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

## RAJYA SABHA UNSTARRED QUESTION NO. 289 TO BE ANSWERED ON 22<sup>ND</sup> JULY, 2025

#### REVIEWING OF HEALTH BENEFIT PACKAGES UNDER AB-PMJAY

#### 289. # SMT. SUNETRA AJIT PAWAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Ministry is considering to review the existing health benefit packages under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY);
- (b) if so, the details thereof;
- (c) the mechanism to ensure quality of treatment and services provided by empanelled private hospitals under AB-PMJAY;
- (d) the current status of the planned 1,50,000 health and wellness centres and the percentage of fully functional centres with adequate staff, essential drugs and diagnostic services; and
- (e) the manner in which the Ministry is addressing the challenges of human resource shortage and infrastructure gaps in these centres, particularly in Maharashtra?

# ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO JADHAV)

(a) to (c): Government of India periodically reviews the existing packages based on clinical evidence, stakeholder feedback and emerging healthcare needs. The most recent health package master includes 1961 procedures across 27 specialties.

Under AB-PMJAY, the government has put in place several mechanisms to ensure the quality of treatment and services provided by empaneled private hospitals. These mechanisms focus on regulatory oversight, standardization, audits and incentives.

Hospitals are empaneled based on defined minimum criteria related to infrastructure, manpower and services. Quality Certifications such as NABH (National Accreditation Board for Hospitals & Healthcare Providers) or NQAS (National Quality Assurance Standards) accreditation receive incentives above base package rates. All hospitals are required to follow Standard Treatment Guidelines (STGs) to ensure uniformity in treatment protocols.

(d) and (e): In February 2018, the Government of India announced establishment of 1,50,000 Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), across the country by December 2022. As updated by the States/UTs in AAM portal, a total of 1,77,906 Ayushman Arogya Mandirs have been established and operationalized till 30.06.2025, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas. These Ayushman Arogya Mandir (AAM) provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, Communicable diseases, Non-communicable diseases and other health issues.

For SHC-AAM, operational guidelines for AAMs provide for Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM) and Multipurpose worker -Male along with ASHAs in the catchment area. For PHC-AAM, the norms provide for Medical Officer, staff nurses, pharmacist, Health Assistants and Lab technician. Under Free Drugs and Free Diagnostics Service Initiative, Government of India provides financial support to States/UTs for 106 drugs & 14 diagnostic tests at SHC-AAM and 172 drugs & 63 tests at PHC-AAM level.

Under National Health Mission (NHM), following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under National Rural Health Mission (NRHM) for achieving improvement in health outcomes.

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