

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2036
TO BE ANSWERED ON 10.03.2026**

**SHORTAGE OF SPECIALISTS AND DIAGNOSTIC EQUIPMENTS IN DISTRICT
HOSPITALS**

2036. DR. ASHOK KUMAR MITTAL:

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

- (a) whether district hospitals across multiple States continue to suffer from shortages of specialists, diagnostic equipments, ICU beds and emergency-care infrastructure despite increased allocations, the details thereof;
- (b) whether Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) beneficiaries often face denial of cashless treatment, delayed claim approvals and lack of accountability among empanelled hospitals, if so, the details thereof;
- (c) whether India's exceptionally high out-of-pocket expenditure signals insufficient publichealth provisioning, if so, the details thereof; and
- (d) whether the Ministry plans structural reforms to strengthen workforce distribution, regulatory oversight and timely utilisation of health-sector funds, if so, the details thereof?

ANSWER

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

(a) Public Health & hospitals is state subject. The primary responsibility of strengthening public healthcare system, including strengthening of healthcare facilities, including addressing gaps in human resources, infrastructure and equipment at district hospitals lies with the respective State/UT Governments. Under National Health Mission (NHM), the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on health care administrative data reported by States/UTs. Details of specialist in public health facilities including district hospitals can be assessed at the

following link of HDI 2022-23:

(a)

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

This Ministry supports the Free Diagnostics Service Initiative (FDSI) programme under the National Health Mission (NHM) to provide free diagnostic services at public health facilities including district hospitals, thereby reducing out-of-pocket expenditure. Currently 14 tests are available at SHC-AAM, 63 at AAM-PHCs, 97 at CHCs, 111 at Sub-District Hospitals and 134 tests at District Hospitals.

In addition, the Government is strengthening public health infrastructure and service delivery across districts through the Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), launched with an outlay of ₹64,180 crore for FY 2021-22 to FY 2025-26. The mission aims to build capacities across primary, secondary and tertiary levels of healthcare to improve preparedness and response to pandemics and health emergencies.

Under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM, 621 Critical Care Hospital Blocks (CCBs) of 50/100 beds have been approved in district hospitals. These blocks are equipped with ICUs, oxygen-supported beds and infection control systems, which will strengthen emergency and critical care services and improve district-level preparedness.

Further, 744 Integrated Public Health Laboratories (IPHLs) have been sanctioned across districts to strengthen diagnostic capacity, disease confirmation and public health surveillance. These laboratories are integrated with the Integrated Health Information Platform (IHIP) to enable real-time disease surveillance, early warning and coordinated response to health threats.

(b): As per the empanelment guidelines under AB PM-JAY, empaneled hospitals cannot deny treatment to eligible beneficiaries.

In cases of denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555.

Under AB PM-JAY, such grievances are monitored through a three-tier grievance redressal mechanism at the District, State, and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

Under the scheme, settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies (SHA) as per claim adjudication guidelines issued by National Health Authority (NHA). Further, for timely settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-state

hospitals (hospitals located within the State) and within 30 days of claims submission in case of portability claims (hospitals located outside the State).

(c) As per National Health Accounts (NHA) estimates, the share of Out-of-Pocket Expenditure (OOPE) in Total Health Expenditure has declined from 62.6% in 2014-15 to 39.4% in 2021-22.

The Government is making efforts to reduce the OOPE as a percentage of Total Health Expenditure (THE). There has been a significant increase in Government Health Expenditure (GHE) as percentage of THE, which has increased from 29.0% in 2014-15 to 48.0% in 2021-22.

Concurrent to this increase in GHE, the share of OOPE has declined from 62.6% to 39.4% during the same period. This declining share of OOPE is indicative of increasing access to health services.

(d) Public Health is a State subject and the management of Human Resources for Health falls under the purview of State. Under NHM, States have been advised to reorganize the distribution of workforce for efficient and optima utilization of resources. States have also been advised to use digital platforms like HRMIS and Biometric attendance for HR management and improve monitoring. Further, funds under NHM are released under Flexipool, to provide flexibility to States and SNA SPARSH release mechanism is implemented under NHM for Just in Time release of funds.
