

GOVERNMENT OF INDIA
MINISTRY OF FINANCE
DEPARTMENT OF FINANCIAL SERVICES
RAJYA SABHA
UNSTARRED QUESTION NO. 2155
ANSWERED ON – 8.8.2023

RAPID GROWTH IN COVERAGE OF HEALTH INSURANCE

2155 # Shri Deepak Prakash:

Will the Minister of Finance be pleased to state:

- (a) whether there has been a rapid increase in the coverage of health insurance in the country over the years, if so, the details thereof;
- (b) whether any study has been conducted regarding its expansion in urban areas and rural areas, if so, the details thereof; and
- (c) the steps taken by the regulatory authority to monitor the health insurance schemes to prevent robbing of common men by the insurance companies?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE
(DR. BHAGWAT KARAD)

(a) and (b): Ministry of Health and Family Welfare (MoHFW) has informed that Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) health assurance scheme aims to provide health cover of Rs. 5 lakhs per family per year. Beneficiary base under the AB-PMJAY has been expanded from existing 10.74 Crore to 12 Crore beneficiary families in 2022. Further, many States/UTs implementing AB PM-JAY have expanded the beneficiary base under the scheme to approximately 15.5 Crore families, at their own cost.

Further, National Health Authority (NHA) has provided flexibility to States/Union Territories to use non-SECC (Socio Economic and Caste Census) beneficiary family database with similar socio-economic profiles for tagging against the leftover (unauthenticated) SECC families.

(c): NHA has setup a National Anti-Fraud Unit (NAFU) with the primary responsibility for prevention, detection and deterrence of fraud and abuse under PM-JAY. States/UTs have also set up State Anti-Fraud Units (SAFUs) at the State level. Further, beneficiaries can lodge complaint on the grievance portal which are resolved through a three-tier grievance redressal structure.

Further, IRDAI has formulated the regulatory framework oriented towards protecting the interests of policyholders which *inter alia* provides for insurers to have in place board approved policy, provisions relating to migration, portability, cancellation and withdrawal of products, proper disclosure of information to policyholder, premium of health insurance products not to be changed ordinarily for a period of three years, standard exclusions including pre-existing disease and waiting period and claims procedure including specific timelines to be followed for speedy settlement of claims etc.
