

export of Cashew is that change in policy relating to procurement of Cashew in Kerala by the Kerala Government. Due to this procurement policy by the Kerala Government, as my hon. colleagues have correctly put it, the Cashew growers are in distress. The cashew industry is in crisis. This is a big issue agitating the minds of the people of Kerala, cashew growers and the workers in that industry. Sir, some MLAs are on hunger strike for the last 10 days.

MR. SPEAKER: Is there anything new?

SHRI T. BASHEER: The Kerala Government is very adamant. It is not for solving this problem. So, my request is that the Government should intervene immediately and try to evolve something to protect the interests of the cashew growers in that State. So, I would like to know as to what assistance the Government has so far given and what result has been achieved there. The hon. Minister has stated that he is prepared to consult that Government. What is the reaction by the Government and what steps the Minister is going to take in this matter?

MR. SPEAKER: I think you have already replied to that question.

SHRI DINESH SINGH: Sir, I have already replied. I would just like to mention that when I said that we are setting up the Cashew Board, I had probably mentioned 'Corporation'. Anyhow, the hon. Member has reminded me. It is the Cashew Board that we propose to set up.

PROF. MADHU DANAVATE: Is the hon. Minister aware of the fact that in the backward Konkan Region of Maharashtra, only some industries which exist, many among them are cashew processing industries, they are able to provide you the necessary export and get foreign exchange reserves? It is a fact that these cashew processing industries in the Konkan Region are not able to get the requisite amount of raw cashew and as a result of which the processors suffered a loss, and what they have been consistently demanding is this. You

import some raw cashew from outside and give it to various processing industries. But in the case of Konkan, some technical issues have been raised and as a result of that, they are neither able to get adequate supply of indigenous cashew nor could also get imported cashew. Will you look into the matter and try to settle the issue?

SHRI DINESH SINGH: So far as indigenous cashew is concerned, the hon. Member may wish to discuss this with his colleagues in the National Front (*Interruptions*)

PROF. MADHU DANAVATE: For that, you do not worry.

SHRI DINESH SINGH: But, so far as imported cashew is concerned, I shall be very glad to look into it and also assist the processors in Maharashtra for this purpose.

SHRI G.M. BANATWALLA: Mr. Speaker, Sir, in view of the Government of Kerala's persistence in destroying the cashew industry, will the Government consider it proper to see that the cashew growers are not left at the mercy of the Kerala Government which will finally destroy the cashew industry altogether? In view of the stubborn attitude of the Kerala Government, will the Government consider the proposal to dismiss this Leftist Government over there? (*Interruptions*)

SHRI THAMPAN THOMAS: Now the cat is out of the bag. The attempt is for that. (*Interruptions*)

MOU Signed by GIC and Hinduja National Hospital

*541. SHRI K.S. RAO: Will the Minister of FINANCE be pleased to state:

(a) whether the General Insurance Corporation (GIC) and Hinduja National Hospital, Bombay have signed a memorandum of understanding which ensures high quality medical attention to policy-holders;

(b) whether four GIC subsidiaries—the National Insurance Company, the New India Assurance Company, the Oriental Insurance Company and the United India Insurance Company are also entering into separate agreements with the hospital authorities to provide facility to policy-holders; and

(c) if so, the full facts in regard to (a) and (b) above?

THE MINISTER OF STATE IN THE DEPARTMENT OF ECONOMIC AFFAIRS IN THE MINISTRY OF FINANCE (SHRI EDUARDO FALEIRO): (a) to (c). A statement is given below.

STATEMENT

(a) to (c). Yes, Sir. The General Insurance Corporation of India (GIC) and Hinduja National Hospital have signed a Memorandum of Understanding whereby the Hinduja National Hospital would extend the treatment to "Medicclaim" policy holder without the collection of hospital charges upto the limits of benefits available under the Policy. The hospital will send the bill directly to the insurance company for reimbursement. If the cost of the treatment exceeds the limits of benefits available under the Policy, the hospital will recover the excess directly from the insured.

On the basis of the aforesaid Memorandum of Understanding, the four subsidiaries of GIC have executed separate agreements with the Hinduja National Hospital on 27.3.1989 and the same have come into effect from 1st April, 1989.

SHRI K.S. RAO: I am happy that the Government of India has introduced a policy on health insurance. Why I am happy is that, on the one side, the research is going on very fast and on the other the modern equipment and machinery is there to diagnose various diseases in a very minute manner. But unfortunately, as the cost of the treatment is very high, it is not within the reach of the commonman. The introduction of this medical insurance has brought an advantage to the

commonman to get themselves checked up, for which I am happy. But I only wish to know from the hon. Minister whether any discrimination is shown on the part of the insurance companies in permitting various diagnostic centres and hospitals in approving their policy and only restructuring it to diagnosis, that is, if a patient were to go to the diagnostic centre and get himself checked up under Cat Scanning, without the necessity of getting himself treated later, and accepting that policy of one hospital or one diagnostic centre and not accepting the same policy with others, by which only a few people can exploit the medical insurance policy and it would not be justice to all. I wish to know from the hon. Minister whether there are any instances of discrimination in this regard.

SHRI EDUARDO FALEIRO: Of course, there are no issues of discrimination and there is no question of discrimination. I think, I should give to the hon. Member all the material regarding this policy, the pamphlets and other information and material which are there so that he can fully understand this.

As far as this particular matter is concerned, we have approached different hospitals earlier. We had approached Bombay Hospital, Parsi General, Jaslok, Breach Candy, Harkissondas, Nanavati and Bhatia General Hospital. But presently, only one hospital has responded. But at the moment, we are talking to other hospitals also and we hope that we will conclude similar agreements with other hospitals—Bombay Hospital and Jaslok Hospital. The talks are going on in Harkissondas and Bhatia General Hospitals.

As far as diagnostics is concerned, the hon. Member will appreciate that this is an insurance scheme. Diagnostics means anybody can go there and have a diagnosis everyday or more than once in a day, if he has time for this. Now insurance is basically on the question of fortuity. There must be a position in which a man, only when he gets sick, will get this insurance; otherwise not. Diagnostic in the course of sickness will be considered; but not diagnostic *per se*. It will

not fall within the scope of an insurance policy because the element of fortuity will not be there.

SHRI K.S. RAO: I appreciate the stand of the Minister which is my stand also. But unfortunately the Hon. Minister possibly is not aware of the discrimination shown in accepting the insurance policy only for diagnostic and not given to others. Anyway I leave the matter at that; but I will request the Hon. Minister to go into it in detail.

I know that initially the Government may have to lose in this policy of insurance because the claims might be more than the premium that they get; but in the process when it becomes very popular it will certainly yield good returns to the Government and also to the people. I wish to know from the Hon. Minister as to what happens to the claims of the amount which exceeds the claim amount, whether they will take an assurance from the concerned hospitals that they will ensure that only genuine cases are treated and not ingenuine cases only with a view to covering the loss that they might incur by paying that extra amount. Because earlier we found several cases that were ingenuine and several people exploiting this situation. Will the Minister ensure that he will appoint a Committee if necessary to ensure that certain people will not take advantage and misuse this policy and later on they will avoid this?

SHRI EDUARDO FALEIRO: We have issued an advertisement asking all the hospital authorities to subscribe to this scheme. Any hospital that comes within the scope of this scheme is welcome to take the benefit of this scheme. As far as genuineness of claims is concerned, it is the general insurance position that only genuine claims will be reimbursed and not others. If they are fraud, obviously they will not be reimbursed. There is nothing special as far as Mediclaim is concerned. That is the position regarding each and every insurance scheme.

As far as extension of this hospitalisation beyond insurance cover is concerned, to that extent the patient himself obviously will have to bear the cost. The cost borne by the insurance will be only to the extent of the cover which is provided in the agreement with the patient.

Model Railway Stations

*542. **SHRI T. BASHEER:** Will the Minister of RAILWAYS be pleased to state:

(a) the estimated cost involved in the development of each railway station selected to be developed as model railway station;

(b) by when the work in this regard is expected to be completed in case of each station;

(c) how much funds have been allotted for each station during the last three years, year-wise; and

(d) how much funds were spent out of the allotted on each station, station and year-wise?

[Translation]

THE DEPUTY MINISTER IN THE MINISTRY OF RAILWAYS (SHRI MAHABIR PRASAD): (a) to (d). 67 stations have been selected to be developed as model stations. A statement showing the estimated cost, funds allotted for 1986-87, 1987-88 and 1988-89 and expenditure incurred for 1986-87 and 1987-88 on each station is given below. The expenditure incurred during 1988-89 will be available only after the accounts are closed in June, 1989.

Works at all the 67 stations are in progress, commensurate with the availability of funds, and are likely to be completed by the middle of Eighth Plan.