

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

**LOK SABHA
UNSTARRED QUESTION NO.1284
TO BE ANSWERED ON 28TH JUNE, 2019**

CASHLESS HEALTH INSURANCE SCHEMES

1284. SHRI BHARTRUHARI MAHTAB:

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

- (a) whether the Government has taken note of the fact that the private hospitals have been charging between 25 to 60 percent more from the patients who pay in cash than those with cashless health insurance schemes for the same procedure;
- (b) if so, the details thereof and the reasons therefor along with the number of such complaints received by the Government during each of the last three years and the current year, hospital-wise;
- (c) whether the Government has conducted or proposes to conduct any enquiry in this regard keeping in view that 80 to 85 percent population of the country do not have any health insurance cover;
- (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the other corrective steps taken/ being taken by the Government in this direction?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per Constitutional provisions, 'Health' is a State subject. It is the responsibility of the respective State Government to take cognizance of such instances and take action to prevent and control such practices. Therefore, such complaints, if received, are referred to the concerned State for appropriate action. Details in this regard are not maintained by the Ministry of Health & Family Welfare.

(c) & (d): Ministry of Health and Family Welfare has no information of any enquiry in this regard.

(e): The Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 for registration and regulation of all clinical establishments (both Government and Private) in the country. Under the Clinical Establishments (Central Government) Rules, 2012 notified under this Act, the clinical establishments (in the States / Union Territories where the said Act is applicable) are required to display their rates at a conspicuous place and charge the rates for each type of procedures and services within the range of rates determined from time to time in consultation with the State Governments. The implementation and enforcement of the said Act is within the purview of the State/UT Governments.

The Ministry of Health & Family Welfare has launched Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PMJAY) on 23.09.2018. This scheme provides coverage of up to Rs. 5 lakh per family per year for secondary and tertiary hospitalisation to over 10 crore poor and vulnerable families covering around 50 crore population. This scheme covers poor and vulnerable families based on deprivation and occupational criteria as per Socio Economic and Caste Census, 2011 (SECC, 2011) data. PMJAY provides cashless and paperless access to services for the beneficiary at the point of service in any empanelled hospital (both public and private) across India.