

Bill No. 35 of 2022

THE TUBERCULOSIS (TREATMENT AND ERADICATION)
BILL, 2022

By

SHRI SHRIRANG APPA BARNE, M.P.

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BILL

*for combating and eliminating tuberculosis, and for the protection of the rights
of patients affected by the tuberculosis disease and for matters connected
therewith or incidental thereto.*

WHEREAS the General Assembly of the United Nations has adopted the Sustainable Development Goals, which call for a reduction in tuberculosis-related deaths and the World Health Organization has adopted the End TB Strategy for a reduction in the incidence of Tuberculosis by 2035 through collective global efforts;

AND WHEREAS the Republic of India, being a signatory to the aforementioned Goals and Strategy, it is expedient to give effect to the said Goals and Strategy;

AND WHEREAS the Republic of India ratified the World Health Organisation Framework Convention on Tobacco Control in 2005;

AND WHEREAS the Republic of India has framed a National Strategic Plan for Tuberculosis Elimination 2017–2025.

BE it enacted by Parliament in the Seventy-third Year of the Republic of India as follows:–

Short title,
extent and
commencement.

1. (1) This Act may be called the Tuberculosis (Treatment and Eradication) Act, 2022.

(2) It extends to the whole of India. 5

(3) It shall come into force on such date, as the Central Government may, by notification in the Official Gazette, appoint.

Definitions.

2. In this Act, unless the context otherwise requires,–

(a) “Aadhaar” means Aadhaar number issued by the Unique Identification Authority of India under sub-section (3) of section 3 of the Aadhaar (Targeted Delivery of Financial and other Subsidies Benefits and Services) Act, 2016; 10

(b) “annual report” means a report giving the details of developmental activities taken up over the year by the Authority and detailing about targets set and achieved; 15

(c) “appropriate Government” means in the case of a State, the Government of that State and in all other cases, the Central Government.

(d) “Authority” means the Tuberculosis Eradication Authority constituted under section 4;

(e) “company” means an entity registered under the Companies Act, 2013; 20

(f) “discrimination” means any act or omission which directly or indirectly, expressly or by effect, immediately or over a period of time,-

(i) imposes any burden, obligation, liability, disability or disadvantage on any person or category of persons, based on one or more tuberculosis-related grounds; or 25

(ii) denies or withholds any benefit, opportunity or advantage from any person or category of persons, based on one or more tuberculosis-related grounds, and the expression “discriminate” to be construed accordingly; 30

(g) “guidelines” means any statement or any other document issued by the Central Government indicating policy or procedure or course of action relating to tuberculosis to be followed by the Central Government, State Governments, Governmental and non-Governmental organisations and establishments and individuals dealing with prevention, control and treatment of tuberculosis; 35

(h) “Multi-drug Resistant Tuberculosis (MDR-TB)” means a strain of the tuberculosis bacteria resistant to two of the most effective anti-tuberculosis drugs available, isoniazid and rifampicin;

(i) “prescribed” means prescribed by the rules made under this Act;

(j) “tuberculosis” means an infectious disease caused by a bacterium, *Mycobacterium Tuberculosis* that is spread through the air;

(k) “tuberculosis-affected person” means an individual who is suffering from any strain of the tuberculosis disease; and

(l) “society” means an entity registered as society under the Societies Registration Act, 1860.

3. No person shall discriminate against the tuberculosis-affected person on any ground including any of the following, namely:—

Prohibition
of
Discrimination.

(a) the unfair treatment in, or in relation to employment or occupation;

(b) the denial or discontinuation of, or unfair treatment in, healthcare services;

(c) the denial or discontinuation of, or unfair treatment in educational establishments and services thereof;

(d) the denial or discontinuation of, or unfair treatment with regard to, the right of movement;

(e) the denial or discontinuation of, or unfair treatment with regard to the right to reside, purchase, rent or otherwise occupy, any property;

(f) the denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a person may be; and

(g) the isolation or segregation of a tuberculosis-affected person.

4. (1) **With effect from such date as the Central Government may, by notification in the Official Gazette specify, there shall be constituted an Authority to be known as the Tuberculosis Eradication Authority for carrying out the purposes of this Act.**

Constitution
of the
Tuberculosis
Eradication
Authority.

(2) The Authority shall consist of,—

(a) Minister of State, Union Ministry of Health and Family Welfare—Chairperson, *ex-officio*;

(b) Minister of State, Union Ministry of Women and Child Development—Vice-Chairperson, *ex-officio*;

(c) Director General of Health Services, Union Ministry of Health and Family Welfare—member, *ex-officio*;

(d) Secretaries of the Union Ministries of Women and Child Development, Health and Family Welfare and Statistics and Programme Implementation—members, *ex-officio*;

(e) Chairperson, National Commission for Women—member, *ex-officio*;

(f) Director, National Institute of Health and Family Welfare—member, *ex-officio*; and

(g) **five doctors having expertise and with not less than thirty years of practice in the field of tuberculosis treatment to be appointed by the Central Government in such manner as may be prescribed.**

(3) The Authority shall have a Secretariat consisting of such number of officers and staff as may be necessary for efficient discharge of its functions.

(4) The salary, allowances and terms of conditions of service of doctors appointed as members of the Authority and officers and staff of the Authority shall be such as may be prescribed. 5

(5) The Authority shall meet at such times and places and shall observe such rules of procedure in regard to transaction of business at its meetings as may be prescribed.

Functions of the Authority.

5. (1) The Authority shall discharge such functions as may be necessary for treatment, prevention and eradication of tuberculosis in the country. 10

(2) Without prejudice to the generality of forgoing provision, the Authority shall—

(a) formulate a Charter outlining its objectives along with roadmap to eradicate tuberculosis, within one year of its constitution; 15

(b) provide knowledge and information relating to control of tuberculosis to Tuberculosis Control Centres for disseminating it to people;

(c) within one year of constitution, undertake a baseline study to collect comprehensive data about causes of tuberculosis, risk factors and vulnerable population. 20

(d) direct the appropriate Government to assist in not necessary the baseline study;

(e) direct healthcare service providers to follow the standard tuberculosis diagnosis and treatment protocol; and 25

(f) undertake such other functions as may be assigned to it, from time to time for carrying out the purposes of this Act.

Tuberculosis Control Centre.

6. (1) It shall be the responsibility of the appropriate Government to set up, within one year of its coming into force of this Act, in every district a centre to be known as the Tuberculosis Control Centre. 30

(2) The Tuberculosis Control Centres shall provide free screening of tuberculosis and cost-free treatment to the patients.

Molecular Testing and daily dose of Multi-Drug Resistant (MDR-TB) Tuberculosis.

7. (1) The appropriate Government shall take measures for providing, as far as possible, Molecular Testing methods for diagnosis and daily dosage treatment for those living with Multi-Drug Resistant (MDR-TB) Tuberculosis, in particular. 35

(2) The Central Government shall issue and give wide publicity to the necessary guidelines in respect of protocols for tuberculosis relating to Molecular Testing and Daily Dosage treatment. 40

Availability of latest Anti-Tuberculosis Drugs.

8. The Central Government shall take steps to ensure the introduction and availability of the latest anti tuberculosis drugs in all public hospitals and Government-run pharmacies.

	<p>9. The Central Government and every State Government shall take measures to ensure that every Tuberculosis-affected person is enrolled under Aadhaar to ensure unique identification of patients seeking care and facilitate direct benefit transfers under the welfare measures.</p>	<p>Enrolment under Aadhaar for Tuberculosis Patients seeking treatment.</p>
5	<p>10. The appropriate Government shall also provide healthcare coupons to patients diagnosed with tuberculosis, which may be redeemed for cost-free treatment at private hospitals.</p>	<p>Healthcare coupons.</p>
10	<p>11. (1) The appropriate Government shall provide for mobile tuberculosis vans for active screening of tuberculosis, especially in remote rural areas.</p>	<p>Mobile tuberculosis vans for active screening.</p>
	<p>(2) The Patients found tuberculosis positive on mobile screening, shall be referred to the nearest tuberculosis Control Centre for follow-up care and treatment.</p>	
15	<p>12. The appropriate Government shall undertake mobile tuberculosis immunization drive to vaccinate children who were either not vaccinated or underwent incomplete vaccination.</p>	<p>Mobile tuberculosis vaccine immunization drive.</p>
	<p>13. The appropriate Government shall direct the concerned authorities to undertake air borne infection control in high risk and vulnerable areas.</p>	<p>Air borne infection control in high risk areas.</p>
20	<p>14. The appropriate Government shall provide additional nutritional support to tuberculosis patients at tuberculosis Control Centres, to incentivise patients to continue treatment and reduce drop outs.</p>	<p>Nutritional support to tuberculosis patients.</p>
	<p>15. Every registered company and society manufacturing and distributing tobacco related products, shall contribute five per cent. of their annual sales value towards research on new drugs and diagnostic tools for tuberculosis.</p>	<p>Funding research on new drugs and diagnostic tools for tuberculosis.</p>
25	<p>16. The State Government shall provide extensive facilities at the primary health centres and tuberculosis Control Centres for diagnosis and treatment of drug resistant strain of tuberculosis.</p>	<p>Facilities for treating drug resistant strain of tuberculosis.</p>
30	<p>17. (1) The appropriate Government shall undertake outreach activities to communicate to citizens of the factors contributing to tuberculosis, symptoms of tuberculosis and its ill effects, especially in rural areas.</p>	<p>Outreach activities to increase awareness of tuberculosis.</p>
	<p>(2) The nurses and the staff at the tuberculosis Control Centres shall educate the tuberculosis patients on the cough etiquette.</p>	
	<p>(3) The appropriate Government shall mobilise the local population in increasing awareness of tuberculosis in citizens.</p>	
35	<p>18. The appropriate Government shall provide for tobacco cessation counselling services at all tuberculosis Control Centres.</p>	<p>Tobacco cessation services.</p>

Awareness in women of ill effects of tobacco consumption on reproductive health.	<p>19. The appropriate Government shall—</p> <p>(a) undertake outreach and communication activities to increase awareness in women, especially in rural areas, of ill effects of tobacco consumption on their reproductive health and babies;</p> <p>(b) provide for tobacco cessation counselling services at all antenatal clinics and primary health centres; and</p> <p>(c) increase awareness in rural households about the lethal effect of indoor air pollution from <i>chulhas</i>, and undertake necessary steps to curb the same.</p>	5
Annual report and its laying before the Parliament.	<p>20. (1) The Authority shall prepare once every year, as may be prescribed, an annual report giving the summary of its activities, including schemes it has undertaken and recommended to the Government over the year and it shall contain statements of annual accounts of the Authority.</p> <p>(2) A copy of the report shall be forwarded to the Central Government, and the Central Government shall cause the report to be laid before each House of Parliament.</p>	10 15
Central Government to provide funds.	<p>21. The Central Government, shall from time to time, provide, after due appropriation made by Parliament by law in this behalf, requisite funds for carrying out the purposes of this Act.</p>	
Power to remove difficulty.	<p>22. If any difficulty arises in giving effect to the provisions of this Act, the Central Government may make such order or give such direction, not inconsistent with the provisions of this Act, as may appear to be necessary or expedient for removing the difficulty:</p> <p>Provided that no such order shall be made after the expiry of the period of two years from the date of commencement of this Act.</p>	20 25
Power to make rules.	<p>23. (1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.</p> <p>(2) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both the Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.</p>	30 35

STATEMENT OF OBJECTS AND REASONS

Tuberculosis (TB), the second (after COVID-19) deadliest infectious killer, is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. It can spread when people who are sick with TB expel bacteria into the air – for example, by coughing. Most people who develop the disease are adults in 2020 – men accounted for 56 per cent of all TB cases, adult women accounted for 33 per cent and children for 11 per cent. Many new cases of TB are attributable to five risk factors which are: under-nutrition, HIV infection, alcohol use, (disorders) smoking and diabetes.

TB is preventable and curable. About 85 per cent of people who develop TB disease can be successfully treated with a 6-month drug regimen. Treatment has the added benefit of curtailing onward transmission of infection.

The COVID-19 pandemic has reversed years of global progress in tackling tuberculosis and for the first time in over a decade, TB deaths have increased, according to the World Health Organization's 2021 Global TB Report. Approximately, 1.5 million people died from TB in 2020 globally.

Reporting of tuberculosis (TB) cases in India went down by 41 per cent between 2019 and 2020 due to the COVID-19 pandemic, according to the World Health Organization's 2021 Global TB Report. In March 2021, an analysis by the Ministry of Health and Family Welfare revealed that notification of TB cases in India reduced by 25 per cent between January and December 2020 because of the lockdown and diversion of resources for COVID-19 control measures. In March, April and May 2020, TB case notifications in India dropped by 20.55 per cent, 63.47 per cent and 46.33 per cent respectively, according to the Nikshay database, a web-enabled patient management system for TB control under the Union Government's National TB Elimination Programme. During India's second COVID-19 wave in 2021, a similar trend was seen, with notifications beginning to decline by April 2021. As many as 1,16,645 cases were notified in April 2021, according to the Nikshay portal. India (26.2) was among the eight countries that accounted for over two-thirds of the global TB cases. India was also among the 10 countries making up 74 per cent of the global gap between estimated TB incidence and the number of people newly diagnosed with TB, according to the Global TB Report 2021. An estimated 1.48 million people died due to TB globally in 2020. India accounted for 34% of them. Deaths due to TB in the country also rose by 13% compared to 2019. Keeping all these points in view, an act is needed which ensures that proper treatment is given to Tuberculosis patients irrespective to other factors.

The proposed Bill provides for free screening and treatment of tuberculosis at tuberculosis Control Centres established at district level in every State, provision for healthcare coupons that can be redeemed at any private hospital for free tuberculosis related treatment and care, mobile tuberculosis vans for screening of tuberculosis in high risk population, especially in rural areas. Tuberculosis positive patients thus screened shall be referred to the nearest

tuberculosis Control Centres for follow-up treatment and care. The Bill also directs the appropriate Government to undertake mobile tuberculosis immunization drive to vaccinate children and to undertake air borne infection control activities in areas vulnerable to disease. The Bill aims to reduce drop outs from treatment and increase the patients compliance, through provision of nutritional supplements at tuberculosis Control Centres. To fund research in new drugs and diagnostic tools for tuberculosis, the Bill mandates all private and government companies involved in manufacture and distribution of tobacco related products, to contribute five per cent of their annual sales value. The Bill has provision to mobilise local population to increase outreach to citizens about factors contributing to tuberculosis, symptoms of tuberculosis, cough etiquette. The Bill provides for active screening and extensive facilities for treatment of multi-drug resistant strain of tuberculosis at tuberculosis Control Centres.

Tobacco use is one of the main causes of tuberculosis, contributing to 7.9 per cent of tuberculosis related deaths in the country. Research has shown that providing tobacco cessation services to tobacco users, has proved to reduce the disease burden of tuberculosis. Recognising tobacco as a major contributor to tuberculosis, the Bill provides for integration of tobacco cessation counselling services at all tuberculosis Control Centre. As per the World Health Organisation statistics, India is home to second highest number of women smokers globally. According to the National Family Health Survey-3, the proportion of children with low birth weight, is greater among children born to mothers who use tobacco. The Bill also has provision to educate women of the ill effects of tobacco consumption on their reproductive health, provide for tobacco cessation counselling services at all antenatal clinics and primary health centres. The Bill also provides for measures to curb indoor air pollution created by *chulhas* (used in rural areas for cooking purposes).

The Bill thus aims for the control, prevention and complete eradication of tuberculosis in the country.

Hence this Bill.

NEW DELHI;
18 January, 2022

SHRIRANG APPA BARNE

FINANCIAL MEMORANDUM

Clause 4 of the Bill provides for the constitution of the Tuberculosis Eradication Authority and also appointment of such number of officers and staff for its functioning. Clause 6 provides for establishment of Tuberculosis Control Centre. Clause 7 provides for molecular testing methods for diagnosis and daily dose of Multi-drug Resistant (MDR-TB) Tuberculosis. Clause 8 provides for introduction and availability of the latest anti-tuberculosis drugs in all public hospitals and Government- run pharmacies. Clause 10 provides for the cost-free screening and treatment of tuberculosis. Clause 11 provides for mobile tuberculosis vans for active screening of tuberculosis. Clause 12 provides for mobile tuberculosis immunization drive. Clause 14 provides for nutritional support to tuberculosis patients. Clause 15 provides for funding research on new drugs and diagnostic tools for tuberculosis. Clause 16 provides for facilities for treating drugs resistant strain of tuberculosis. Clause 21 makes it obligatory for the Central Government to provide requisite funds for carrying out the purposes of this Bill. The Bill, therefore, if enacted, will involve recurring expenditure of three hundred crore rupees per annum which shall be charged from the Consolidated Fund of India.

A non-recurring expenditure to the tune of rupees one hundred crore is also likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 23 of the Bill empowers the Central Government to make necessary rules for carrying out the purposes of this Bill. As the rules will relate to matters of details only, the delegation of legislative power is of a normal character.

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BILL

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(Shri Shrirang Appa Barne, M.P.)