

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 299
TO BE ANSWERED ON 22ND JULY, 2025**

**INITIATIVES TO IMPROVE ACCESS TO HEALTH INSURANCE AND FINANCIAL
PROTECTION IN PUNJAB**

299. SHRI SANT BALBIR SINGH:

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

- (a) the details of initiatives in place to improve access to health insurance and financial protection for low-income families in Punjab;
- (b) whether there are any other health schemes, similar to AB-PMJAY, available to vulnerable populations in the country to provide affordable healthcare services;
- (c) the manner in which the Ministry ensures the quality and safety of healthcare services across Government hospitals and clinics in Punjab; and
- (d) whether any efforts are being made to standardize healthcare practices and improve patient care in both Government and private healthcare sectors?

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

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government of India that provides health coverage of ₹5 lakh per eligible family per year for secondary and tertiary care hospitalizations.

In January 2022, Government of India revised the beneficiary base of the scheme from 10.74 crore to 12 crore families, covering the bottom 40% of India's population. Further, in March 2024, the eligibility criteria were expanded to include 37 lakh Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs), and their families. Recently, the scheme has been further extended to cover 6 crore senior citizens aged 70 years and above, representing 4.5 crore families, through Vay Vandana Card, irrespective of their socio-economic status.

In Punjab, health insurance and financial protection for low-income and vulnerable families are ensured through the implementation of the converged scheme Ayushman Bharat - Mukh Mantri Sarbat Sehat Bima Yojana (AB-MMSSBY), launched on 19.08.2019. As on 30.06.2025, 90.85 lakhs Ayushman cards have been created in the Punjab.

(b): Under the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), one-time financial assistance of up to Rs. 15 lakh is provided for the treatment of poor patients suffering from life-threatening diseases at Government hospitals/institutes.

Under the Health Minister's Discretionary Grant (HMDG), financial assistance of up to Rs. 1.25 lakh is provided to poor patients suffering from life-threatening diseases, to cover a part of expenditure on hospitalization/treatment in Government hospitals, in cases where free medical facilities are not available.

Guidelines of Umbrella Scheme of RAN and HMDG are available on Ministry of Health and Family Welfare's website.

Further, National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups in rural areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including strengthening of health workforce based on the proposals received under National Health Mission as per norms and available resources.

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 by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services with complete 12 package of services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community. As on 30.06.2025, a total of 1,77,906 Ayushman Arogya Mandirs have been established and operationalized.

Various initiatives carried out under National Health Mission (NHM) by Government of India in various states/UTs are operationalisation of Ayushman Arogya Mandir, National Ambulance Services, Mobile Medical Units, ASHAs, Infrastructure strengthening, 24 x 7 Services and First Referral facilities, Prime Minister's National Dialysis Programme, National Quality Assurance Standards implementation and related Activities, LaQshya certification, Biomedical Equipment Maintenance and Management Programme, Free Diagnostics Service Initiative and Free Drugs Service Initiative, various activities under reproductive and child health, Anemia Mukh Bharat (AMB) strategy, Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA), Nutrition Rehabilitation Centre (NRC) program and Universal Immunization programme are supported to increase access to quality healthcare services.

(c) and (d): With the aim of ensuring and enhancing the quality of healthcare services, National Quality Assurance Standards (NQAS) have been launched for all health facilities including

Primary Health Centres (PHCs) and Community Health Centres (CHCs). Indian Public Health Standards (IPHS) has been laid down by the Government of India, which also aims towards an effort to improve the standard and quality of services and provide a uniform benchmark to assess the functionality of public health facilities. These standards include norms for services, infrastructure, human resources, diagnostics, equipment, medicines, etc.

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.

Additionally, The Clinical Establishment (Registration and Regulation) Act, 2010 (CE Act) is enacted by the Government of India for the registration and regulation of the clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both Government and Private sector (except those of Armed Forces) to prescribe minimum standards of facilities and services as may be provided by them.

As per the CE Act, all the clinical establishments (Government & private) are required to fulfill the conditions of minimum standards of facilities and services, inter-alia, display of rates charged by them at a conspicuous place. The State Governments and Union Territories administration which have adopted the CE Act, are primarily responsible for regulating their hospitals including private hospitals as per provisions of the Act and Rules thereunder to ensure the provision of quality healthcare to patients.

This Act has empowered to take actions including imposing penalties against violation of its provisions through a registering authority at the district level under the chairmanship of the District Collector / District Magistrate. The Charter of Patient's Rights, approved by the National Council for Clinical Establishments is available on the Clinical Establishments Act website, outlines the rights and responsibilities of patients. It has been shared with all States and Union Territories for adoption and implementation to address patient concerns and ensure a supportive healthcare environment.

Currently, the Clinical Establishments Act is adopted by 19 States/UTs namely Jharkhand, Uttarakhand, Himachal Pradesh, Haryana, Arunachal Pradesh, Sikkim, Rajasthan, Mizoram, Uttar Pradesh, Assam, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Andaman & Nicobar Islands, Chandigarh, Jammu & Kashmir, Bihar, Telangana, Ladakh and Lakshadweep.
