agree to monitor the implementation of the law which he intends to bring? In view of the serious complaints that I have made, will the Minister agree to set up a Parliamentary Committee to look into the conditions and functioning of private hospitals in the country everywhere including Bengal?

SHRI ADHIR CHOWDHURY : You yourself are always treated in private hospitals and nursing homes.

SHRI GURUDAS DASGUPTA : Ignorance is virtue!

MR. SPEAKER: Do not record anything. Only the hon. Minister's reply will be recorded now.

*(Interruptions)**

Not recorded

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DR. ANBUMANI RAMADOSS : Mr. Speaker, Sir, thank you for giving me this opportunity to reply. Mr. Gurudas Dasgupta, a very senior leader of the House, has raised this important issue of how the Government intends to regulate the high cost of the private sector health care. I wish he had given me more inputs on how that could be done. He had gone through a spectrum of issues and statistics about how the Government is lacking.

Sir, I had inherited the system just three and a half years ago. Health is in the social sector, not the economic sector. My Ministry is a social Ministry. Infant mortality rate in the country today is 58 per thousand live births. To bring that number down by one point from 58 to 57, it takes more than ten lakh to twenty lakh people working for it now. That is how this sector works. I cannot just transform this overnight by implementing some programmes and changing priorities. When the UPA Government took over three and a half years ago, we have taken a commitment to increase the ...*(Interruptions)*

SHRI VARKALA RADHAKRISHNAN (CHIRAYINKIL): Nobody is allowed to put questions. Somebody who has written in advance asking for permission to raise questions is not given opportunity.

MR. SPEAKER: I am not obliged to do that. I have announced it in the Leaders' meeting.

SHRI VARKALA RADHAKRISHNAN : There is a rule. It is not being applied.

MR. SPEAKER: I am not obliged to tell you, but there is no such rule.

SHRI VARKALA RADHAKRISHNAN : The rule is there.

MR. SPEAKER: You read the rule first.[\[KMR20\]](#)

DR. ANBUMANI RAMADOSS: When our Government took over three and a half years ago, we had committed very blatantly in the Common Minimum Programme that we would increase the public spending in health expenditure from a minimum of 0.9 per cent, when we took over, to a minimum of two to three per cent in the next five years. As a part of the commitment of the Government of India, we are really keeping it up this. When I took over as the Health Minister three and a half years ago, my budget was approximately, Rs.6,400 crore or Rs.6,500 crore. In three years, my Prime Minister has increased it to nearly Rs.15,800 crore from Rs.6,500 crore, which has not happened anywhere in the post-Independence history. ...*(Interruptions)*

MR. SPEAKER: Please do not interrupt. This is not right. What is happening? I won't allow. Not a single word will be recorded except the reply of the hon. Minister.

*(Interruptions)**

DR. ANBUMANI RAMADOSS: That is the commitment and the GDP is increasing every year. Public spending does not mean only the Central Government. It includes the State Governments also. It is both – the Central Government and the State Governments - put together. The State Government, in the 1990s, the total spending on the health sector from the budget is 7.5 per cent. In the early 2000, it came down to 5.5 per cent; today, in some States, it is nearly 2.5 per cent of the total budget. We are, through the Planning Commission and through all sources of measures, we are asking the State Governments to increase the contribution in the form of spending on the health sector. Moreover, 'health' is a State subject and definitely they have to increase the spending. We are doing on our part.

We have a National Rural Health Mission, which is a flagship programme, and Shri Gurudas Dasgupta, I do not know whether you have gone through your constituency; your Government in West Bengal is using a lot of money from the Central resources and from the National Rural Health Mission. Not only West Bengal, but all the States, from Uttar Pradesh to Bihar, Madhya Pradesh, Rajasthan, Orissa, who are receiving hundreds of thousands of crores of rupees for the upliftment and upgradation of all the Sub-Centres, all the Primary Health

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Centres, Community Health Centres, District Headquarters Hospitals, about which I stated yesterday, where mobile medical units would be put up in almost all the districts. There has been simply resurgence of healthcare activities. Yesterday, I have stated that in the next two to three years

MR. SPEAKER: Nothing is to be recorded except the reply of the hon. Minister. Please do not do this.

*(Interruptions)**

DR. ANBUMANI RAMADOSS: All the survey has been done. The survey about which Shri Dasgupta has mentioned had been done three years ago. Some surveys had been done between 2001 and 2005. After that, just because these surveys had been done in the previous period, that is the reason why precisely we have brought in National Rural Health Mission, which has been appreciated so much, not only nationally but also internationally. The World Health Organisation has appreciated us; the U.N. bodies have been appreciating us on our efforts on immunization coverage, increase in institutional deliveries, a *Janani Suraksha Yojana* of the Government of India scheme. In 2005-06, under the *Janani Suraksha Yojana*, there is an increase in the institutional deliveries. We have conducted nearly six lakh deliveries. In just one year, deliveries conducted under this scheme have gone up to nearly 28 lakh from six lakh. I am giving one of the reasons as to how there is a decline in the maternal mortality, which is happening.

We are in the social sector. I just cannot overnight vanish all those things just like that. I have brought a Bill in the last Session of Parliament – the Clinical Establishment Act. We have introduced it and it is in the Standing Committee right now. All the clinics, both private and public, will be registered and regulated. In fact, not only the clinics but even the diagnostic facilities in the country would be regulated. They will be given Indian Public Standards so that within two to three years, they have to fulfill all these standards and see that these facilities are

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given to them -whether it is a one-bed or 5,000-bed hospital, whether it is a

Government or public or private hospital. After that we will accredit them about

the facilities they have. These are some of the things to be regulated to have more quality and increase in the standard.

Then, about the *Pradhan Mantri Swasthiya Suraksha Yojan*, upgradation of AIIMS-like institution, we are working on it and the work is going to start in December this year. A surge of activities are happening on these fronts also.

The problem today in India in the health sector is that we have approximately the lowest cost of treatment in the entire world. But we will want to lower the cost of treatment to take care of the problem of the weaker sections of the people, of the *aam aadmi*. Nearly 90 per cent of diagnostic equipment and devices are imported. That is the problem we are having. That is precisely the reason why we are trying to start Medical Parks and Vaccine Parks. As a pilot project, we have started the first Park. For the medical devices, medical diagnostic and other equipments manufactured here, the main condition is that 80 per cent of the manufactured equipment should be used in India so that the cost would further come down and it would be beneficial to the patients. [r21]

We are very conscious of the fact that there has been an increase of private sector. Unfortunately I inherited a system which had nearly 80 per cent in the private sector and 20 per cent in the public sector. I just cannot transform it overnight. We are trying to do our best through the National Rural Health Mission and through other similar activities of empowering, increasing and expanding the health facilities of India.

On health insurance, our Prime Minister has taken three presentations; definitely we are bringing in health insurance; different Departments are bringing it in the health sector – Labour Department, Health Department, etc. All are trying to bring in some innovative schemes. But earlier, health insurance scheme did not take off much. That is why, we are trying to have cash-less transaction so that there is no problem of reimbursement and all that. I am sure, when all these are brought into, it will be all right.

As far as the private sector is concerned, in every meeting where I go, whether it is CII or ASSOCHAM or FICCI or any other body, when I meet them, I tell them. ...*(Interruptions)*

MR. SPEAKER: Silence please. Hon. Members, please do not disturb the House. Please go and tell him. What is this going on?

DR. ANBUMANI RAMADOSS: Sir, I tell them in public in any forum, in any Conference, that the Government is aware of the fact and we will, at no point of time, tolerate and we will increase it in the private sector for the patients. We have been consciously trying to do these things. â€¦ *(Interruptions)*

MR. SPEAKER: Do not record.

(Interruptions) â€¦*

MR. SPEAKER: He is answering your question.

DR. ANBUMANI RAMADOSS: I am trying to give you an answer. If you are not interested, what can I do? You are a senior person. ...*(Interruptions)*

श्री राजीव रंजन सिंह 'लालन' (बेगूसराय) : अध्यक्ष महोदय, मंत्री जी लेक्चर दे रहे हैं। ...*(व्यवधान)*

DR. ANBUMANI RAMADOSS: It is not a lecture; these are the activities that we are already doing. ...*(Interruptions)*

MR. SPEAKER: Okay, I will close the discussion. I will close the discussion, if you interrupt him; if you are not prepared to listen to him, I will ask him to sit down.

...(Interruptions)

DR. ANBUMANI RAMADOSS: I had brought forward the Bill; the Clinical Establishment Bill was brought forward. I had been telling them.

Sir, he wanted what the Government is doing. ...*(Interruptions)*

MR. SPEAKER: The Bill is before the Standing Committee and the Standing

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Committee can make recommendations.

...(Interruptions)

MR. SPEAKER: Nothing is to be recorded. Do not record anything.

(Interruptions) â€¦*

DR. ANBUMANI RAMADOSS: Sir, he asked me what the Government is doing and I am trying to tell him what the Government is

doing. “(Interruptions)

MR. SPEAKER: Very well, you do not want to listen to him further! Either you should listen to him or you should not listen to him. Why should the time of the House be wasted?

DR. ANBUMANI RAMADOSS: On the price of drugs also, the Government definitely is taking action. ...*(Interruptions)*

MR. SPEAKER: You want the Minister to respond only to suit your whims.

...*(Interruptions)*

DR. ANBUMANI RAMADOSS: Sir, if this is the case, how can I reply? ...*(Interruptions)*

MR. SPEAKER: Okay, please take your seats. Do not record anything.

...*(Interruptions)*

DR. ANBUMANI RAMADOSS: Sir, my colleague, Shri Paswan, the hon. Minister for Chemical and Fertilizers has been very conscious of the fact that the prices of drugs should not increase; and then there has been a lot of policies. They are going through the National Pharmaceutical Policy, where we are having a discussion and the Group of Ministers have been put into that. All these spectrum of activities are taking place consciously and definitely we are aware of the fact; we will take all steps necessary so that the general public, especially the poor people, those who are below the poverty line and people who are in the rural areas are not affected. So, we are having these series of programmes focused on this section of people.

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MR. SPEAKER: Now, let us come to urgent matters of public importance.

SHRI GURUDAS DASGUPTA : Sir, it is unfortunate. The Minister did not reply at all. It is unfortunate.

MR. SPEAKER: Shri Chandra Pal Singh Yadav, on 'important matters'.

...*(Interruptions)*

श्री देवेन्द्र प्रसाद यादव (झंझारपुर) : अध्यक्ष महोदय, हमने भी नोटिस दिया है। ...*(व्यवधान)*

MR. SPEAKER: Very well, then, I will adjourn the House. I have just started. You do not have the patience to wait. Do not try to dictate to me; you must be realizing by this time.

श्री देवेन्द्र प्रसाद यादव : अध्यक्ष महोदय, हम कभी नहीं उठते। ...*(व्यवधान)*

अध्यक्ष महोदय: आप अभी क्यों उठे?

“*(व्यवधान)*

MR. SPEAKER: Why are you rising now? No. I would not do it. If you do it, I would not call your name.

...*(Interruptions)*

श्री देवेन्द्र प्रसाद यादव : आप अननेसेसरी कमेंट दे रहे हैं। ...*(व्यवधान)*

MR. SPEAKER: If you do this, I will not call your name, Mr. Yadav. हम आपको भी बोलने के लिए बुलायेंगे। Nothing will go on record.

(Interruptions) “*

MR. SPEAKER: Now, Shri Chandra Pal Singh. He has that important matter to raise.

...*(Interruptions)*

अध्यक्ष महोदय : मोहन सिंह जी, आप यहां आ जाइये। Please come. I do not want to be here. You may decide whatever you would like to.

*Not recorded