

RAJYA SABHA

*SUPPLEMENT TO SYNOPSIS OF DEBATE

(Proceedings other than Questions and Answers)

Tuesday, March 16, 2021 / Phalguna 25, 1942 (Saka)

GOVERNMENT BILLS

1. The Medical Termination of Pregnancy (Amendment) Bill, 2020 - *Contd.*

MOTION FOR REFERENCE OF BILL TO SELECT COMMITTEE - *Contd.*

***DR. BHAGWAT KARAD:** The Government has brought in this Bill to give reproductive rights to women. There are many important issues related to women's health and their rights. The current law was approved in the Parliament on 10 August 1971. In the year 1860, abortion was considered a crime. In 1962 there was a session in Mumbai in the context of family planning, in which it was considered that abortion should be recognised. In the meeting of the Parliamentary Committee chaired by Hon. former Prime Minister Lal Bahadur Shastri, it was held that if abortion is done after the failure of contraceptive measures, then it should be considered as legal. In 1966, Dr. Shantilal Shah's committee prepared a report. The states' opinion was sought on

* This Synopsis is not an authoritative record of the proceedings of the Rajya Sabha.

* Synopsis of speech delivered by Hon'ble Member in Marathi.

this, which was the basis of the MTP Act, 1971. In 1971, the then Deputy Health Minister Shri D.P. Chattopadhyay introduced a Bill in the Lok Sabha on 2 August 1971 and on 10 August 1971, the Bill became a law. For the last 50 years, it has been demanded by the Human Rights Organization and the Women's Rights Organization to change this law and in many journals it is reported that the main reason for maternal mortality which is 13 to 15 per cent was illegal abortion. And because of this, 10 women are dying every day in the country. MTP is done only at the registered hospital. After doing MTP, it should be informed to the person authorized by law, not anybody. There is prohibition to the disclosure of the procedure. MTP is done only after consent is taken by the doctor. MTP within 12 weeks is done with the opinion of one registered medical practitioner. You should have training and experience, and you should have a certificate from the district civil surgeon. Then only, you can do MTP. The old law requires the opinion of 2 registered medical practitioners for 12 to 20 weeks, but according to the new law, the opinion of one registered medical practitioner will now be required for MTP. This change will reduce illegal abortion. According to the old law, no MTP was allowed after 20 weeks whatever may be the reason. Now, with the Amendment in this Bill, with the opinion of two registered medical practitioners -- MTP is allowed up to 24 weeks. Women will get the benefit of these new changes. If there is some irregularity in the foetus when it develops, then it can be detected by advanced sonography in 20 to 24 weeks. Unmarried women will also get the right to undergo MTP after the new law is made, which is an important step. After diagnosis, if the case goes to the medical board, then MTP can be done even after 24 weeks. After this Bill is passed, India will be compared to the developed countries of the world in terms of progressive abortion law. The medical board consists of gynaecologists, obstetricians, paediatricians and radiologists. There is an option in this that respective state can take a decision in the matter of taking doctors to the Board. 97 per cent countries allow abortion to save life of mothers. With this Amendment Bill, the Maternal Mortality Rate, which is now, at 122 per lakh of birth will reduce to 70 per lakh live birth by 2030. Therefore, it is a Bill that honours women and enhances their reproductive rights. So, I request this House to support this Bill.

DR. FAUZIA KHAN: This Bill is an endeavour to strike a balance between increasing the upper gestational limit for termination of pregnancy; and, on the other hand, ensuring safe, accessible, and affordable abortion services. Imposing severe restrictions on abortion gets us nowhere because various studies and surveys in the world have shown that restrictive abortion laws have not resulted in lower abortion rates. They have only resulted in making abortion more unsafe. The most common cause of maternal mortality is unsafe abortion. It is more of lack of awareness in women of fear of social taboo that usually leads to a delay in the gestational limits. The WHO considers restrictive laws and third party authorization as causes for delay. These serve more as barriers to safe termination of pregnancy. The gestational limit of 20 to 24 weeks should apply to instances of rape as well. The Statement of Objects and Reasons of the Bill mentions that several writ petitions are filed seeking termination of pregnancy beyond the gestational limits in stances of sexual violence. This provision needs to be included. Also, shortage of specialist doctors is a reality. So, getting opinion of two specialist doctors for NTP between 20 to 24 weeks is just not possible. Moreover, because most women in rural areas are compelled to get aborted at the hands of nurses, auxiliary nurses, midwives, and AYUSH doctors, these people should be adequately trained. The training and subsequent certification must be carried out in a very meticulous manner because, ultimately, we are dealing with human lives. The provision of creating medical boards is an extra hurdle for pregnant women who want to terminate their pregnancy. Subjecting pregnant women to examination by a medical board is a violation of their right to privacy and also their dignity. So, these medical boards may serve as quick neutral appeal mechanisms in the event that a pregnant woman is denied her right to terminate the pregnancy. My appeal would also be to include transgender persons in the Bill. And, since the Bill is not complete, as the stakeholders have not been taken into confidence, I suggest that it goes to a select committee.

SHRI KANAKAMEDALA RAVINDRA KUMAR: As per the Statement of Objects and Reasons of this Bill, with the passage of time and advancement of medical technology for safe abortion, there is a scope for increasing upper gestational limit for terminating pregnancies especially for vulnerable women and for pregnancies with substantial foetal anomalies detected late in pregnancy. Through this

Amendment, steps have to be taken to ensure dignity, autonomy and confidentiality of a woman who needs to terminate her pregnancy and also to strengthen the reproductive rights of a woman, with the access to safe and legal abortion services. Steps may be taken to strengthen the access to comprehensive abortion care under strict conditions without compromising services and quality of safe abortion towards safety and well being of women. This will help such women in the event of foetal abnormalities and pregnancy due to sexual violence faced by women. As a precautionary measure, opinion of at least two doctors for her termination of pregnancy up to twenty weeks may be considered. There is a shortage of gynaecologists and other specialists, particularly, in rural areas. Hence, I request the Government to take necessary action to increase the number of gynaecologists, paediatricians and radiologists, besides increasing the number of seats in medical colleges. Finally, the termination of pregnancy can be undertaken only when the length of pregnancy is within twenty weeks and cannot be performed after 28 weeks. This Bill puts a bar on the medical practitioners in revealing the names of the women except to the person authorised by law. Actually, the rape victims are the most affected due to this law. A rape victim whose foetus is without any abnormality can opt for abortion at any stage at her will. The Government should come forward with a better legislation on this subject containing progressive provisions.

SHRIMATI SAMPATIYA UIKEY: I support this Bill, as, through this Bill, lakhs of crores of women of the country will realise a different kind of freedom. Our Government has made several efforts for the empowerment of women. With this Bill, women will enjoy a special right to accept pregnancy at will or not to accept it under any special circumstances. With this Bill, women in our country will be saved from the troubles caused in that particular context. For this, many women organisations and health organisations have been continuously raising voice for many years. There is no justification for a rape victim to carry an unwanted foetus in her belly. I congratulate the Health Minister that he has brought in an important Bill to secure justice to our sisters. Therefore, on behalf of the sisters of my country, I thank the Government and support this motion.

SHRIMATI JHARNA DAS BAIDYA: We have always upheld the rights of women to safe abortion, with the primary objective of ensuring the good health and well-being of women. But, the failure to adequately train and certify doctors in MTP procedures, ensure guidelines are followed and ensure that services are widely available in public health facilities has denied women access to safe abortion services. This will increase access of women to safe medico-legal services and will thus reduce maternal mortality and morbidity arising out of unsafe abortions. Recent reports have shown that more than ten women die every day due to unsafe abortions in India and backward abortion laws only contribute to women seeking illegal and unsafe abortion. Finally, I wish to say that we have to recognize women's right before taking any final decision by ensuring the fundamental right to privacy. We urge the Government to act forthwith to restore women's access to services directed at the full gamut of reproductive health and rights, including access to abortion.

SHRIMATI PRIYANKA CHATURVEDI: Firstly, I would like to commend the Health Minister for bringing this Bill in good faith. However, it hasn't been minutely thought through and it becomes our bounden duty to express the loopholes that exist. Everybody is talking about it being a rights-based approach. Instead, this it is a needs-based approach. And that is where we are faltering, where we are not allowing a woman to make that choice. Poor public health infrastructure and absence of specialists across the country have also meant that most of these abortions do not happen in public hospitals but in private hospitals which adds to the expense burden of women. So, my only request through you would be to amend this Bill. It should become a model for the world to follow rather than pushing a Bill through in a hurry.

SHRI P. WILSON: This Bill is a welcome measure. The Bill gives more time for abortion to be done on the advice of one doctor for 20 weeks and two doctors in case of certain categories of women between 20 weeks to 24 weeks. The only problem here that While giving this permission to a woman before the Medical Board, I wish that the Medical Board should have representation of women even though it does not clearly specify that the Medical Board should have woman gynaecologist, paediatrician or radiologist or other experts.

Women should also be allowed to have legal consultation about her rights. So, I would request the honourable Minister to bring a comprehensive Bill by taking into account all these aspects.

SHRI ASHOK SIDDHARTH: The Bill is certainly progressive in its nature. Beginning in 2006 to expand the important legal rights of women, this Bill has been pending for a long time due to sluggishness of governments and bureaucratic rigmaroles. But it is a welcome step. Women should have the right to be able to safely and legitimately miscarry a child in their womb. The panel of one, two or three doctors in this is definitely going to cause trouble. In many states where the roads are bad and the district hospital is 100 km away from the headquarters, there it takes at least three to four hours to get there. In these circumstances, it is said that it is not possible to ask for opinion from one or two doctors. There is also a fear that it may lead to female feticide. Therefore, precaution should also be taken for this.

SHRI BINOY VISWAM: There is a need of improvement in this Bill. The most important thing is that there is an unquestionable right of a woman to seek an abortion. In this Bill, that part has been overlooked. As per the Supreme Court's decision, the reproductive choice of a woman can be exercised not only in procreation but even to abstain from procreation. On certain grounds of her own choice, she has the right to abstain from reproduction. But this Bill falls short of upholding such kinds of values which give equal share to the women. Sexual autonomy has a say in every aspect of woman's decision on sexual matters. Decision making should be a woman's right. It should not be the right of the medical board. With these words, I earnestly request the Government to send this Bill to the Select Committee.

SHRI SUSHIL KUMAR GUPTA: Till now the time for abortion was fixed for 20 weeks, through this Bill, provision has been made to increase it to 24 weeks. This law will give a lot of relief to minor girls or girls of rape - especially those who know about pregnancy after 20 weeks. It is very difficult for the family concerned to raise children born with congenital anomalies. Such families will now be able to take an official decision in this regard. Thirteen and a half percent abortions take place at the age of 20 to 24, especially in cities. This is a serious problem. We must consider it. I request the Hon'able Minister to take cognizance of this as well.

SHRIMATI SEEMA DWIVEDI: At present, 2 crore 70 lakh children are born every year, out of which 17 lakh children are deformed at birth. Many people were consulted while drafting this Bill, this bill is very useful. There will be one doctor for 12 weeks and two doctors for 12 weeks to 20 weeks. The medical board also includes gynecologist, pediatrician and radiologist. The name and address of the pregnant woman will be kept confidential by the Medical Board. If a person will reveal her name and address, that person can be punished with imprisonment for one year or fine or both. When any woman is in mental depression, she cannot give birth to a healthy child. Unwillingly she had to abort. There are so many discrepancies and problems. This is a very good bill. This Bill is essential for the sake of health of women, prosperity of the women and for the safety of the women. It is requested to pass this Bill unanimously.

THE MINISTER OF HEALTH AND FAMILY WELFARE; THE MINISTER OF SCIENCE AND TECHNOLOGY AND THE MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN), replying to the discussion, said: Several Hon. Members have given their view regarding this Bill. Extensive consultations were made and views of the several Ministries/Departments, stake holders are taken. Even the Group of Ministers including women Ministers and experts also discussed this Bill at length. This Bill was discussed in Lok Sabha and was passed unanimously. There is communication gap that the abortion is possible within 20-24 weeks in all cases. This is for those pregnant ladies who are diagnosed late. In such cases after 20 weeks, second Doctor is included. After 24 weeks in the case of foetal abnormalities, medical board will assess the case. Health Sector in the country has developed rapidly. There are more than 10 lakhs Asha Workers. By the year 2014 there were 50000 seats of MBBS Doctors. Now there are 80000 seats. There are several categories of the laws relating to abortion in the world. One is totally prohibited altogether. Second is to save the woman's life. It permits abortion when the woman's life is at risk. Third category is to preserve health. It permits abortion on the basis of health. There is one category which permits abortion under a broad range of social and economic circumstances. The other category is abortion on request. In this category, the Gestational age varies from

country to country. It is not a routine abortion. Such abortions are done under extra ordinary circumstances.

The amendment moved by Shri Partap Singh Bajwa for reference of the Bill to a Select Committee of the Rajya Sabha was negative.

The motion for consideration of the Bill, was adopted.

Clauses etc., as amended, were adopted.

The Bill, as amended, was passed.

2. The National Commission for Allied and Healthcare Professions Bill, 2020

THE MINISTER OF HEALTH AND FAMILY WELFARE; (DR. HARSH VARDHAN), moving the motion for consideration of the Bill, said: This Bill has been considered by the Department related Parliamentary Standing Committee and was introduced in this House on 15th September, 2020. It has the potential to change the future of healthcare service delivery. Doctors and Nurses etc. are being regulated through their respective regulatory bodies but the allied and healthcare professionals are unregulated. In other countries, these professionals are regulated. Several Committees starting from Bhore Committee in 1948 have stressed on the importance of quality human resources for health with right skill and training. In the wake of Covid-19, the critical and life saving role of allied and healthcare professionals was well established. Hence there is need for development and maintenance of standards of services and education of such professionals through national regulatory body. Allied health professionals are those who undergo a minimum of 2000 hours and two to four years of training. The healthcare professionals are those who attain at the minimum of 3600 hours or three to six years of education and training. All the professions have been coded as per ILO's ISCO - 08. There would be provision for 10 professional councils for different professions at the national level. The Commission will be ensuring that the standards recommended by the professional councils align with the larger norms and goals. Central Commission would develop policies on the recommendations from individual professional councils. The Bill has a provision for registration of all the existing

professionals. National allied and Healthcare Advisory Council with representation from all the States has also been proposed. Each State will have a separate State Council with 4 autonomous boards. National Commission and State Councils formed on enactment of this Bill will provide an opportunity to regulate the qualified allied and healthcare workforce. All are requested to support this Bill.

DR. L. HANUMANTHAIAH: India's public healthcare expenditure is 1.28 per cent, which is very, very less compared to many countries. India's rank at Global Healthcare Access and Quality Index is 145 out of 195 countries. It has been noted in Economic Survey of India 2020-21 that India ranks 179th out of 189 countries in budgetary allocations for healthcare. The worst affected parties in this are the marginalized sections. Sufficient funds are not being provided to the healthcare system of the country. The doctor-population ratio is 1:1343. If proper budgetary support is provided to them, then, the healthcare allied services can be better in the country. The Bill specifies certain categories of allied and healthcare professionals as recognized categories. The Bill sets up National Commission for Allied and Healthcare Professionals. State Council has been empowered in the bill to constitute four autonomous Boards. If there is an offence, there is a penalty clause in the Bill. If the penalty clause is fixed too high, then people may not become a doctor. There are no professionals for healthcare assistance in most of the villages and there is acute shortage of nurses. Functions of the Commission are to regulate framing policies, standards and to regulate education and practice. The Commission will constitute a Professional Council for every recognized category of allied and healthcare professionals. The State Governments will have to constitute a State Allied and Healthcare Council. I request the Minister to think again in fixing these penalty clauses. Two years term will restrict the functioning of the Council. It should be, at least, minimum for three years and up to five years. The Bill does not address the lack of supply of allied and healthcare professionals. There is a big shortfall of allied health professionals. There are no incentives in the Bill to people who want to come to rural areas as nurses, lab technicians, physiotherapists, etc. There is scarcity of financial resources and India is facing the shortage of six lakh doctors and two million nurses. As per the WHO Vision 2030, 40 million new health worker jobs are going to be created. There is a need

for 130 million jobs globally in healthcare. India can create allied health professionals to meet the international demand. Though women have an opportunity to take training and take up jobs, it is not allowed in the Indian social system. Allied health professional jobs are women-friendly. The proposed allied health professional Bill recognizes 53 professions. The core employability skills, such as communication, English, soft skills, interview facing skills makes trainees job ready. We are lagging behind in quality healthcare. The health and allied professionals are only five per cent and, even in those five per cent, the skilled people are not available. Though the Bill regulates the standards of education and services, it doesn't talk of incentives for the people opting for such professions. I request the Minister to include a provision for councils for physiotherapy, medical radiology, imaging etc. to attract rural youth for opting such kinds of professions.

PROF. RAM GOPAL YADAV: I thank the Minister for having positive attitude towards Standing Committee on Health and Family Welfare and accepting most of its recommendations. Penalty clauses have also been included in this Bill. Apart from Doctors and nurses there are some other persons also who comes from more than 50 different important professions and assist doctors in a big way. It is really very good that there will be an independent council for physiotherapy. I strongly support this Bill.

SHRI SURESH PRABHU: This important Bill was long overdue. The policy gap that existed is now being corrected, all the health professionals are dealing with patients and their combined team efforts result into addressing the health challenges of a patient. The Minister over a period of time was saying that health sector is not only getting regulated, but also regulated in a way that it should progress more. The constitution of a commission is a very welcome step but, I would suggest that the people who are offering health care should be more in numbers in the commission. It should be kept in mind that the ratio of people who are from the Government as policy makers and those who are actually going to deliver the services should not be adverse, at least not against those who are professionals. I think professional council should be a self-regulatory body. I also feel that the new professions that are going to be created, lab technician and others, should be encouraged to form their own council otherwise how

will they be represented in this body? It must be ensured that the Commission will be mandated with the responsibility of doing quality education, quality of professionals, and, at the same time, the number of professionals also should be increased over a period of time. There is a possibility that our professionals will be able to serve globally and there is a global demand too. The other countries do not recognize our qualification, this is happening with the doctors. I want to know how it will be ensured that our professionals will be able to find jobs and the recognition of their qualification will happen properly? Therefore, we should try to work on it in a proper way. It must be looked into that why can't a researcher, if he is not registered, do research because research is an activity which is not going to affect anybody, which is not going to have a healthcare-related issue? According to Clause 40 of the Bill, when the Councils are formed, no institution would be able to impart any course of this kind unless it is registered. But if any State fails to form a council, what will happen to those institutions? How would institutions that were already functioning be able to work? I feel that the whole idea here is to offer low-cost healthcare and low-cost education. Some institutions may run a Nursing College in the morning and paramedical courses in the evening. Why should there be a problem? What would happen to the existing practising professionals who may not have undergone some courses of a particular duration? I think you really need to protect them properly through rules. I feel we really need to move on to online courses. For practical training, of course, you need to go to the hospital or a nursing home. All of that should be transparent and online, which would only ensure that more and more institutions get registered and more and more people are able to do that. One suggestion is about abbreviation, there could be something like HCP for Healthcare Professional which would actually ensure that there is dignity for them in the society. I think that itself would help other people to come into this field. This is very important that we move towards providing dignity of labour to all our professionals. Healthcare pyramid cannot be standing on its own strength unless there are healthcare professionals. So, I really welcome this Bill. I am sure that you will be able to take this process forward and create a new regime in which our healthcare professionals will be able not only to work in India and offer better healthcare services but also

will be able to go abroad and send money back home and, in the process, will be able to create more employment for the people.

DR. SANTANU SEN: In recent past, we have seen that our present Government is in a mood to dissolve democratically elected autonomous bodies like Medical Council of India. The professional Councils were dissolved and Commissions were formed. But, at the same time, the professional Councils also exist. I think that it is once again slightly violating the constitutional character and the federal character. Health is in the Concurrent List. But, here, it is mentioned that after the promulgation of this Bill, each and every State has to form State Council within six months. So, it is becoming binding on each and every State. States should be given a little more liberty to take their own decision because the healthcare scenario and healthcare structure is not the same in each and every State.

SHRI MUZIBULLA KHAN: A large section will get a big boost due to this in the Bill and the security system will be strengthened in terms of health. The bill calls for the establishment of a National Commission for Allied and Healthcare Professions. Similarly, it has been said to set up professional and state councils. Even in this bill, there is a provision of penalty. I support this bill and hope that with the introduction of this bill, the development of the country will be in the right direction.

SHRI TIRUCHI SIVA: The Bill categorises more than 50 categories. 56 categories of allied and healthcare professionals have been covered under ten categories. This also includes Medical Physicist. The International Labour Organisation recognises Medical Physicist as a health profession and not an allied profession. The inclusion of Medical Physicist in the allied profession is a technical discrepancy. I hope that keeping in mind the technical differences in these categories and to avoid confusion in the regulation of Medical Physicist profession, the Government will consider revising it.

SHRI AYODHYA RAMI REDDY: Though the healthcare professionals have won the Corona war for us, now is the time to introspect and prepare for the future. There were many shortcomings in our healthcare system which should now be analysed and rectified so that the country is ready for any future medical emergency. The

National Commission for Allied and Healthcare Professions Bill, 2020 is a step in the right direction. This Bill with the objective of regulating and standardising the education and practice of allied and healthcare professionals is an important legislation needs to be discussed elaborately. This Bill will enable setting of better standards and facilitate the medical profession. The result of the Bill would be a high quality, multi-disciplinary healthcare system. The skilled and efficient health professionals can reduce the cost of treatment also. It is to strengthen the healthcare system of the country. I firmly believe that it is our duty to make provisions for affordable treatment. Right to health is a fundamental right guaranteed under Article 21 of the Constitution. Therefore, I support this Bill.

SHRI RAM CHANDRA PRASAD SINGH: This is a very important bill. This bill will bring a lot of improvement in medicine. It is written in this bill that our health delivery system should be patient centric. Along with this, there should be a whole multi-disciplinary team. This is a good step in that direction. There are 101 sub-divisions in Bihar. ANM schools have been established everywhere, genome institutes have been established in all districts, paramedical institutes are also opening and now more institutions will be opened with its implementation. Our youth will get a chance to study and people will get employment. This is a commendable bill and I support it.

SHRIMATI VANDANA CHAVAN: I support the Bill. Our healthcare system is doing well. The doctors, nurses, the paramedical staff and the technicians work round the clock. We have had a council for doctors, dentists, nurses and the pharmacist. However, we did not have anything for these other workers. We have 56 allied and healthcare workers in ten recognised categories. Each and every detail of the Patient should be on the computer. We have a tremendous job now to streamline all that has come in this Act. We have several agencies, councils, boards, etc., and we even have NGT but unfortunately we do not see the judges. The past experience has not been very good. I request you to personally look into this matter. The curriculum is also going to be a big challenge. We have seen the cases of patient-doctor conflicts. I think one course has to be integrated in this syllabus where you make sure that all these paramedics, have good dialogue with the patients.

SHRI SUSHIL KUMAR GUPTA: I support this Bill. There are millions of allied and health care professionals in India. While working in hospitals, they became expert and got jobs there. The same system is going on till date. Some States also have their own Councils. Different institutions run their courses. There is a huge shortage of experts with diplomas or degrees. I have also started many courses in the hospital being run by the Maharaja Agrasen Hospital Charitable Trust Hospital. Departments of working hospitals should be given laboratory status and such courses should be started there. It is stated in the Bill that registration of such professionals is necessary. There are many professionals who do not have a recognized institution degree but have degrees or certifications of different associations. Such professionals should also be taken care of. Apart from this, such workers should have a different nomenclature so that their dignity remains. I also urge the government to increase our health budget.

THE MINISTER OF HEALTH AND FAMILY WELFARE; THE MINISTER OF SCIENCE AND TECHNOLOGY AND THE MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN), replying to the discussion, said: Our allied and health care professionals do not get recognition in comparison to their contribution. The history of this Bill begins in 1953. From 2015 to 2021, 75 drafts have been made. We have accepted most of the recommendations of the Committee in relation to this Bill. The rules will also be improved as and when required. As far as penalties are concerned, there are penalties in this, but we are careful to include the current professionals. Under Clause 38, there is a provision that existing professionals will be allowed for provisional registration. After constitution of the Commission, the mechanism of testing of standards will be evolved. As and when courses for the professionals is standardized, their employment opportunities will increase both nationally and internationally. The registration of professionals, accreditation of institutes etc. are institutional incentives that will help these professions. Regarding nursing, a separate Bill is at the advanced stage of preparation. The Bill will benefit lakhs of existing allied healthcare professionals. The instant Bill provides to make institutional regulatory structure. Clause 11 provides that the National Commission will provide strategic framework for rational deployment of skilled manpower, performance management systems etc. The

recommendations of the Parliamentary Committee on constitution of professional Councils have been accepted. The Bill provides for 20 part time members, 2 each from each of the 10 professional Councils and 3 ex-officio members. It provides for strategic framework for employment and career development. It also provides for recognition of foreign qualification. The National and State Registers will be digital. Where there is no State Council constituted by the State, the National Commission shall give the previous permission for this purpose. The Commission will make regulations for optimum use of infrastructure. Clause 11 (e) of the Bill provides that the Commission shall provide basic standards, physical facilities etc. for existing professionals. Clause 38 provides for their provisional registration. The aspect that the emphasis should be given on the patients and health-workers and doctor dialogue and communication has been taken care of. The suggestions on intricacies of the allied health professionals has also been noted. The Commission while setting standards and ensuring quality will examine what all these institutions will have to do. Then, existing professionals will be provisionally registered. The healthcare allied professionals have also served the cause of fighting Covid. Many of them, like doctors and nurses, also lost their lives while saving the life of all of us. This Bill could be a sort of tribute to them also.

The motion for consideration of the Bill was adopted.

Clauses etc., as amended, were adopted.

The Bill, as amended, was passed.

Desh Deepak Verma,
Secretary-General.

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**ERRATA TO THE SUPPLEMENT TO SYNOPSIS OF DEBATE
DATED 15th MARCH, 2021**

AND

SYNOPSIS OF DEBATE DATED 16th MARCH, 2021

Page No.	Line No.	Correction
309	32	Read 'drying' for 'being dried'.
332	6	Read 'her' for 'his'.