(1500/SPR/IND)

There will be a uniform format which will ensure that the quality is equal everywhere and same services are provided in all the clinics. This will also enhance the coverage of insurance scheme. I would like to thank the hon. Minister particularly for bringing in this Bill. I would like to highlight that in the past very scant insurance coverage was seen in the ART procedures. Most of the times, what happens is that - and normally also – pregnancy has an inherent risk. Nobody sitting here can say that this lady during her pregnancy will not have any complications. Complications can arise at any point of time. We have seen in the past that lots of legal issues have also come up. Therefore, insurance of those women is very important.

For conditions like when there is a complication of placenta previa where it is supposed to not continue the pregnancy because it becomes a high-risk pregnancy. In some cases, like the surrogate mother, couple wants the mother to give birth to the child. So, the doctors go for a conservative pregnancy. Then, that can become life threatening also to the mother. Therefore, having insurance coverage for the mother is very important. I thank the hon. Minister for especially addressing that issue also.

This ART Bill allows the following beneficiaries to avail the benefits of the Assisted Reproductive Technology: one is the Indian married couples, male and female; single Indian females; single foreign females; and married foreign couples, male and female. I was listening to my colleague on the other side who was speaking of – why single males or only males cannot be a part of this? Then, a lot of people also question, why single male is not allowed to take the benefit of the Assisted Reproductive Technology. According to the Adoption Rules of 2017 in our country, a single male cannot adopt a girlchild. According to this Bill, sex selection of the embryo is not permissible. So, even if a male wants to adopt a child, it is difficult in the earlier stages to know that the conceived child or the child which is going to be born, is a male or female. Sir, it is because of this practical issue, it is not possible to have single male go for the ART procedures.

The rights and duties of the ART Clinics is very important because this is where the entire procedure is going to take place. The ART Clinics must ensure that the women who are approaching to the ART Clinics for their services are above the legal age of marriage and below the age of 50 years whereas the men

who are approaching the clinics for their services are above the legal age of marriage and below the age of 55 years. What happens is this. In the past we have seen that there are many such cases, I will not say all, but in many clinics, many unmarried girls are going; many unmarried girls are participating in this ART procedure. A lot of exploitation has been done in the past. If a female is married and has her own child, many a time it also happens that while giving birth to a child, she might have a complication and because of which in the future, she might not be able to give birth to any child. That is the reason why it is essential that she is married and she has her own child. Then only, she should be going for the Assisted Reproductive Technology services.

According to the Bill, the ART Clinic must also ensure that the oocyte donor is between the age of 23 and 35 years of age. It also says that the donor may donate oocyte only once in her lifetime and only seven oocytes shall be retrieved from the donor. Why only seven? I would also like to address that because when a female oocyte is retrieved, she is given Ovulation Induction Drugs (OID). There have been studies in the past when women are given too many high doses of OID to get more oocytes. This has been practiced in many ART clinics. They want more oocytes; then, they can make more money out of it. That is the reason why the Bill says, only seven oocytes because when we give OID, it causes ovarian hyperstimulation syndrome; in mild cases, it just secretes fluid in the body.

(1505/UB/KDS)

But in severe cases, it can be life threatening to the female whom we are giving these drugs to get the oocyte. So, it is very properly put in clause here.

In the best interest of the oocyte donors, the Bill also mandates that the oocyte shall be retrieved from a woman who has been married like I already said and she should have at least a child of three years of age. Under section 22, the Bill mandates for an informed consent from all the parties which are involved in the procedure of the ART technology. To further affirm the well being of an oocyte donor, the Bill mandates that there must be an insurance coverage in favour of the oocyte donor as well.

The most important thing I feel when we talk of ART procedure is the professional counselling of both the commissioning couple as well as the woman who is involved in this procedure. It is very important that the ART clinic must

professionally counsel about the implications, the success rate and also guide them to make an informed decision which is very important. I am glad that the Bill also speaks on this.

Any information at the ART clinic about the single woman or the commissioning couple is to be kept confidential which is very important because we all think of privacy these days. I think this is very, very important.

Every ART clinic and bank must have a grievance redressal cell. If anybody has any complaint or anybody wants to take up any issues, the grievance redressal cell will definitely be addressing those issues.

I would commendably congratulate the Government because recently, the National Family Health Survey-5 has come which has shown that India has a higher number of female citizens than male citizens. Though this indicates a significant and definite improvement in the space of gender equality at birth, this was also achieved through the relentless and constant work of the Government to ensure the same.

When we are talking of technology, it can be a boon and a curse at the same time. Therefore, to ensure that the technology is used ethically, this Bill expressly prohibits sex selection at all stages of the procedure. Section 21 prohibits sex selection. Section 32 lays down penalty for those who engage in sex selection. Section 32 mandates imprisonment for a period extending from five to ten years. The Bill mandates that the rights of the child born through Assisted Reproductive Technology will have the same rights as that of a biological child born to the commissioning couple. The child will have the same rights, responsibilities and privileges that are otherwise available to a biological child under any law in force. Section 33 states that if the parents or the medical practitioner abandons the child, the person responsible will have to pay a fine of Rs. 5 lakhs to Rs. 10 lakhs for the first offence. If this is being done subsequently, they will be liable to be imprisoned for a term of eight to twelve years along with a fine which is above Rs. 10 lakhs and less than Rs. 20 lakhs.

Different authorities to regulate the ART have also been put in place. To ensure maximum coverage among laws, the National Board, State Board and the National Registry shall be the same as the National Board that was mentioned in the Surrogacy Bill. The National Board will be constituted under sub-section 1 of section 15 of the Surrogacy Act. The powers and functions of

the National Board will be to advise the Central Government on policy matters related to the ART. The National Board will remain the central policy making authority to bring uniformity in access, treatment services and quality across all clinics. They shall also govern the ART services provided, nature of services provided and the outcome of the services. However, since the penalties are different for both the Bills, the offences and penalties under the ART Bill will be administered by the registration authority under the ART Bill. According to section 40 of the Bill, these three authorities or the officers authorised by these may search the premises of any facility where they think that any offence under this Act has taken place.

Under the quick development of technology and science along with the vast expansion of ART facilities in India, there is a real and urgent need to introduce a legislative framework to regulate the functioning of these entities.

(1510/KMR/CS)

There are numerous social, legal, ethical, and scientific aspects to the ART procedures that need to be taken into account while devising the framework to govern the ART practices in India. The Bill has analysed ART landscape in India and has effectively addressed all the issues and malpractices that are there. The Bill has elaborately laid down a framework that expressly prevents exploitation of women and children involved in ART procedures and carries the best interests of donors and biological parents forward.

Sir, we see that these days a lot of celebrities are using surrogacy to have children. Many celebrities who have already had their own biological children are also going in for surrogacy. This Bill will definitely ensure that people who are in need, the couples who are infertile, can avail the benefits of ART. It is not that just because somebody who has lots of money and does not want to carry a pregnancy can go for this. I think these things also will be checked upon by this Bill.

Sir, lastly, I would like to make a small suggestion before I finish. Section 12 speaks of the State Board and its composition. In the composition, it says that an eminent medical practitioner will be one of the members on the Board. Instead of having ‘eminent medical practitioner’, if we have an ‘eminent gynaecologist or obstetrician’, I think that will be more appropriate in the context of the Bill.

Sir, with these words, I wholeheartedly support the Bill. Thank you.

(ends)

1512 hours

SHRI GAUTHAM SIGAMANI PON (KALLAKURICHI): Mr. Chairman, Sir, thank you for giving me this opportunity to express my views on this Assisted Reproductive Technology (Regulation) Bill, 2020.

As a DMK Member of Parliament concerned over State powers, first I wish to start with the powers of the National and State Boards as provided in the Assisted Reproductive Technology (Regulation) Bill, 2020. Section 8 of the Bill states that the powers of the State Boards and every provision is only an insistence to follow the directions of the National Board. Sir, then I do not find any reason to have a State Board. The easiest way would have been to have a branch each of the National Board in every State like the Union Government officers already existing. So, the present Government has taken on itself the sole responsibility of regulating the emerging field. This obsession of this Government is very established now.

Next, as a Medico, I wish to register a strong protest on behalf of the medical community. This Bill in the guise of stringent rules, tries to project the medical practitioners of assisted reproductive medicine as willing or conscious defaulters. Sir, regulating a medical practice need not focus so much on criminalising the whole process. Registration, maintenance of proper records and following protocols as provided in the Act is fine. But proposing stringent criminal clause and punishment provisions does not seem to be fair. Periodical inspections, monitoring, and summoning registered clinics for verifying the records and enquiry is all right. But search and seizure of records are thoroughly unwarranted. Tomorrow if a clause is added, arrest and remand can also be provided under this Act.

Sir, there is room for irregularities in every service and regulating the same is in order. But medical service works on a different footing. Every decision taken can be interpreted in more than two ways. When so much care is taken to deal with the ‘complaint’ part, not a clause is there to protect or even defend the medical practitioner. As the Government is aware, this is an ever-growing new field and innovative methodologies are added every now and then. Hence, there should be a clause to defend the medical decisions taken in specific situations. The field has agencies who could exploit the commissioning couple and the

doctors as well. Hence, the following few points need to be addressed immediately.

1. The National and State Boards should necessarily have Assisted Reproductive Technology experts on them.
2. The complaints could range from clerical errors to critically technical ones. So, the complaint redressing mechanism should not be handled by non-medico bureaucracy/police alone. The Complaints Evaluation Committee should have an ART expert in the panel.

(1515/RCP/KN)

There should be a clause to punish the complainant if the complaint is proved false. This will discourage false and motivated complaints.

Lastly, the criminal and punishment clause providing for long imprisonment should be removed. Defaulters and offenders should be dealt with as per the CrPC.

Thank you, Sir.

(ends)

1516 hours

DR. KAKOLI GHOSH DASTIDAR (BARASAT): Thank you, Sir. Our country has, for long, awaited the legislation on Assisted Reproductive Technology. Nearly 60 million people of this country of adult age group were waiting for the legislation because nearly 60 million people at a time of the reproductive age group in this country suffer from infertility who are unable to bear a child after one year of unprotected coitus, that is, nearly 30 million couples. So, it is at least laudable that the hon. Minister and the Government have brought this Bill, though the Surrogacy Bill was like putting the cart before the horse. It was brought here before. Surrogacy cannot take place unless in-vitro fertilisation takes place. So, we brought the cart; now we are bringing the horse.

What I would like to say is this. I completely agree with Mr. Karti here in point about the exclusion of single parents, transgenders and LGBT couples at this age; they should be brought in. They also have a right to become parents. Extracorporeal fertilization, that is what ART is, which is fertilization outside the human body, has been compared to man's landing on moon. It is so specific, so sensitive and so super-specialised. People who have been working on it for 30-40 years have devoted their lives to make the baby happen. Extracorporeal fertilization means taking out the gamete, that is the oocyte from the woman, and the sperm from the male partner, and mimicking completely whatever we have inside us, the human beings. In physiological terms, it is known as milieu interieur. We mimic this situation outside in the laboratory, in the computer which has oxygen, carbon dioxide, humidity as we have in our body and the baby is formed outside. This is a very, very difficult task. But it is a proud moment for India that we are contemporary with Professor Robert Edwards and Mr. Patrick Steptoe of the Bourn Hall Clinic, Cambridge. They have been given the Nobel Prize but our own scientist Prof. Subhash Mukherjee was not. But he was a contemporary of not only Professor Robert Edwards and Mr. Patrick Steptoe but also of Townsend of Australia and Harvard Johns of the United States. He was a Bengali. I am proud of that. But he had to commit suicide because the then Government, the Left Front Government ridiculed him. They did not believe that he did it. So, he committed suicide. I have a very sensitive feeling towards him. I am humble that I was his physiology student. After his death, his work was taken up by one of his

colleagues and another student, Dr. Baidyanath Chakraborty and Dr. Sudarshan Ghosh Dastidar, who not only carried forward his work, but also reported the first successful IVF pregnancy from Asia in the Third World Congress at Helsinki, Finland in 1984.

Before we go deep into the Bill, from my side, I would like to elaborate a little bit on the procedure. It is because the procedure has a great significance to this Bill today. As Dr. Gavit was saying that ovarian hyperstimulation might take place. Ovarian hyperstimulation is a killer disease. It is not talking about Gynaecology. Sometimes an IVF laboratory is mixed up with a pathological laboratory. It has nothing in common.

(1520/RK/GG)

A pathologist knows nothing about the IVF. He has never handled the gametes. An ovum is 100 microns in diameter, about as wide as a strand of hair, and can only be seen under microscope. A sperm is much smaller than that. When in vitro fertilization takes place, these two are mixed in petri dish. Though it is called test tube baby these days, most people do not use test tubes. They use petri dishes. This petri dish is then put in the incubator for the baby to develop on its own.

There is an advancement to this, which is known as intracytoplasmic sperm injection. In case the sperm is so slow, or so less in number, hair-thin pipettes are used to place the sperm in an equipment called the micromanipulator, where the tail of the sperm is crushed and it is then injected into an ovum to develop into a baby. This is called intracytoplasmic sperm injection, which is a much superior technology than ART or IVF.

To master this technique of catching hold of sperm, by using joysticks, in the robotic movement and putting it in the ovum, a doctor spends his life time. When we are talking about the National Board or the State Board, we are not mentioning who is going to be its member. With due respect to the administrator, with due respect to the officers who are going to be the members of the Board, I would like to say that they have no knowledge about these equipment, or the scientific procedure involved. So, if they themselves do not know or understand the procedure, how are they going to catch hold of those erring clinics? How will they be able to know who is doing wrong, cheating the patient, and who is

actually doing AID but saying that he has done ICSI. What is the difference between the two?

AID is Artificial Insemination by Donor. It is a very simple and easy technique. A woman who is ovulating comes to the doctor saying that her husband's sperm count is very low. A doctor who knows about ICSI will say that he can use his husband's sperms. Even we have an advanced technique to ICSI, that is TESA, in which a single sperm can be taken out by cutting the testis of a man and then following ICSI. In this way, the doctor can assure the patient that the baby will have the genetic material of its own father because it is his sperm which he has taken out and used. But, if a doctor is trying to cheat, he can take somebody else's sperm from the sperm bank and use it. If the administrator of the Board does not know about this procedure, he will not be able to find out whether the patient has been cheated. So, it is completely wrong, erroneous, and – mind my words – I would say that some *… (Not recorded)* person has coined this term of administrator in the Board. It is not done. The National Board or the State Board cannot be formed like this.

Bengal has a role in the renaissance. Bengal has come up again through music, culture, and art because of our hon. Chief Minister, Kumari Mamata Banerjee. Some Member was talking about poor patients. Kumari Mamata Banerjee has opened a state-of-art ART Centre of Excellence in a State Government hospital of West Bengal where poor patients can take the benefit of free IVF or ICSI treatment. This has already been started. If the Government want to control or stop the patients from being cheated, such centres must be opened in the Government sector because the private sector has been cheating the patients. I will here mention only the name of the State and not the name of the doctor because I do not want to highlight her. In Gujarat there was a lady, who nearly owned a whole village, who used to go to poor ladies, give them food for one year, take out their ovum, make them surrogate mothers and cheat them. I do not want to name her. I am sure the Government knows about her. I have just mentioned the State. I do not want to mention the name of the person because it is not the State which is erring but it is that particular doctor who is erring.

(1525/PS/RV)

So, there are doctors who want to err and cheat patients. This kind of a National Board and a State Board is completely erroneous because unless the doctor or the member of the Board knows about the subject, they cannot catch hold of the patients.

The provision with regard to the registry is good. The clinics should be registered. The clinics should be made accountable and they should be putting in the data that how many oocytes were retrieved.

Dr. Heena Gavit was talking about hyperstimulation. Each woman ovulates once a month in the reproductive age group. But when we are doing this artificial insemination, we are giving them injections depending upon her hormonal status and too many eggs might come out. The eggs might be so many -- that is called hyperstimulation -- that there is extravasation for fluid in the third space and she might get collected fluid in her abdominal ascites. Even fluid might collect in her thorax or hydrothorax and she might die. So, you have to know where to stop this stimulation of the injections and to stop that, a qualified doctor, who has been working on the subject for the last 20 or 25 or 30 or 40 years, must see the result of the rising blood E2 level every day. So, unless the Board is qualified enough, it will not be able to catch it. How do you see how many eggs are coming out? You cannot see it from the top. So, for that, we do a transvaginal ultrasound daily. We measure the doppler blood flow daily and we measure the size of the follicles daily. So, one doctor has to sit throughout the day and night measuring the follicles every day in the woman to see that she will not die.

It is a very humble moment for me. I am this country's first Transvaginal Ultrasound Sonologist. I started my work in 1980-81. I have forgotten the year. Maybe, it is more than 42 years. So, unless you know how many eggs she is bringing out, you cannot caution her that she might die. You just stop the medicines and the injections, take out the follicles and let her live. There should be a qualified person in the Board. The Bill says nothing about the qualified persons. We cannot have so many boards – one board here, one board there and everywhere. Here a prick, there a chick, and everywhere a chick chick. We do not have so many qualified people in this country. There are a few qualified people who have been working for the last 20 or 30 or 40 years. So, you might

have one single board and it might be a centralised reporting telling who is doing what. Many clinics have been cheating women. Many women have lost their lives. Many women have lost their properties trying to get a baby because everybody wants to have a baby after marriage. Nowadays, before marriage, young people want to have a baby. Now, we have to keep up to the times. If they are of age, why cannot we give them a benefit of becoming parents? We should be able to do that. Science is there.

Another erroneous term here is the 'bank'. This is not the State Bank in Kolkata or the State Bank in Delhi. It is talking about 'gamete' banks. Where to get the gametes from? As far as male is concerned, it is very easy. Males know how to take out the samples. That is treated and the same is put in the bank. But for the women again, she has to stimulate it with injections. The folliculometry has to be done through the transvaginal ultrasound -- the serial rise of the estradiol level like I was talking for the patient -- and then, through the vagina, the ovum retrieval has to be done. So how do you form an ovum bank without the qualified people? Who trains the qualified people? As far as I know, even till date, we do not have an ART degree here in the country. Please let me tell you that Gynaecologists are not ART specialists. Dr. Heena Gavit, I am sorry to say this. Gynaecology has only one chapter on it. Williams has only one chapter maybe. Gynaecologists, *per se*, are not infertility specialists. Infertility specialists are those who have worked with the gametes. They are the ones who have been doing it for twenty years and who know the subject right from the beginning. So, who will form the Board and who will monitor the bank?

You were also talking about the gamete bank and zygote bank, that is, an embryo bank. To form the embryo, you need an IVF lab. So, unless there is a proper and a government-monitored IVF laboratory with serious, sincere and experienced doctors, how do you form a gamete? As I have told you earlier, take the oocyte from the lady through the transvaginal ultrasound and take the sperm from the man if it is a masturbated specimen and if he does not have a semen outside, then cut the testis and take it out. This is called TESA or PESA.
(1530/SMN/MY)

You put them together and make the baby. Then, you put the embryo in the bank. So, you need a laboratory. The bank and the laboratory must be in the same place because if the bank is somewhere and the laboratory is somewhere,

you take out the egg here and make the baby here and carry it to the bank. It will die on the way. The baby is smaller than your hair strand.

This Bill today, I think, also goes to support corporates. There are corporates and we know about them. I do not want to mention the names here. They have come into India. They are mostly international corporates. It will support them because the international corporates will be using foolhardy gullible patients. They will tell them that they will get them donor. They take money from them and do not give to the donor or to the surrogate. So, this will support the corporates and not the poor people of the country. It will not support the sixty million brothers and sisters who are looking for a child, for whom this Bill is being brought today and for that case, I am so grateful to the Minister.

Hon. Minister should give a thought to the things that I have been speaking about. This Bill has to be changed. It has to go to scrutiny and the Board must be manned by people who know the subject. But banks have to be completely abolished unless it is associated with an IVF laboratory manned by the people who know the subject and who are not actually pathologists. I am not trying to demean the pathologists. If a pathologist has been working on IVF for 30 years, then welcome them. If an hon. gynecologist is working on IVF for 30 years, then welcome them. Otherwise, every gynecologist is not an IVF specialist because it is not taught in MBBS or MD curriculum. You have to give thought to all these things before we come to the Bill to pass it. Thank you so much Sir.

(ends)

1532 hours

DR. BEESETTI VENKATA SATYAVATHI (ANAKAPALLE): Thank you Chairperson Sir.

On behalf of YSR Party and under the dynamic leadership of Shri Y.S. Jaganmohan Reddy garu, I stand here to support the Bill. Many previous Speakers like Dr. Kakoli Ghosh and Dr. Heena have highlighted many points. While hearing Dr. Kakoli Ji's speech, I felt like I am hearing gynecology class during my post-graduation days. It is a pleasure that I am here with you all.

Respected Chairperson Sir, from my Party, I want to make a few points about the Bill. The Assisted Reproductive Technology (Regulation) Bill, 2020 provides for the regulation and supervision of the assisted reproductive technology clinics and assisted reproductive technology banks. So, this Bill is for regulation, prevention of misuse, safe and ethical practice of assisted reproductive technology services and the matters connected therewith.

Chairperson Sir, this Bill also intends to protect the affected women and children from exploitation, support the oocyte donor with an insurance cover, regulate multiple embryo implantation and protect the children born through ART. The Bill, further, aims to regulate cryopreservation of sperm, oocytes and embryo by the ART Banks and intends to make pre-genetic implantation testing mandatory for pre-existing heritable or genetic diseases only for the benefit of the child born through assisted reproductive technology.

So, again, Chairperson Sir, India's fertility industry is an integral part of the country's growing medical tourism industry which experienced 30 per cent growth in 2000 and 15 per cent growth between 2005 and 2010. Despite so much activity in India, there are no standardisation protocols yet and reporting is still very inadequate.

Furthermore, there are only guidelines on ART and no law still exists. There has been debate on the medical, ethical and legal aspects of the ART. That is why, this Bill has come to regulate all these things.

So, to mention a few points, the Bill provides that every ART clinic and bank must be registered under the National Registry of Banks and Clinics of India. The National Registry will be established under the Bill and will act as a central database with the details of all ART clinics and banks in the country.

(1535/SNB/CP)

State Governments will appoint Registration Authorities for facilitating the registration process.

Hon. Chairperson, Sir, a child born through ART will be deemed to be a biological child of the commissioning couple and will be entitled to the rights and privileges available to a natural child of a commissioning couple. A donor will not have any parental rights over the child. These are the few regularisation points that I wanted to make.

The other point is about the establishment of Boards. With regard to the national and State Boards, the Bill provides that the national and State Boards for surrogacy constituted under the Surrogacy Regulation Bill, 2019 will act as a national and State Board respectively for the regulation of the ART services also. The key powers and functions of the national Board include advising the Central Government on ART related policy matters and reviewing and monitoring the implementation of the provisions of the Bill. Any clinic or bank advertising or offering sex selective ART will be punishable with imprisonment between five and ten years, or fine between Rs. 10 lakh and Rs. 25 lakh, or both. No court will take cognizance of offences under the Bill except on a complaint made by the national or State Boards or by any officer authorised by the Boards.

The Standing Committee also made some recommendations. The Committee noted that the cost of ART services varies across clinics. It recommended that a Standard Operating Procedure should be formulated to ensure the uniform cost of ART services and also adhere to global quality standards. Further, a monitoring mechanism should be set up under the national Board to prohibit commercialisation of ART services by the private sector providers.

Sir, before I conclude, I would like to submit that the Bill is a welcome legislation and the impact of it would be that it would bring about the registration of all the clinics; it would control unethical ART practices; it would improve the quality of ART services; it would facilitate framing of requisite policies as we would be having all the data; and most importantly, the needy couples would be more sure of the ethical practice of ART.

At present there are only six IVF clinics in Government sector, namely, in AIIMS, Lady Hardinge, PGI, Chandigarh, KGM Lucknow, Army Hospital Delhi

and Pune, while remaining thousands of IVF centres are in the private sector. So, the Government should ensure that each medical college or premier Government hospitals or institute must have IVF for ART facilities so as to enable the common poor masses to avail the services of ART.

Sir, finally, from our State of Andhra Pradesh I would like to highlight that post-bifurcation of the State – since the hon. Health Minister is present here – absence of tier I cities in the State has resulted in no scope for private healthcare sector to provide super-speciality healthcare services in the State. This is only possible through setting up of public sector institutions. Hence, I would like to request the Government, through you, to approve the proposal for setting up of 13 new medical colleges that have been submitted already by our hon. Chief Minister, Shri Y S R Jaganmohan Reddy Garu.

Sir, thank you for very much for giving me this opportunity to discuss the provisions of the Bill.

Thank you.

(ends)

1539 बजे

डॉ. आलोक कुमार सुमन (गोपालगंज): सभापति महोदय, मैं आपको धन्यवाद देता हूं कि आपने मुझे दी असिस्टेड रीप्रोडक्टिव टेक्नोलॉजी बिल पर बोलने का मौका दिया। यह विधेयक देश में महिलाओं के कल्याण के लिए उठाया गया एक महत्वपूर्ण कदम है। जैसा कि हम सभी जानते हैं कि संसद में दी सरोगेसी (रेगुलेशन) बिल, 2020 को पेश करने और दी मेडिकल टर्मिनेशन ऑफ प्रेगनेंसी (अमेंडमेंट) बिल, 2020 को मंजूरी देने के बाद इस विधेयक को वर्तमान सत्र में लाया गया है, जो महिलाओं के प्रजनन अधिकारों के संरक्षण के लिए एक सराहनीय पहल है।

महोदय, पूरे विश्व में लाखों की तादाद में पुरुष एवं महिलाएं संतान के अभाव में तनाव में जीते हैं। अपने देश में रीप्रोडक्टिव टेक्नोलॉजी का लम्बा इतिहास है। 25 जुलाई, 1978 को विश्व में पहला टेस्ट ट्यूब बेबी पैदा हुआ।

(1540/SK/RU)

हमारा देश रिप्रोडक्टिव टेक्नोलॉजी के क्षेत्र में काफी आगे बढ़ा। इसके परिणामस्वरूप वर्ष 1978 में तीन महीने बाद 3 अक्टूबर को दूसरे टैस्ट ट्यूब बेबी ने जन्म लिया और मेडिकल क्षेत्र में डिबेट का विषय बन गया। इसके साथ ही सोशल एंड लीगल इम्पलीकेशन पर चर्चा शुरू हो गई। यह भारत की बहुत बड़ी उपलब्धि थी। मेडिकल क्षेत्र में इसका प्रभाव ऐसा पड़ा कि अनुमान लगाया गया कि वर्ष 2026 तक 4500 करोड़ रुपये की मार्केट इस टेक्नोलॉजी के विस्तार से होगी। भारत एशियाई देशों में इस टेक्नोलॉजी का उपयोग करने वाला तीसरा देश होगा।

मैं सदन को बताना चाहता हूं कि आईसीएमआर के आंकड़ों के अनुसार देश में 512 एआरटी क्लिनिक एनरोल्ड हैं जबकि वर्ष 1999 में केवल 60 एआरटी क्लिनिक्स थे। वर्ष 1978 में आईवीएफ के आने से एआरटी के बारे में डिबेट शुरू हुई। साथ ही साथ वर्ष 1985-86 में पहली बार सरोगेसी द्वारा मदरहुड में सफलता मिली। भारत में वर्ष 2002 में सरोगेसी अलाऊ हुआ। बढ़ती हुई वैज्ञानिक सफलता को ध्यान में रखते हुए जरूरी हो गया कि रिप्रोडक्टिव टेक्नोलॉजी की एथिकल गाईडलाइन तैयार की जाए। वर्तमान विधेयक को, इस क्षेत्र में मजबूती देने के साथ, बिना एनरोलमेंट के क्लिनिक्स को रैगुलेट करने के लिए लाया गया है।

महोदय, वर्ष1985 में पूरे विश्व में 10 लाख बच्चों का जन्म हुआ। एआरटी का विस्तार हुआ, लेकिन यह टेक्नोलॉजी काफी एक्सपेंसिव है। विश्व स्तर पर विकासशील देशों में मात्र 18 से 40 परसेंट ही इसकी सफलता है। इसलिए मेरा सरकार को सुझाव है कि इसकी कॉस्ट को इफेक्टिवली रैगुलेट किया जाए ताकि आम आदमी और गरीब परिवार को इस टेक्नोलॉजी का लाभ मिल सके।

महोदय, एम्स की रिपोर्ट के अनुसार 120 से 180 लाख कपल्स भारत में हर साल इन्फर्टाइल कपल के रूप में डाइग्नोज़ होते हैं। इस बिल से सबसे ज्यादा फायदा यह है कि सहायक प्रजनन तकनीक की सेवाओं को यह कंट्रोल करेगा और बांझ दंपतियों में एआरटी के तहत नैतिक तौर तरीकों को अपनाए जाने के संबंध में कहीं अधिक भरोसा पैदा करेगा। यह बिल नेशनल बोर्ड, स्टेट बोर्ड, नेशनल रजिस्ट्री, स्टेट रजिस्ट्रेशन अथारिटी से जुड़े क्लिनिकों और एआरटी बैंकों को रैगुलर टर्म्स प्रोवाइड करेगा।

पिछले कुछ वर्षों के दौरान एआरटी का चलन काफी तेजी से बढ़ा है। भारत में तेजी से एआरटी सैंटर्स और हर साल होने वाली एआरटी साइकल्स की संख्या में सर्वाधिक वृद्धि हुई है। देश में एआरटी ने खासकर, इन-विट्रो फर्टीलाइजेशन, बांझपन के शिकार तमाम लोगों में नई उम्मीद जगा दी है। इससे जुड़े कई कानूनी, नैतिक और सामाजिक मुद्दे भी सामने आए हैं। आज भारत ग्लोबल फर्टीलिटी इंडस्ट्री के मुख्य केंद्रों में शामिल हो गया है और रिप्रोडक्टिव मेडिकल टूरिज्म भी तेजी से बढ़ रहा है।

भारत में रिप्रोडक्टिव क्लिनिक हर तरह की सेवाएं ऑफर कर रहे हैं। जैसे इन-विट्रो फर्टीलाइजेशन, इंट्रा-साइटो प्लाज्मिक स्पर्म इंजेक्शन, गैमेट इंट्रा फैलोपियन ट्रांसफर, जाइगोट इंट्रा फैलोपियन ट्रांसफर, प्रि इम्पलांटेशन, जेनेटिक डाइग्नोसिस, क्रायो प्रिजर्वेशन ऑफ गैमेट्स एंड एम्ब्रयो एंड यूज ऑफ फर्टीलिटी मेडिकेशन और जेस्टेशनल सरोगेसी जैसी अनेक सेवाएं मुहैया कराने के बावजूद अब तक प्रोटोकॉल का कोई मानकीकरण नहीं हो पाया है। इस बारे में सूचनाएं देने का चलन काफी हद तक अपर्याप्त है। इस बिल के आने से महिलाओं एवं बच्चों को शोषण से संरक्षण प्राप्त होगा।

एआरटी क्लिनिक में आईवीएफ रेसीपिएंट्स का डाटा भी उपलब्ध नहीं है। अभी तक आईसीएमआर ही एआरटी क्लिनिक्स को पूरे देश में एक्रेडिटेशन, सुपरविजन और रैगुलराइज करती है। इस बिल के आने से एआरटी क्लिनिक्स में हर पहलू पर ध्यान दिया जाएगा। मैं बताना चाहता हूं कि माननीय मुख्यमंत्री नीतिश कुमार जी द्वारा इंदिरा गांधी आयुर्विज्ञान संस्थान पटना, जो बिहार का प्रीमियम हैल्थ सैंटर है, में डिपार्टमेंट ऑफ रिप्रोडक्टिव मेडिसन स्थापित कराया गया, जो आज सराहनीय काम कर रहा है। यह इंस्टीट्यूट न केवल बिहार, बल्कि ईस्टर्न इंडिया के लिए भी काम कर रहा है। एआरटी बिल, 2020 के पास हो जाने से निश्चित ही डिपार्टमेंट ऑफ रिप्रोडक्टिव मेडिसन को फायदा होगा।

मैं इन्हीं शब्दों के साथ इस बिल का समर्थन करते हुए अपनी बात समाप्त करता हूं।

(इति)

… (<u>व्यवधान</u>)

(1545/MK/SM)

माननीय सभापति (डॉ. (प्रो.) किरिट प्रेमजीभाई सोलंकी) : आपकी बात रेकॉर्ड में नहीं जाएगी।

… (<u>व्यवधान</u>) *… (Not recorded)*

डॉ. निशिकांत दुबे (गोड्डा): सभापति महोदय, दादा दूसरे की बातों पर बहुत क्वैश्चन करते हैं। यहां एक गलती हो गई थी। काकोली जी बहुत अच्छा बोलीं। मैं उनका बड़ा सम्मान करता हूं, लेकिन जब भी उन्होंने ममता जी को संबोधित किया तो 'श्रीमती' कहकर संबोधित किया। मेरा आपसे आग्रह है कि उस नाम को सुधार लिया जाए। सुश्री या कुमारी जो भी ममता बनर्जी जी हैं, वह लिख दिया जाए। वह 'श्रीमती' नहीं हैं।

… (व्यवधान)

HON. CHAIRPERSON: We will check it.

… (*Interruptions*)

माननीय सभापति: कोई अन्य बात रेकॉर्ड में नहीं जाएगी।

… (व्यवधान)*… (Not recorded)*

1545 बजे

श्रीमती संगीता आजाद (लालगंज): धन्यवाद सभापति महोदय, आपने मुझे असिस्टेड रिप्रोडक्टिव टेक्नोलॉजी बिल पर अपना विचार रखने का मौका मिला, उसके लिए मैं आपके साथ-साथ अपनी बहुजन समाज पार्टी की मुखिया बहन कुमारी मायावती जी का भी आभार व्यक्त करती हूं। इस विधेयक के बन जाने के उपरान्त सरोगेसी के क्षेत्र में अवैध रूप से हो रहे व्यापार पर प्रतिबन्ध लगाने व सामाजिक कुरीतियों को रोकने में प्रभावी कदम होगा। इस बिल के बदौलत बांझता से ग्रस्त अनेक व्यक्तियों को न केवल एक आशा की किरण दिखाई देती है, अपितु इसमें विधिक, नैतिक और सामाजिक मुददों को भी विस्तार से सम्मिलित किया गया है। लेकिन, इसके चलते बहुत सी कानूनी, नैतिक व सामाजिक चुनौतियां भी सामने आई हैं। एआरटी पिछले कुछ वर्षों में बहुत तेजी से विकसित हुआ है। भारत में एआरटी केन्द्रों की संख्या और हर साल की जाने वाली एआरटी प्रक्रियाओं की संख्या में बड़े पैमाने पर वृद्धि हुई है। भारत विगत वर्षों में इस वैश्विक प्रजनन उद्योग के प्रमुख केन्द्रों में से एक बन गया है, जिसमें जननीय चिकित्सा पर्यटन एक महत्वपूर्ण कार्यकाल है। भारत में क्लिनिक-युग्मक दान, अंतगर्भाशयी वीर्यसेचन, इंट्रा विट्रोफर्टिलाइजेशन, इन्ट्रा साइटोप्लाज्मिक स्पर्म इंजेक्शन, पूर्व गर्भरोपण अनुवांशिक निदान और जेस्टेशनल सरोगेसी जैसी लगभग सभी एआरटी सेवाएं प्रदान करते हैं। भारत में इतने अधिक कार्यकलापों के बावजूद, इस संबंध में अभी तक न्यायाचारों का कोई मानकीकरण नहीं हुआ है। अभी भी बहुत कम मामलों की जानकारी मिल पाई है।

इसके अलावा, ए.आर.टी. को विनियमित करने के लिए कोई कानून नहीं है। इसे दिशा-निर्देशों के माध्यम से ही विनियमित किया जाता है। एआरटी बिल का उद्देश्य एआरटी बैंकों और क्लीनिकों को विनियमित करना है। एआरटी सुरक्षित और नैतिक अभ्यास को अनुमति देता है और महिलाओं तथा बच्चों को शोषण से बचाता है, लेकिन विधेयक सिर्फ विवाहित, विषम लैंगिक जोड़ों और विवाह की उम्र से ऊपर की महिलाओं को एआरटी का उपयोग करने की अनुमति देता है परंतु एकल पुरुष, समलैंगिक जोड़े और एल.जी.बी.टी.क्यू.आई. व्यक्तियों तथा जोड़ों को एआरटी तक पहुँचने से बाहर करता है। यह संविधान के अनुच्छेद 14 और पुट्टास्वामी फैसले में निर्धारित निजता के अधिकार का उल्लंघन करता है। जहाँ सर्वोच्च न्यायालय ने कहा है कि विवाह की पवित्रता, प्रजनन की स्वतंत्रता, पारिवारिक जीवन की पसंद और होने की गरिमा सभी व्यक्तियों के लिए समान है।

महोदय, विधेयक में अण्डादाता की लिखित सहमति की आवश्यकता होती है, लेकिन प्रक्रिया से पहले या उसके दौरान उसकी काउंसलिंग या उसकी सहमति वापस लेने की क्षमता प्रदान नहीं करता है। उसे वेतन, समय और प्रयास के नुकसान के लिए कोई मुआवजा या खर्च की प्रतिपूर्ति नहीं मिलती है। शारीरिक सेवाओं के लिए भुगतान करने में विफल रहने से मुक्त श्रम का गठन होता है, जो संविधान के अनुच्छेद 23 द्वारा निषिद्ध है।

(1550/SJN/KSP)

विधेयक में पूर्व प्रत्यारोपण आनुवांशिक परीक्षण की आवश्यकता होती है, जहां भ्रूण पहले से मौजूद आनुवांशिक जीवन के लिए खतरा या आनुवांशिक रोगों से पीड़ित होता है। इसे कमीशनिंग

पार्टियों की अनुमति के साथ अनुसंधान के लिए दान किया जाता है। इन विकारों में विशिष्टिकरण की आवश्यकता है। यह यूजेनिक्स के एक अनुमय कार्यक्रम को बढ़ावा देने वाला बिल है। विधेयक के पूर्व संस्करणों द्वारा भ्रूण का उपयोग करके अनुसंधान को विनियमित किया है, जिसे वापस लिया जाना चाहिए।

हालांकि बिल और एसआरबी क्रमशः एआरटी व सरोगेसी को विनियमित करते हुए दोनों क्षेत्रों के बीच काफी ओवरलैप है, फिर भी बिल एक साथ काम नहीं करते हैं। कोर एआरटी प्रक्रिया को अपरिभाषित छोड़ दिया गया है। इसमें से कोई एसआरबी में परिभाषित है, लेकिन बिल में नहीं है। युगल, बांझपन, एआरटी क्लीनिक और बैंकों को चालू करने की परिभाषाओं को बिल के बीच सिंक्रनाइज़ करने की आवश्यकता है। बिल एसआरबी के तहत सरोगेसी बोर्ड को एआरटी के लिए सलाहकार निकायों के रूप में कार्य करने के लिए नामित करता है, जोकि वांछनीय है। हालांकि दोनों विधेयकों ने पंजीकरण के लिए कई निकायों की स्थापना की है, जिसके परिणामस्वरूप दोहराव होना है। यह इस बिल की कमी है।

दोनों विधेयक के तहत समान अपमानजनक व्यवहार के लिए अलग-अलग सजा दी जाती है। इस विधेयक के तहत अपराधी जमानती है, लेकिन एसआरबी के तहत नहीं है। इस विधेयक के तहत 10 साल के लिए और एसआरबी के तहत 25 साल का रिकॉर्ड्स बनाए रखना होता है। सरोगेसी क्लीनिक, एआरटी क्लीनिक द्वारा की गई एक ही कार्रवाई विभिन्न नियमों को आकर्षित करती है। बिल में क्लीनिक और बैंकों के लिए एक शिकायत प्रकोष्ठ बनाए रखने की आवश्यकता है, लेकिन ये एकतरफा होंगे। इसके बजाय क्लीनिकों में नैतिकता समितियां होनी चाहिए एवं अनिवार्य परामर्श सेवाएं भी क्लीनिकों में स्वतंत्र होनी चाहिए।

पीसी-पीएनडीटी बिल के विपरीत एआरटी जीवन बनाने के बारे में है। चिकित्सा लापरवाही के लिए हमारे पास वर्तमान में कई सारे कानून हैं। एआरटी विधेयक में जेल सहित इतनी कड़ी सजा देने की कोई अनिवार्यता नहीं है। जैसा कि हम सभी को ज्ञात है कि इस बिल के पास हो जाने के उपरांत राष्ट्रीय व राज्य स्तर पर एक बोर्ड गठित किया जाना है और उन बोर्डों की कार्य प्रणाली तथा दायित्व को निर्वहन के संबंध में विदित किया गया है।

मेरा सरकार को यह सुझाव है कि केन्द्र सरकार द्वारा बनाए जाने वाले इस संबंधित बोर्ड में अनुसूचित जाति व अनुसूचित जनजाति के सदस्यों को भी प्रतिनिधि के रूप में अवश्य रखा जाए। इसके साथ ही, यह सेलेक्ट कमेटी का प्रस्ताव है कि राज्य में तीन महिला विशेषज्ञों के सदस्य के रूप में रखा जाए। इसके साथ ही साथ राज्य में 10 अतिरिक्त सदस्य जो सरोगेसी क्षेत्र में अनुभव रखते हैं, उनको नामित करने के लिए सेलेक्ट कमेटी में सिफारिश की गई है। इन 10 अतिरिक्त सदस्यों में भी कम से कम 4 अनुसूचित जाति व अनुसूचित जनजाति की महिलाओं व पुरुषों को रखा जाए, जिससे इसको कंट्रोल किया जा सके।

सभापति महोदय, आपने मुझे इस विधेयक पर बोलने का अवसर प्रदान किया, उसके लिए मैं आपके प्रति बहुत-बहुत आभारी हूं।

(इति)

1553 hours

SHRIMATI SUPRIYA SADANAND SULE (BARAMATI): Mr. Chairman, Sir, I stand here and thank the hon. Minister for bringing this very important Bill to Parliament today. I would like to congratulate my colleague Kakoli Ghosh who has outdone herself in her speech today. It was really one of the finest speeches we have heard in Parliament after a long time. She was very patiently heard by everybody. My colleague Sangeeta Azad is not a doctor, my colleague Karti Chidambaram, and Dr. Satyavati, who herself is an MD, have thrown a lot of light on a very serious subject.

Sir, I am not a doctor. But I do understand the trauma a couple goes through. I was just talking to my friend Kanimozhi about the same thing. When such a Bill comes up, it really makes you to introspect and think about your life that something which comes so easily to millions of women, there is a cross-section of couples or human beings who have such difficulty in having a child. I think having a child is one of the happiest moments for any woman in this world. So, I congratulate the hon. Minister for bringing this Bill. But I would just like to ask him a few questions and give some suggestions to him. I think this is a very wonderful and one of the finest debates where, I think, we have all learnt something new today.

I would like to ask the hon. Minister as to how the Surrogacy Bill and this Bill are going to complement each other, because there was one big point which everybody has made and I would also like to highlight. I am not going to repeat any points which have been made earlier by my colleagues and they are all very valid.

(1555/KKD/YSH)

We all feel that besides the couples who want the children, there is a cross section of single people in this country today, who also want to have children especially the LGBTQ community, and a single father, which I think Karti Chidambaram talked about. Here, Heena Gavit clarified that because of the Adoption Rule, 2007, single men cannot adopt a girl; and because they cannot adopt a girl, they cannot avail of this Bill. I think, this is something, we as a society need to introspect. I agree, a single father is a man, and I think, here we will have to talk to the Minister of Women and Child Development. I would request the hon. Health Minister to speak to the hon. Minister of Women and Child

Development. Maybe, a lot of us can also help and contribute, and work out on it after an extensive discussion.

But I feel that we should not deprive any human being, who deserves or wants to have a child. So, just to leave any man out because there are some adoption rules, will not be fair. Rules are made by all of us and they have to be inclusive. That is the beauty of legislation. So, why do we not put all the bright minds together, take technical people who have worked on this, and see how we can make best use of it? Everybody can make use of all such legislations that we make and this being one of the most important one.

Another point, which I would like to make to the hon. Minister, who is so patiently listening to us is, what Kakoli Ghosh also said. It is really about the timing of the Bill. 'The horse before the cart or the cart before the horse', is what has happened. But I think, we must expedite this and make sure that the Bill, which is pending before the Rajya Sabha, is moved so that we can integrate the two Bills. You can make sure that they are implemented flawlessly in this country.

Kakoli Ghosh extensively talked about the technicality of people, who will be on the Committee. I propose to the hon. Minister, with the permission of all my colleagues, that why don't you start with Parliament? We have Satyavathi-ji and Kakoli Ghoshi-ji who are so qualified. So, why does the Parliament not promote such people, who genuinely want to do something? They have done things on the field and it is not that the first time they would be doing it. Heena is also a doctor. So, they can choose and make sure that this Committee has got people who are working on the field. I have nothing against it. It is wonderful that there should be Secretaries in the Committee. As Dr. Kakoli Ghosh said, we have no objection to Secretaries being there in the Committee. But then, the Secretaries, who are going to be there, have to be highly qualified like my friends Dr. Satyavathi, Dr. Kakoli and Dr. Heena. So, I feel that the Committee has to be very, very critical. If I am put on this Committee, I am not sure whether I would be able to contribute like all these women colleagues who are so qualified to do it. So, I think, it is going to be very, very important of how to get this Committee going.

I would like to highlight one more point to the hon. Minster. There is a pre-implementation genetic testing. Will you be allowing this? The technical part of pre-implementation genetic testing is that this is not for sex determination but it is for disease determination. So, what is the Government line on this? What would the Mantralya like to propose for this testing? It is because the parents would not really want to give birth to a child who could be having deformity. It is the question of the life of the parents and the child. We do not even know how long the child will live. Normally, it would be either down syndrome or epilepsy or cerebral palsy. There are so many issues that the parents go through. So, if there is a chance that we could address this as an extension, it would be good. I am sure, Kakoli Ghosh-ji and Satyavathi-ji would throw some light on this later on and explain to us whether this kind of technology can be made use of. I am saying it because this Bill seems to be silent on disease control. So, can you guide us on how we can take this forward?

About the clinics and technicians, the other Members have already spoken extensively. But to make this affordable to all, why don't you give it as a project to every State? You may give a target to every State. We would want firstly the skilled workers to do it. Whatever I understand from the speech of Dr. Kakoli Ghosh is that it is a highly technical and skilled job. There are a lot of times and even in Government hospitals, we do not get people even to do simple sonographies. So, here, the big question is that if we do not have technicians for a simple sonography, how are we going to expand the ART?

So, is the Government doing something through the Skill Development Department to make sure that we put this as an agenda as a top priority programme for any Government, be it our State or your State or the country as a whole? Why don't you take the help of FOGSI, which includes great gynaecologists? They have also written to you. They have a great organisation in India.