

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
STARRED QUESTION NO. 271
TO BE ANSWERED ON THE 19TH AUGUST, 2025**

RISING POVERTY DUE TO EXPENSIVE PRIVATE HEALTHCARE

271 # SHRI RAMJI LAL SUMAN:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether any study has been conducted to determine the number of people, pushed into poverty every year due to expensive treatment for diseases;
- (b) the steps taken by Government to address the issue of expensive treatment in the country;
- (c) whether Government would prescribe the rates of treatments to bring about a balance in the arbitrary amount being charged by private hospitals, considering the long waiting periods for operations at institutions like AIIMS; and
- (d) the reasons for Government being unable to set rates for medical treatment for the common man, if health insurance and private companies can set rates for private hospitals?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

- (a) to (d) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA
STARRED QUESTION NO. 271 * FOR 19TH AUGUST, 2025**

(a) to (d) 'Health' being a State subject, the primary responsibility to rationalize the cost of treatments being incurred by the patients for various illnesses, both in private and public healthcare facilities lies with the respective States/ UTs.

Nevertheless, the Central Government has taken several pan India initiatives to reduce the out-of-pocket expenditure of the patients ranging from promotive, preventive, curative, palliative and rehabilitative care. A few significant measures adopted are as under:

i. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a flagship scheme of the Government of India provides cashless health coverage of up to Rs. 5 lakh per eligible family per year for secondary and tertiary care hospitalizations including 12 crore families constituting the economically vulnerable bottom 40% of India's population. As on 25.07.2025, more than 41 crore Ayushman cards have been created and more than 9.84 crore hospital admissions worth over Rs. 1.40 lakh crore have been authorized under the scheme.

ii. The National Health Mission (NHM) provides technical and financial support for achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to peoples' needs, especially for the poor and vulnerable sections. The main programmatic components of NHM include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases. Other initiatives under NHM which reduce the financial burden of patients include Free Diagnostics and Free Drugs Services, National Ambulance Services (NAS) & Pradhan Mantri National Dialysis Program (PMNDP), etc.

iii. Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 new AIIMS and upgradation of 75 existing Government Medical Colleges/Institutes have been approved with an objective of correcting regional imbalances in the availability of quality and affordable tertiary healthcare services in the country. This aims to reduce the waiting period for availing tertiary healthcare services thereby providing timely health care when needed by the poor patients.

iv. Rashtriya Arogya Nidhi (RAN) provides one-time financial assistance of up to Rs. 15 lakh for the treatment of poor patients suffering from life- threatening diseases related to heart, kidney, liver, etc. at Government hospitals/institutes. Further, the Health Minister's Cancer Patient Fund, a component under RAN provides one-time financial assistance of up to Rs. 15 lakh for the treatment of poor patients, suffering from cancer. In addition, a financial assistance upto Rs. 50 lakhs per patient for treatment of 63 identified Rare Diseases is also provided under the National Policy for Rare Diseases, 2021.

v. Moreover, to further reduce the costs for treatments, multiple schemes such as Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), Affordable Medicines and Reliable Implants for Treatment (AMRIT), etc. have been launched by the Government of India.

vi. The Clinical Establishments (Registration and Regulation) Act, 2010 and Rules 2012 made thereunder mandates that every clinical establishment shall display the rates charged for each type of service provided and shall charge the rates within the range of rates. Further, '*Health*' being a State subject, the primary responsibility for determining the range of rates considering the local factors, holding local stakeholder consultations and using the baseline framework provided by the Central Government lies with the State Governments.

Thus, the efforts made by Central Government has resulted in significant reduction of Out-Of-Pocket Expenditure (OOPE) in Total Health Expenditure (THE) from 62.6% in 2014-15 to 39.4% in 2021-22 as per the National Health Account Estimates.
