

GOVERNMENT OF INDIA
MINISTRY OF ROAD TRANSPORT AND HIGHWAYS

RAJYA SABHA
UNSTARRED QUESTION NO - 4260
ANSWERED ON - 01.04.2026

TREATMENT FOR ROAD ACCIDENT VICTIMS

4260. SHRI ANIL KUMAR YADAV MANDADI:

Will the Minister of ROAD TRANSPORT AND HIGHWAYS be pleased to state:

- (a) details of challenges/impediments faced by Government in treating road accidents victims under Cashless Treatment for Road Accident Victims, 2025;
- (b) whether Government proposes any remedial measures to overcome the challenges/impediments while treating road accidents victims during golden hour; and
- (c) if so, the details thereof and if not, the reasons therefor?

ANSWER

THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS

(SHRI NITIN JAIRAM GADKARI)

(a) to (c) In alignment with India's global commitments for reducing road accidents and in compliance of the legal mandate under Section 162 of the Motor Vehicles Act, the Scheme for Cashless Treatment of Road Accident Victims has been formulated.

To acclimatize field officials with the operative details of the Scheme and to achieve operational readiness of States / UTs, pilot program was initiated in select States/UTs. Scheme was re-casted based on key learnings & challenges from pilot program and notified vide S.O. 2015 (E) dated 5th May 2025. Comprehensive guidelines detailing the process flow, roles and responsibilities of various stakeholders, and the Standard Operating Procedures (SOPs) for its implementation have been issued vide S.O. 2489 (E) dated 4th June 2025. The details and key learnings from pilot program are enclosed at **Annexure**.

The Scheme has been launched on 13.02.2026 for nationwide implementation after onboarding States/UTs on the digital platform except the State of West Bengal. The necessary steps for implementation of the scheme are yet to be completed by State of West Bengal.

ANNEXURE

Key Learnings & Challenges Identified	Actions Taken
Stabilization treatment at nearest hospital irrespective of designation / empanelment	National Health Authority (NHA) has developed a dedicated Hospital designation / empanelment Module enabling any nearby hospital to provide emergency care through stabilization treatment and claim reimbursement.
Include District Collector and GI Council in workflow	Workflow was redesigned to integrate District Collectors and GI Council into approval, oversight, and grievance redressal processes.
Strengthen implementation and monitoring framework at State and District level	State Road Safety Council (SRSC) designated as the Nodal Agency responsible for Scheme implementation in state and District Road Safety Committee (DRSC) at district-level with a dedicated grievance redressal officer for each district.
Extend police response time for accident and victim authentication	Response time limit relaxed and increased from 3 hours to 24 hours for non-life threatening and 48 hours for life-threatening cases.
Consideration for life-threatening cases in scheme provisions	Specific provisions for life-threatening scenarios incorporated into guidelines to prioritize immediate emergency care and non-denial of treatment by providing financial certainty to the hospital.
Mechanism for locating nearest hospital	Integration of 112 Emergency Response Support System (ERSS) with TMS 2.0 completed to ensure admission of victim within golden hour and sensitization of jurisdictional police officials.
Jurisdictional issues	Case transfer facility activated on eDAR, enabling seamless shifting of cases (intra and inter-state) based on the location of accident.
Providing timely response on eDAR	Sensitization programs conducted across stakeholder groups; multiple trainings and workshops held to improve responsiveness and compliance on the eDAR platform.
Improving data entry	
Define cut-off period for initial admission	Cut-off period formally defined as 24 hours
