

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

**LOK SABHA
STARRED QUESTION NO. 382
TO BE ANSWERED ON THE 19TH JULY, 2019
AYUSHMAN BHARAT YOJANA**

***382. SHRI KOMATI REDDY VENKAT REDDY:**

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

(a) whether the Government proposes to review the price of over one thousand medical packages being offered under the Ayushman Bharat Yojana;

(b) if so, the details thereof;

(c) whether any Committee has been formed to hold deliberations on the existing prices of the medical packages and if so, the details thereof; and

(d) the further remedial measures being taken by the Government in this regard?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR. HARSH VARDHAN)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 382* FOR 19TH JULY, 2019**

(a) to (d) Ayushman Bharat Yojana comprises two components namely (i) Provision of Comprehensive Primary Healthcare through Ayushman Bharat - Health and Wellness Centers (AB- HWC), and (ii) Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB- PMJAY). Facilities under AB-HWCs are universal and free to all.

Under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), 1393 benefit packages along with rates have been put in place for usage of hospitals empanelled under the scheme for providing the treatment to the beneficiaries. The package rates are indicative in nature and States have the flexibility to decrease or increase up to 10% depending on their suitability. Further, States could retain their existing package rates, even if they are higher than the prescribed 10 % flexibility slab. The States also have the flexibility to change the package rates up to 10% for the aspirational districts and in the cases of NABH accredited Hospitals.

The package rates were decided as per the recommendations of a Committee headed by Director General Health Services, Government of India and peer reviewed by NITI Aayog. The recommendations of the committee were based on a series of consultations with various stakeholders including medical professionals, AIIMS, hospitals' associations, industry bodies etc. For specific packages, subgroups spread across different super specialties were formed. The subgroups had prominent experts from national institutions like AIIMS.

Since the launch of AB-PMJAY on 23.09.2018, feedback on certain aspects of benefit packages such as terminology, duplication and any anomalies like repetition of packages, different rates for same procedures in different specialties etc., have been received and National Health Authority is reviewing this feedback for possible rationalization, if required.

At present, there is no proposal to review the prices of packages being offered under the AB-PMJAY.

While deciding the package rates, one of the underlying principles was that full capacity of private hospitals was not being utilized and PMJAY is to provide additional volumes to them without additional investments in infrastructure and manpower etc. Further, constant changes in package rates can lead to volatility in rates and may have unintended and undesirable consequences for the entire health sector.
