

# NINETY-EIGHTH REPORT

## COMMITTEE ON GOVERNMENT ASSURANCES (2018-2019)

SIXTEENTH LOK SABHA

REVIEW OF PENDING ASSURANCES PERTAINING TO THE  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND  
FAMILY WELFARE)

*(Presented to Lok Sabha on 12 February, 2019)*



LOK SABHA SECRETARIAT

NEW DELHI

*February, 2019/Magha, 1940 (Saka)*

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COMPOSITION OF THE COMMITTEE ON GOVERNMENT ASSURANCES\*  
(2018-2019)

Dr. Ramesh Pokhriyal “Nishank” — *Chairperson*

MEMBERS

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3. Shri Anto Antony
4. Shri Tariq Anwar
5. Shri E.T. Mohammed Basheer
6. Prof. (Dr.) Sugata Bose
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11. Shri C.R. Patil
12. Shri Sunil Kumar Singh
13. Shri K.C. Venugopal
14. Shri S.R. Vijayakumar
15. Vacant

SECRETARIAT

- |                       |   |                         |
|-----------------------|---|-------------------------|
| 1. Shri N.C. Gupta    | — | <i>Joint Secretary</i>  |
| 2. Shri P.C. Tripathy | — | <i>Director</i>         |
| 3. Shri S.L. Singh    | — | <i>Deputy Secretary</i> |

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\*The Committee has been re-constituted *w.e.f.* 01 September, 2018 *vide* Para No. 7305 of Lok Sabha Bulletin Part-II, dated 10 September, 2018.

## INTRODUCTION

I, the Chairperson of the Committee on Government Assurances (2018-19), having been authorized by the Committee to submit the Report on their behalf, present this Ninety-Eighth Report (16th Lok Sabha) of the Committee on Government Assurances.

2. The Committee at their sitting held on 10 October, 2018 took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health And Family Welfare) regarding some of the pending Assurances from the 11th Session of the 14th Lok Sabha to the 6th Session of the 15th Lok Sabha.

3. At their sitting held on 11th Feb., 2019 the Committee considered and adopted their Ninety-Eighth Report.

4. The Minutes of the aforesaid sittings of the Committee form part of this 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;  
11 February, 2019  
22 Magha, 1940 (*Saka*)

DR. RAMESH POKHRIYAL "NISHANK",  
*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, 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 are unable to implement an Assurance, that Ministry/Department are 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 Committee on Government Assurances (2009-2010) took a policy decision to call the representatives of the 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.

3. 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 them.

4. In pursuance of the *ibid* decision, the Committee on Government Assurances (2018-2019) invited the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and the representatives of the Ministry of Parliamentary Affairs to render clarifications with respect to delay in implementation of the pending Assurances given during the period from the 11th Session of the 14th Lok Sabha to the 6th Session of the 15th the Lok Sabha. The Committee examined the following 05 Assurances at their sitting held on 10.10.2018.

S.No.	SQ/USQ No. & date	Subject
1	2	3
1.	USQ No. 2745 dated 19.03.2008	National Tobacco Control Programme (Appendix-I)
2.	USQ No. 4277 dated 23.04.2008	Compulsory Health Insurance Scheme for Government Employees (Appendix-II)
3.	USQ No. 5740 dated 30.04.2010	Internal Governance Reforms (Appendix-III)
4.	USQ No. 2205 dated 06.08.2010	Standard of Education in Private Medical Colleges (Appendix-IV)
5.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme (Appendix-V)

5. The Extracts from the Manual of Practice and Procedure in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an Assurance, the time limit for its fulfillment, 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-VI.

6. During oral evidence, the Committee pointed out the delay in fulfilling the Assurances and desired to know as to whether there is any mechanism for reviewing and implementation of the Parliamentary Assurances at any level especially at the level of Joint Secretary or Secretary or the Minister. In his deposition, the Secretary, Department of Health and Family Welfare stated as under:—

"Sir, review of Assurances is done at the level of Joint Secretary after every 15 days. A meeting of senior officers is conducted once a month wherein pending Assurances are reviewed afresh. Whenever the Hon'ble Minister holds a meeting with the officials, the Assurances form an item of the agenda."

7. Subsequently, the Assurance mentioned at Sl. No. 4 has since been implemented on 18.12.2018 while the Assurances mentioned at Sl. Nos. 1 and 2 have been partly implemented on 12.03.2010.

#### **Observations/Recommendations**

**8. The Committee note that out of the 05 Assurances of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) examined by them, the Assurances mentioned at Sl. Nos. 1, 2, 3 and 5 are pending for about 8 to 10 years while the Assurance mentioned at Sl. No. 4 could be implemented/**

fulfilled after a delay of more than 8 years. The inordinate delays in fulfilment of the Assurances clearly indicate lackadaisical attitude of the Ministry in undertaking proper follow-up action once an Assurance has been made. The review of pending Assurances also reveals that the existing mechanism put in place by the Ministry for fulfilling the Assurances, especially those involving other Ministries/Departments is far from effective. The Committee are fully aware that implementation of Assurances related to policy matters and involving other Ministries/Departments require more time and may be difficult to be executed within the prescribed time period. However, proactive and sustained efforts need to be made to implement Assurances. The Committee, therefore, recommend that the existing mechanism/system should be overhauled and streamlined with a view to avoiding delay in fulfilment of the Assurances, particularly the pending Assurances. The Committee further desire that the Ministry of Health and Family Welfare should adopt a pro-active approach and enhance the level of co-ordination with other Ministries/Departments including the stakeholders concerned for early/timely implementation of all the pending Assurances as well as Assurances to be made in future.

## **II. Review of Pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)**

9. In the succeeding paragraphs, the Committee deal with some of the important pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and critically examined by them.

### **A. Compulsory Health Insurance Scheme for Government Employees/Review of CGHS Scheme**

- (i) USQ No. 4277 dated 23.04.2008 regarding 'Compulsory Health Insurance Scheme for Government Employees' (Appendix - II)
- (ii) SQ No. 67 dated 12.11.2010 regarding 'Review of CGHS Scheme' (Appendix - V)

10. In reply to the abovesaid Questions, it was stated that the feasibility of introducing a health insurance scheme for Central Government servants and pensioners is being explored, which has not yet been finalised.

11. Apprising the Committee of the further developments in the implementation of the Assurances, the Ministry in their Status Note, *inter-alia*, stated the following position:—

"A copy of the final Expenditure Finance Committee (EFC) Memorandum regarding finalisation of the proposed Health Insurance Scheme for Central Government Employees and Pensioners has been sent for appraisal of EFC on 14.02.2017, which is awaited."

12. In the said Status Note, the Ministry further stated as under:—

"Since the necessary approvals from EFC and Cabinet Committee on Economic Affairs (CCEA) are yet to be obtained, It is difficult to prescribe the time limit for the finalization of the scheme."



13. Taking note of the Status Note furnished by the Department which stated that it was difficult to prescribe the time limit for the finalization of the Scheme, the Committee specifically enquired as to whether the Ministry propose to extend the matter indefinitely. Further, the Committee pointed out that the Ministry should be more serious while replying to Member's queries as the CGHS Services are still very poor outside Delhi Region and that the ground realities in various States are far different from what the Ministry have explained. To this, the Director General (CGHS) replied as under:—

"Sir, I just wanted to tell the circumstances under which it was thought of Sir, the Assurance was given in the year 2008 and in the same year a Committee of Secretaries (CoS) was set up to consider it. The CoS conducted a meeting in 2008. After that the Cabinet Secretary discussed it thrice as to how it can be delivered. At that time there was a rule that a proposal could only be brought after having been discussed with the Planning Commission and the Finance Ministry. The CoS under the Chairmanship of Cabinet Secretary considered it time and again *i.e.* in 2011 and 2013. In 2013, a Cabinet note was dispatched to the Ministry of Finance with the comments that the matter should be reconsidered. The matter was reconsidered and we again sent the proposal to the Ministry of Finance. We have discussed the matter with the Ministry of Finance two-three times recommending that the beneficiaries to be taken under one insurance scheme and the scheme should be replaced. However, a consensus has not been reached and hence the delay in the matter. The other reason is that since the scheme covers all the Central Government employees, pensioners, Members of Parliament, Ex MPs, Ministers, Governors and ex-Governors it has not been able to resolve diverse issues."

14. He further added as under:—

"One of the recommendations was also to give this health protection scheme of all the employees from an assured scheme under the Central Government to a third party insurance company. These are the matters discussed in Finance and Expenditure Department and, therefore, a consensus was not reached."

15. The Secretary, Department of Health and Family Welfare, supplemented as under:—

"Sir, I want to tell you that we have not been able to bring a consensus since it is an inter-Ministerial matter. In this scheme, all central Government employees, pensioners and all army personnel are likely to be included. We have not been able to reach a consensus with the Finance Ministry and others."

16. Emphasizing that the scheme of giving Universal Insurance of Rs. 5 lakh is a very big scheme, the Committee enquired as to whether the Government Health

Scheme is likely to have an impact on the present Assurance. To this, the Secretary, Department of Health and Family Welfare replied during evidence as under:—

“Sir, we had a discussion on this. The scheme has been called an Aspirational Scheme. However, its learnings and details are yet to be worked out. We can append it in the coming stages but I am not giving an Assurance. It has not been considered.”

17. The Committee desired to know as to whether the Ministry have conducted any study as to who all were likely to benefit from the scheme and how much financial burden is involved under the scheme. Further, pointing out that the Assurance was related to finding possibilities of introducing health insurance schemes for Central Government Servants and pensioners, the Committee specifically asked the representative to state the steps taken by the Ministry in this regard during the last 10 years period. The Secretary, Department of Health stated during evidence as under:—

“Sir, the Assurance has its own pit-falls. Here, under CGHS, OPD is also covered. How will we be able to cover it? We have not been able to resolve these issues. The other thing is that the scheme covers officials working in diverse Departments and sometimes they get retired, sometimes they get transferred and hence there is a need for a nodal department.”

18. Acknowledging that there are practical difficulties in the implementation of the Assurance, the Committee asked the representatives as to whether they have collected the suggestions of various Departments and steps have been taken on these suggestions. The Secretary, Department of Health and Family Welfare submitted as under:—

"If I say clearly, no consensus has been reached on the matter. Hence, presently we are working towards making CGHS more effective. Sir, I am requesting you with folded hands that since consensus is not emerging as large numbers of stakeholders are involved in the matter, we propose to prepare a Status Note and put it on the Department's website so that we get objections and then we can take decisions on the basis of the suggestions/ observations received subsequently."

19. Further, observing that the Ministry got approval for only Rs. 200 crore as against the demand for Rs. 2600 crore, the Committee suggested the Ministry to look for new options such as Group Insurance Schemes. The Secretary, Health and Family Welfare responded as under:—

"Sir, we will definitely consider this. I want to put before the Committee that now, in most of the Insurance Schemes, hospitalisation charges are covered. However, under CGHS there is facility of OPD wherein everybody can go and get their check-up done. It will create a bit of a problem but as you have directed, we will again put this scheme on our Department's website in a comprehensive and transparent manner and then we will see as to what can be done."

20. The Committee then asked as to whether the Ministry have any data/information about the percentage of Government officials who are insurance policy holders of some or the other policy schemes. The Director General (CGHS) replied as under:—

"Sir, as per information available with us, one or two percentage of people do it. The reason for this low percentage is that no insurance company provides the kind of services as we do. If any of us actually fall sick then hospitalisation is for one or two months and it may involve major surgeries such as valve replacement, heart surgeries, neuro-surgeries. The Central Government bears the cost of all these operations. This work is not done by any of the Insurance companies and those who do it, their premiums are very high. Our scheme is much better than their scheme. Possibly, the reason why our Finance Department did not notice the proposal which we sent to the Finance Ministry in February, 2017 prudently as we are already providing much better facilities than those covered under that scheme. In this regard various inter-Ministerial meetings have been held."

#### **Observations/Recommendations**

**21. The Committee are deeply concerned to note that 2 Assurances regarding a Health Insurance Scheme for Government Employees and Pensioners could not be fulfilled even after a lapse of more than 10 years ostensibly due to lack of consensus between the Ministry of Health and Family Welfare and other Ministries/Departments concerned. The Committee have been informed that in the same year the first Assurance was given i.e. 2008, a Committee of Secretaries (CoS) was set up to consider it. The CoS under the Chairmanship of the Cabinet Secretary, considered it time and again. Subsequently, in 2013, a Cabinet Note was dispatched to the Ministry of Finance which suggested that the matter should be re-considered. The matter was re-considered and the proposal was again sent to the Ministry of Finance. However, even after another round of discussion with the Ministry of Finance, a consensus could not be reached since it is an inter-Ministerial matter and various issues such as transfer and retirement cases in different Ministries/Departments cannot be resolved. The Committee understand that there are practical difficulties in the implementation of the Assurances in view of complexities therein, however, the Ministry of Health and Family Welfare cannot simply abdicate their responsibility on such grounds. Being the nodal Ministry, the onus of fulfilling the Assurances and bringing them to their logical conclusion lies with the Ministry of Health and Family Welfare. The Ministry need to make more concerted efforts to find ways and means to tackle the problems and implement the Assurances. The Committee have now been informed that the Department propose to prepare a Status Note and put it on the Department's website and take decisions on the basis of suggestions/observations received thereon. Observing that this is a belated step, the Committee would like the Ministry to step up their efforts and coordination and pursue the matter, vigorously with all the Ministries/Departments/stakeholders concerned so as to bring a**

**consensus amongst themselves at the earliest. If any of the Ministries/ Departments/stakeholders are not co-operating with or supporting them, the matter should be taken up at the highest level and the Committee be informed accordingly. The Committee further urge upon the Ministry to furnish a part Implementation Report on the Assurance detailing the steps taken by them so far to implement the Assurances.**

### **III. Implementation Reports**

22. As per the Statements of the Ministry of Parliamentary Affairs, Implementation Report in respect of the Assurance given in reply to USQ No. 2205 dated 06.08.2010 regarding 'Standard of Education in Private Medical Colleges' has since been laid on the Table of the House on 18.12.2018.

NEW DELHI;  
11 February, 2019  

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22 Magha, 1940 (Saka)

DR. RAMESH POKHRIYAL "NISHANK",  
Chairperson,  
Committee on Government Assurances.

## **APPENDIX I**

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)  
LOK SABHA UNSTARRED QUESTION NO. 2745  
ANSWERED ON 19.3.2008

### **National Tobacco Control Programme**

2745. SHRI S. K. KHARVENTHAN:

Will the Minister of HEALTH & FAMILY WELFARE be pleased to state:

- (a) whether the Union Government proposes to launch National Tobacco Control Programme;
- (b) if so, the details thereof;
- (c) the time by which the said programme is likely to be launched; and
- (d) whether there is also any proposal to form a Central Tobacco Regulatory Authority to monitor and to implement the Tobacco Control laws; and
- (e) if so, the details thereof ?

### **ANSWER**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. PANABAKA LAKSHMI): (a) to (e) Government of India has launched the pilot phase of the National Tobacco Control Programme (NTCP) in 2007-08. This programme envisages building capacity of States and greater awareness through mass media/IEC campaign, etc. The pilot phase of the programme has been launched in 18 districts of 9 States. The proposed national programme broadly includes—

1. Capacity building of the State in the effective implement of the Tobacco Control Act, 2003. It is proposed to set up State Tobacco Control Cells and District Level monitoring cells;
2. Train health workers, school teachers, etc. on ill effects of Tobacco;
3. Engage NGOs, to carry out school programme in the Government Schools;
4. Mass media/ IEC campaign, tailored to regional needs;
5. Capacity building laboratories for tobacco product testing.

The approval of competent authority for the launch of NTCP is under active consideration. The modalities of establishing the Tobacco Regulatory Authority is also being worked out.

**APPENDIX II**

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)  
LOK SABHA UNSTARRED QUESTION NO. 4277  
ANSWERED ON 23.4.2008

**Compulsory Health Insurance Scheme for Government Employees**

4277. SHRI NAVEEN JINDAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to make health insurance compulsory for the Central Government employees and pensioners as reported in the "Dainik Bhaskar" dated February 19, 2008;

(b) if so, the details of the proposal; and

(c) the date by which the proposal is likely to be implemented?

**ANSWER**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) The feasibility of introducing a health insurance scheme for Central Government servants and pensioners is being explored which has not yet been finalized.

**APPENDIX III**

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)  
LOK SABHA UNSTARRED QUESTION NO. 5740  
ANSWERED ON 30.4.2010

**Internal Governance Reforms**

5740. SHRI THAMARAISELVAN:

Will the Minister HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government had asked the All India Institute of Medical Sciences (AIIMS), New Delhi to complete internal governance reforms in a time bound manner;

(b) if so, the details thereof;

(c) whether the Government is considering to amend the AIIMS Act, 1956; and

(d) if so, the details thereof ?

**ANSWER**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) The Government had set up an Expert Committee under the chairmanship of Dr. M. S. Valiathan to study the functioning of AIIMS, New Delhi. The Committee has *inter-alia* recommended structural changes requiring amendment in AIIMS Act, Rules and Regulations. Since amendments in AIIMS Act, Rules and Regulations have wider implications, a High Powered Committee comprising of eminent persons having experience in the field of administration and education has been constituted under the chairmanship of Secretary (H&FW) to examine these recommendations including internal governance.

**APPENDIX IV**

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)  
LOK SABHA UNSTARRED QUESTION NO. 2205  
ANSWERED ON 06.08.2010

**Standard of Education in Private Medical Colleges**

2205. SHRI RAOSAHEB PATIL DANVE:

Will the Minister HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has received complaints with regard to the low standards of education and the lack of facilities in some of the private medical colleges in the country;
- (b) if so, the details thereof; and
- (c) the action taken by the Government against such colleges?

**ANSWER**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (c) Medical Council of India has informed that it has received 15 complaints against private medical colleges. State-wise details of complaint, are as under:

Sl.No.	Name of the State	Number of Complaints
1.	Andhra Pradesh	3
2.	Rajasthan	1
3.	Punjab	2
4.	Madhya Pradesh	5
5.	Pondicherry	1
6.	Uttar Pradesh	1
7.	Tamil Nadu	2
Total		15

Inspections have been carried out by Medical Council of India in respect of 13 colleges to verify these complaints. Wherever necessary, suitable action is initiated under the various provisions of Indian Medical Council Act and the Rules made thereunder. However, in two case the matter is *sub-juice*.



## APPENDIX V

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)  
LOK SABHA STARRED QUESTION NO. 67  
ANSWERED ON 12.11.2010

### Review of CGHS Scheme

67. SHRI C. RAJENDRAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Central Government Health Scheme (CGHS) has been reviewed;

(b) if so, the details thereof;

(c) whether the Government proposes to introduce a new Health Insurance Scheme for the beneficiaries of CGHS;

(d) if so, the details thereof;

(e) whether Government has invited proposals from the insurance companies in this regard;

(f) if so, the details thereof; and

(g) the time by which the new scheme is likely to be implemented by the Government?

### ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (g) A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 67 FOR 12TH NOVEMBER, 2010

(a) & (b) The performance of the CGHS is regularly reviewed by the Government. Some of the recent initiatives are listed below:—

- (1) **Computerisation:** To keep pace with the modern times, computerisation of CGHS has been completed in almost all dispensaries in collaboration with the National Informatics Centre. As a result of computerisation, benefits have started accruing in terms of lesser waiting period for beneficiaries at the dispensaries, on-line placement of indents on local chemists, availability of patient profiles, availability of medicines/drugs usage pattern, which will enable the CGHS to prepare a realistic list of formulary drugs, removal of jurisdictional restriction (as regards the dispensary) for the beneficiaries, etc.
- (2) **Introduction of Plastic Cards:** As part of the computerisation process, it

has been decided to issue plastic cards individually to each beneficiary of the CGHS. This will enable beneficiaries to avail CGHS facility in any city after all dispensaries in various cities are networked.

- (3) **Accreditation of hospitals and labs:** With a view to providing better quality treatment to CGHS beneficiaries, it has been decided that private hospitals, diagnostic centers and labs should have accreditation with Quality Council of India.
- (4) **Holding of Claims Adalats:** In order to expedite processing and settlement of pending medical reimbursement claims, claims adalats are to be held in each Zonal Office of CGHS, Delhi, under the chairmanship of Additional Directors of the respective zones.
- (5) **Local Advisory Committees:** Local Advisory Committee meetings are held in each CGHS dispensary on second Saturday of the month, which is attended by the Area Welfare Officer appointed by the Department of Personnel & Training, representatives from the pensioners' association, local chemist to resolve problems at the dispensary level.
- (6) **Decentralisation and delegation of powers:** Ministries/Departments have been delegated powers to handle all cases of reimbursement claims if no relaxation of rules was involved. Earlier they had powers to handle requests upto Rupees two lakhs and beyond that amount, the cases were referred to CGHS, Ministry of Health and Family Welfare.
- (7) **Insulin:** Orders have been issued to permit issue of Analogue (insulin Cartridges) to CGHS beneficiaries.
- (8) **Outsourcing of cleaning process of dispensaries:** As there was shortage of Class IV Staff in a large number of dispensaries in Delhi, it was decided to relocate Class IV staff from a few deficient dispensaries to other deficient dispensaries. To overcome the vacuum so created in some dispensaries, cleaning work has been outsourced to a private agency.
- (9) **Rate contract for purchase of drugs:** Dispensaries in Delhi have been permitted to place indents of commonly prescribed medicines directly on the manufacturers on rate contract basis. It is being extended in a phased manner to other cities. The benefit of this arrangement is that dispensaries/CGHS do not have to carry huge inventory of medicines and indents can be placed on a monthly basis depending on the need.
- (10) UTI-TSL has been engaged as the Bill Clearing Agency in respect of hospital bills pertaining to treatment availed by pensioner CGHS beneficiaries. UTI-TSL is required to make payments to hospitals within ten days of physical receipt of bills from hospitals.
- (11) CGHS, in collaboration with M/s Alliance Medicorp (India) Ltd. has set up a stand-alone dialysis unit in CGHS dispensary in Sadiq Nagar, New Delhi.

The unit will provide dialysis facility to 21 CGHS beneficiaries in a day/ 6510 cases per annum.

(c) to (g) The Sixth Central Pay Commission recommended the introduction of health insurance scheme for Central Government employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on the voluntary basis, subject to their paying prescribed contribution. It also recommended that the health insurance scheme should be compulsory for new Government employees who would be joining service after the introduction of the scheme. Similarly, it had recommended that, new retirees, after the introduction of the insurance would be covered under the scheme.

The Central Government Employees and Pensioners Health Insurance Scheme (CGEPHIS) has not been introduced as yet. Government of India had floated an Expression of Interest for studying the feasibility of introducing a Health Insurance Scheme for Central Government Employees and Pensioners and their dependent family members all over India. On the basis of inputs from the Insurance companies and inter-departmental consultation, a draft scheme was prepared and accordingly a Request For Proposal (RFP) was floated inviting insurance premium quotes from the Insurance companies. The rates have been received in response thereto. The Ministry has not yet taken a final decision in the matter.

## APPENDIX VI

(Vide para 5 of the Report)

### Extracts from Manual of Practice and Procedure in the Government of India, Ministry of Parliamentary Affairs, New Delhi

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Definition	<p><b>8.1</b> 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 and as approved by the Committees on Government Assurances of the Lok Sabha and the Rajya Sabha, is given at Annexure 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 in these terms.</p> <p><b>8.2</b> 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 normally within 10 working days of the date on which it is given.</p>
Deletion from the list of assurances	<p><b>8.3.1</b> If the administrative department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfil it, it may write to the Lok/Rajya Sabha Secretariat direct with a copy to the Ministry of Parliamentary Affairs within a week of the receipt of such communication for getting it deleted from the list of assurances. Such action will require prior approval of the Minister.</p> <p><b>8.3.2</b> Departments should make request for dropping of assurances immediately on receipt of statement of assurances from the Ministry of Parliamentary Affairs and only in rare cases where they are fully convinced that the assurances could</p>

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Time limit for fulfilling the assurance	<p>not be implemented under any circumstances and there is no option left with them but to make a request for dropping. Such requests should have the approval of their Minister and this fact should be indicated in their communication containing the request. If such a request is made towards the end of the stipulated period of three months, then it should invariably be accompanied with a request for extension of time. The department should continue to seek extension of time till a decision of the Committee on Government Assurances is received by them. Copy of the above communications should be simultaneously endorsed to the Ministry of Parliamentary Affairs.</p>
Extension of time for fulfilling an assurance	<p><b>8.4.1</b> An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This time limit has to be strictly observed.</p> <p><b>8.4.2</b> If the department finds that it is not possible to fulfil the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time direct from the respective Committee on Government Assurances under intimation to the Ministry of Parliamentary Affairs as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required. Such a communication should be issued with the approval of the Minister.</p>
Registers of assurances	<p><b>8.5.1</b> The particulars of every assurance will be entered by the Parliament Unit of the department concerned in a register as at Annexure 4 after which the assurance will be passed on to the concerned section.</p> <p><b>8.5.2</b> Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs, the section concerned should take prompt action to fulfil such assurances and keep a watch thereon in a register as at Annexure 5.</p>

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Role of Section Officer and Branch Officer	<p><b>8.5.3</b> The registers referred to in paras 8.5.1 and <b>8.5.2</b> will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session-wise.</p> <p><b>8.6.1</b> The Section Officer incharge of the concerned section will :</p> <p>(a) scrutinise the registers once a week;</p> <p>(b) ensure that necessary follow-up action is taken without any delay whatsoever;</p> <p>(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</p> <p>(d) review of pending assurances should be undertaken periodically at the highest level in order to minimise the delay in implementing the assurances.</p> <p><b>8.6.2</b> 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.</p>
Procedure for fulfilment of an assurance	<p><b>8.7.1</b> Every effort should be made to fulfil 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 containing the available information should be supplied to the Ministry of Parliamentary Affairs in part scrutinize 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.</p> <p><b>8.7.2</b> Information to be supplied in partial or complete fulfilment of an assurance should be approved by the Minister concerned and 15 copies thereof (bilingual) in the prescribed proforma as at Annexure 6, together with its</p>

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enclosures, along with one copy each in Hindi and English duly authenticated by the officer forwarding the implementation report, should be sent to the Ministry of Parliamentary Affairs. If, however, the information being furnished is in response to an assurance given in reply to a question etc., asked for by more than one member, an additional copy of the completed proforma (both in Hindi and English) should be furnished in respect of each additional member. A copy of this communication should be endorsed to the Parliament Unit for completing column 7 of its register.

**8.7.3** The implementation reports should be sent to the Ministry of the Parliamentary Affairs and not to the Lok/Rajya Sabha Secretariat. No advance copies of the implementation reports are to be endorsed to the Lok/Rajya Sabha Secretariat either.

Laying of the implementation report on the Table of the House

**8.8** The Ministry of Parliamentary Affairs, after a scrutiny of the implementation report, will arrange to lay it on the Table of the House concerned. A copy of the statement, as laid on the Table, will be forwarded by the Ministry of Parliamentary Affairs to the member as well as the department concerned. The Parliament Unit of the department concerned and the concerned section will, on the basis of this statement, make a suitable entry in their registers.

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

**8.9** 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 fulfilment of the obligation, independent of the assurance given. After this is done, a report in formal implementation of the assurance indicating the date on which the paper was laid on the Table will be sent to the Ministry of Parliamentary Affairs in the prescribed proforma (Annexure 6) in the manner already described in para 8.7.2.

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Committees on Government Assurances LSR 323, 324 RSR 211-A	<b>8.10</b> Each House of Parliament has a Committee on Government assurances nominated by the Speaker/Chairman. It scrutinized the implementation reports and the time taken in the scrutinized Government assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by the Ministry of Parliamentary Affairs from time to time are to be followed strictly.
Reports of the Committees on Government Assurances	<b>8.11</b> The department will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two Committees for remedial action wherever called for.
Effect on assurances on dissolution of the Lok Sabha	<b>8.12</b> On dissolution of the Lok Sabha, 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 a specific recommendation regarding the assurances to be dropped or retained for implementation by the Government.

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**MINUTES**  
COMMITTEE ON GOVERNMENT ASSURANCES  
(2018-2019)  
**(SIXTEENTH LOK SABHA)**  
FIRST SITTING  
(10.10.2018)

The Committee sat from 1500 hours to 1730 hours in Committee Room "C", Parliament House Annexe, New Delhi.

**PRESENT**

Dr. Ramesh Pokhriyal 'Nishank' — Chairperson

**MEMBERS**

2. Shri Rajendra Agarwal
3. Shri Bahadur Singh Koli
4. Shri C.R. Patil
5. Shri Sunil Kumar Singh

**SECRETARIAT**

1. Smt. Anita B. Panda — *Joint Secretary*
2. Shri P.C. Tripathy — *Director*
3. Shri S.L. Singh — *Deputy Secretary*

**WITNESSES**

**Ministry of Health and Family Welfare**  
**(Department of Health and Family Welfare)**

1. Ms. Preeti Sudan — Secretary
2. Dr. R.K. Vats — AS&DG (CGHS)
3. Shri Arun Singhal — Additional Secretary
4. Shri Vikas Sheel — Joint Secretary
5. Dr. Sanjay Srivastava — Secretary General, MCI
6. Shri Subhashish Panda — Dy. Director (Admn.), AIIMS
7. Shri Kiranjit S. Nagi — Adviser (Parliament)
8. Dr. U.K. Bahl — Actg. Director, AIIMS

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**Ministry of Parliamentary Affairs**

1. Shri P.K. Halder — Under Secretary  
 2. Shri Rahul Arya — ASO

At the outset, the Chairperson welcomed the Members of the Committee to the sitting and congratulated them on their re-nomination for the new term of the Committee (2018-2019).

2. The representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) were then called in. Welcoming them, the Chairperson drew their attention to Direction 55(1) of the Directions by the Speaker, Lok Sabha regarding the confidentiality of the proceedings till the relevant Report of the Committee is presented to the House. Thereafter, the Committee took oral evidence of the witnesses regarding pending Assurances. The Committee desired to know about the existing mechanism in the Ministry for review and implementation of the Parliamentary Assurances. The Secretary, Department of Health and Family Welfare informed the Committee that the review of pending Assurances is done at her level after every 15 days. Further, a meeting of senior officers is conducted once a month wherein pending Assurances are reviewed afresh. The Secretary further apprised that whenever the Hon'ble Minister holds a meeting with the officials, the Assurances form an important item of the agenda. The Committee then reviewed five pending Assurances (*Annexure-III*) of the Department of Health and Family Welfare pertaining to the period from the 11th Session of the 14th Lok Sabha to the 6th Session of the 15th Lok Sabha as mentioned below :—

**I USQ No. 2745 dated 19.03.2018 regarding 'National Tobacco Control Programme' (Sl.No.1)**

The representatives of the Department informed the Committee that there are two parts of the Assurance. The first part relates to the launching of National Tobacco Control Programme (NTCP) and the same was fulfilled in 2009 and the Implementation Report for that part has already been laid on the Table of the House. The second part relates to the establishment of National Tobacco Regulatory Authority (NTRA). The representatives briefed the Committee that in the 11th Five Year Plan, it was considered to set up the NTRA within the NTCP to achieve the three objectives. First, to monitor the implementation of Tobacco Laws, second, to fortify cases relating to tobacco control in different courts of law and third, to develop the facilities to check and control tobacco samples. Subsequently, in the Twelfth Five Year Plan it was decided to keep NTRA separate from NTCP. The logic given in support of the decision was that the Department have set up parallel machinery to achieve the three abovesaid objectives. The representatives explained that primarily tobacco related Laws are implemented and reviewed by the State Governments and review is done thereafter on quarterly basis at the Central level. Hence, the objective of having a regulatory authority is thereby fulfilled. As regards court cases, the representatives briefed that usually

the mandate of any regulatory authority is of regulation or giving advice and not to protect the topics of court of law. They also apprised that whatever cases have been filed in courts of law, the same have been defended by them successfully and the Hon'ble Supreme Court has confirmed all those provisions from time to time.

With regard to giving mandate for tobacco testing, the representatives apprised that three tobacco sample testing laboratories are being established in the country. Their criteria are to prescribe procedures for sample testing and to develop standards which are an activity of technical expertise. The representatives further apprised that they are developing their sample testing laboratories on the lines of WHO Table net, an organization which looks after the contents and types of chemicals in tobacco/cigarette samples at international level and devising means to measure them. Hence, the representatives stressed that they are able to fulfil all these three objectives without the establishment of NTRA and hence the Department do not feel the need for NTRA at present. Further, the representatives stressed that they are consistently reviewing establishment of NTRA and, if need be, the matter can be considered in future. Pointing out that it was the Ministry of Health and Family Welfare themselves which initiated the idea of setting up of NTRA, the Committee questioned the representatives the reasons as to why they do not want to establish it now. The representatives clarified that when the Question came before Parliament in 2008, the rules and regulations of the tobacco control law were not made. Therefore, the situation was not clear as to how to handle the tobacco related issues. These rules and regulations were notified in the year 2008. According to these rules and regulations, all the regulations are done by State Governments through various implementation agencies such as designated officers of Police and Health Departments and municipal authorities which are capable of taking action under various clauses. The representatives stressed that since the rules and regulations have now been made clear, they do not feel the need for their further regulation. The representatives reiterated that although in the 11th Five Year Plan, the Department proposed setting up of NTRA as an element of NTCP, no conclusive decision was taken in the matter. Subsequently, the Ministry again formally suggested this proposal but the decision came that since NTRA is a regulatory authority, it should not be made a part of NTCP, an agency which implements the programme. Rather, NTRA should be kept separate and it should have control over the NTCP. The Committee felt that since tobacco is extremely dangerous and incredibly harmful to the health of people and is a leading cause of cancer, the Ministry should reconsider their decision. The Committee emphasized that there is a need for setting up NTRA as it is different from NTCP in that it would be an independent organisation which would not only unearth but exercise control on manufacturing, sale and marketing of tobacco and its products and would have the ability to take firm decisions on matters relating to tobacco and tobacco products.

**II. (i) USQ No. 4277 dated 23.04.2008 regarding 'Compulsory Health Insurance Scheme for Government Employees' (Sl. No. 2)**

**(ii) SQ No. 67 dated 12.11.2010 regarding 'Review of CGHS Scheme' (Sl. No. 5)**

The Committee were upset with the Status Note furnished by the Department wherein they had stated that it was difficult to prescribe the time limit for the finalization of the Scheme. The Committee felt that the Department should have provided a specific reply as to the time by which they are expected to fulfil the Assurance. The Committee noted that the matter assumes utmost importance as it aims to provide healthcare facilities to the Government officials and pensioners and asked the representatives to give the reasons for inordinate delay in the matter. The representatives informed that the Assurance was given in the year 2008 and in the same year a Committee of Secretaries (CoS) was set up to consider it. The CoS under the chairmanship of the Cabinet Secretary considered it time and again. Subsequently in 2013, a Cabinet Note was despatched to the Ministry of Finance which suggested that the matter should be re-considered. As suggested, the matter was re-considered and a Report was presented before the Committee stating that practical difficulties are being faced in devising and implementing the scheme and hence the Assurance may be dropped. However, the Committee did not accede to the request and asked the Ministry to reconsider it again. The matter was reconsidered and the proposal was again sent to the Ministry of Finance. The representatives informed that they have discussed the matter with the Ministry of Finance, however, a consensus has not been reached since it is an inter-ministerial matter. Since there has already been an inordinate delay in the implementation of the Assurance, the Committee observed that the Department have not carried out their work to the fullest. The representatives apprised the Committee that since the Assurance covers officials working in diverse Departments, it has not been able to resolve various issues such as transfer and retirement cases.

Acknowledging that there are practical difficulties in the implementation of the Assurance, the Committee felt that it was the responsibility of the Department of Health and Family Welfare to ensure that the work gets completed. The Committee also observed with concern that even after a lapse of more than 10 years, the Department are standing at the same level. The Committee then enquired as to whether the Department have collected the suggestions of various stakeholders including various Departments/Ministries along with the steps taken on those suggestions/recommendations. The Secretary (Health) informed the Committee that no consensus has been reached on the matter and presently the Department are working towards making CGHS more effective. She further requested the Committee that since consensus is not emerging as a large number of stakeholders are involved in the matter, they propose to prepare a Status Note and put it on the Department's website and take decisions on the basis of the suggestions/observations received consequently. Observing that the Assurance was given precisely for the benefit of Government officials, the Committee directed the representatives to pursue the matter with all the Departments concerned and bring a consensus amongst themselves and inform the Committee if any Ministry/Department are not cooperating with or supporting them. The Committee further asked the representatives to furnish a Part Implementation Report on the Assurance and pursue the matter vigorously and implement it expeditiously.

**III. USQ No. 5740 dated 30.04.2010 regarding 'Internal Governance Reforms' (Sl. No. 3)**

The Committee were informed that in 2006 Prof. Valiathan Committee gave various important recommendations on the subject which required changes in AIIMS Act and rules and regulations. Subsequently, various high powered committees were appointed, the latest of which was Prof. Balram Airan Committee, which further gave various suggestions and recommendations on the matter. All these recommendations were presented before the Governing Body on 21 December, 2017 which itself gave some more suggestions for incorporation and forwarded these to the Ministry of Health and Family Welfare. The representatives of AIIMS further apprised that whatever modifications and recommendations they received from the Ministry till 18.07.2018 have been included by them. The representatives further apprised that a Central Institute Body has been established for the AIIMS whose meeting is forthcoming wherein all the rules and regulations would be formally introduced and if these get passed then they will further present the same before Parliament.

Considering the sensitive nature of the Assurance and the supreme position occupied by AIIMS in the field of medical science, the Committee were upset to notice an unwarranted delay caused in reforming the institute. The Committee were particularly strained to note that an Assurance of such great significance which was supposed to be completed in three months is still incomplete even after a lapse of more than 10 years and felt that there has been lack of administrative will. The representatives informed the Committee that AIIMS rules and regulations have been there for the last 50 years and they want to tread cautiously while trying to revise them. Further, the Committee were apprised that the AIIMS faculty comprises very experienced and honourable people and it is necessary to have consensus amongst themselves.

The representatives also informed that after the Report of Valiathan Committee appeared, a Committee at the level of Secretary was constituted and its report came in November 2010. The Report was considered in the Institute Body of AIIMS. In between, a Standing Committee took up the subject of AIIMS functioning for its subject study. Subsequently it was decided in the Institute Body to make amendment in rules only after receipt of recommendations of the Parliamentary Standing Committee. The representatives informed that even after the receipt of the Report of Parliamentary Committee as well as the Reports of the Venkatachalam Committee, Sujata Rao Committee and Sneh Bhargav Committee, no consensus could be reached.

The Committee desired to know the reasons and the persons responsible for the delay in the matter. The representatives informed that all the decisions in the Governing body are taken by the AIIMS Director. The representatives further informed that since AIIMS is an autonomous and empowered body and all the committees have been constituted by AIIMS, the onus of delay lies with the AIIMS administration. Further, as the Hon'ble Minister is the President of the

Governing Body and since the matter had already been delayed so much, a meeting was organised in December 2017 on which each and every subject was discussed and amended rules and regulations were forwarded. The Committee were dismayed to see the sluggish attitude of AIIMS organisation and observed that if the system at AIIMS were efficient, it would have saved the lives of scores of people. The representatives clarified that these amendments do not relate to patient care but involve recommendations on headship or additional posts of deans and their tenure. The Committee felt that even if the amendments relate to strengthening the internal organisations of AIIMS, ultimately the aim of these is to run the Institution in a proper manner.

The Committee were informed that the IFG had already examined these and given their comments and these have been incorporated and are to be presented in the CIB sitting and subsequently it would be presented to Parliament after vetting by the Legislative Department. The Committee pointed out that the Public Accounts Committee (PAC) had given an elaborate report 10 years back that everything was not well in AIIMS. Observing that since AIIMS is the centre of hope of people at large, its system should be vigilant and sensitive, the Committee directed the representatives to furnish a Part Implementation Report on the Assurance and work in a time bound manner to implement it. The Committee also desired that the person appointed as the Director of the Governing Body of AIIMS should be given the authority to exercise his/her rights to strengthen the machinery of the institute and the confidence and power to make the internal machinery of the institute more robust. The Committee were dismayed that the work which should have been done in three or four months was delayed for as long as 10 years. The representatives clarified that since they respect the autonomy of AIIMS, they do not interfere in its functioning. The Committee felt that if the situation warrants, the Government should interfere in the working of AIIMS as the Act gives them permission and the Ministry are fully capable of doing it. The representatives assured the Committee that they will furnish a Part Implementation Report to the Committee before 01 November, 2018.

**IV. USQ No. 2205 dated 06.08.2010 regarding 'Standard of Education in Private Medical Colleges' (Sl. No. 4)**

The representatives informed the Committee that it has only been two weeks that the Board of Governors have started working after superseding the Medical Council of India. On the basis of records received, a total of 13 complaints were registered against 10 medical colleges from November, 2008 to August, 2010. Out of these, in 7 medical colleges, complete decisions had already been taken *i.e.* negative decision was taken against 5 colleges and 2 colleges were approved after assessment. Final decision in case of 3 colleges in which 5 complaints were there is not clear. The representatives assured that they will look into it and convey the decision to the Committee. The Committee felt that if somebody had registered a complaint then the Ministry should have followed it up earnestly and any person who has been nominated by the Government should not have the permission to

work arbitrarily. Observing that the MCI which reported grave irregularities was itself the body which gave accreditation to all the medical colleges and was given the responsibility of correcting the irregularities, the Committee stressed that action should be taken against the colleges which have been held guilty by the Government enquiry. The Committee, however, cautioned that there should be specified parameters for cancelling the accreditation of medical colleges/institutes and it should not be done on frivolous grounds. The Committee then directed the representatives to submit a Part Implementation Report on the Assurance and take action against the guilty medical colleges/institutes in a time bound manner.

3. The representatives of the Department of Health and Family Welfare then withdrew.

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5. A verbatim record of the proceedings has been kept.

*The Committee then adjourned.*

*ANNEXURE III*

STATEMENT OF PENDING ASSURANCES OF THE MINISTRY OF HEALTH  
AND FAMILY WELFARE (DEPARTMENT OF HEALTH AND FAMILY  
WELFARE) FROM 11TH SESSION OF 14TH LOK SABHA TO  
6TH SESSION OF 15TH LOK SABHA

S.No.	SQ/USQ No. & date	Subject
1.	USQ No. 2745 dated 19.03.2008	National Tobacco Control Programme
2.	USQ No. 4277 dated 23.04.2008	Compulsory Health Insurance Scheme for Government Employees
3.	USQ No. 5740 dated 30.04.2010	Internal Governance Reforms
4.	USQ No. 2205 dated 06.08.2010	Standard of Education in Private Medical Colleges
5.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme



**MINUTES**  
**COMMITTEE ON GOVERNMENT ASSURANCES**  
(2018-2019)  
**(SIXTEENTH LOK SABHA)**  
**FOURTH SITTING**  
(11.02.2019)

The Committee sat from 1030 hours to 1050 hours in Chairperson's Chamber, Room 133, Parliament House Annexe, New Delhi.

**PRESENT**

Dr. Ramesh Pokhriyal 'Nishank' — Chairperson

**MEMBERS**

2. Shri Rajendra Agrawal
3. Shri Anto Antony
4. Shri E.T. Mohammad Basheer
5. Shri Naranbhai Kachhadiya
6. Shri Prahlad Singh Patel

**SECRETARIAT**

1. Shri N.C. Gupta — *Joint Secretary*
2. Shri P.C. Tripathy — *Director*
3. Shri S.L. Singh — *Deputy 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 Eleven (11) draft Reports without any amendments:

- (i) Draft Ninety-First Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of AYUSH.
- (ii) Draft Ninety-Second Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Tourism.
- (iii) Draft Ninety-Third Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Steel.
- (iv) Draft Ninety-Fourth Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Human Resource Development (Department of Higher Education).

- (v) Draft Ninety-Fifth Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of External Affairs.
- (vi) Draft Ninety-Sixth Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Textiles.
- (vii) Draft Ninety-Seventh Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Heavy Industries and Public Enterprises (Department of Heavy Industry).
- (viii) Draft Ninety-Eighth Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare).
- (ix) Draft Ninety-Ninth Report (16th Lok Sabha) regarding requests for dropping of Assurances (Acceded to).
- (x) Draft One Hundredth Report (16th Lok Sabha) regarding requests for dropping of Assurances (Not Acceded to).
- (xi) Draft One Hundred - First Report (16th Lok Sabha) regarding review of pending Assurances pertaining to the Ministry of Road Transport and Highways.

2. The Committee also authorized the Chairperson to present the Reports during the current session of the Lok Sabha.

*The Committee then adjourned.*

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