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

### LOK SABHA UNSTARRED QUESTION NO. 1009 TO BE ANSWERED ON 22<sup>ND</sup> NOVEMBER, 2019

#### FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT TO POOR

#### 1009. SHRI MALOOK NAGAR:

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

(a) the details of the schemes being implemented by the Government for providing financial assistance for the medical treatment of the poor; and

(b) the number of beneficiaries covered under the said schemes, scheme wise, State/UT-wise?

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

(a) & (b): Details of the Financial Assistance to poor patients being provided under Rashtriya Arogya Nidhi are at Annexure I.

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides cashless hospitalization facilities of up to Rs 5.00 Lakhs per family per year to around 10.74 crores families (approx. 50 crore individuals) belonging to poor and vulnerable sections of the population. The salient feature of the scheme and the State/UT wise details of beneficiaries covered are at Annexure II and Annexure III respectively.

Janani Suraksha Yojana (JSY) was launched in April 2005, with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women by providing financial incentive to all BPL/SC/ST pregnant women delivering in Government health facilities/accredited private institutions in both High performing State (HPS) and Low Performing State (LPS) regardless of age of mother and number of children.

Under the National Disease Control Programmes like National AIDS Control Programme, National Viral Hepatitis Control Program etc., free drugs and diagnostics are provided to all in need including those from poor and vulnerable sections.

### Financial Assistance to poor patients under Rashtriya Arogya Nidhi

Financial assistance is provided to poor patients belonging to families living below threshold poverty line, suffering from major life threatening diseases such as Cancer, kidney, liver, heart, Rare Diseases under Umbrella Scheme of Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant (HMDG). While financial assistance upto a maximum of Rs.1,25,000/- is provided under HMDG to defray a part of the treatment cost, the maximum financial assistance provided under the Umbrella Scheme of RAN is Rs.15 lakh in each case. However, assistance under both the schemes is provided as one-time grant only.

2. The Umbrella Scheme of Rashtriya Arogya Nidhi has following three components:-

- i. **Health Minister's Cancer Patient Fund (HMCPF)** for treatment of poor patients suffering from Cancer.
- ii. **Rashtriya Arogya Nidhi (RAN)** for treatment of poor patients suffering from life threatening diseases other than Cancer.
- iii. **Rare Diseases** for treatment of poor patients suffering from specified rare diseases.

3. Financial assistance under the Umbrella Scheme of RAN and HMDG is permissible only to those patients taking treatment in government hospitals. Those taking treatment in private hospitals are not eligible for assistance under the schemes. Re-imbursement of expenditure already incurred on treatment is also not permissible under the schemes.

4. Under the Umbrella Scheme of Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant, funds are not released to States/UTs. Financial assistance under the schemes is released to the hospitals where eligible patients receive treatment, based on application by the patient and recommendation of the treating hospitals in the prescribed format. Details of funds released and number of patients benefitted during 2018-19 is as under:

Year	Scheme	<b>Funds released</b>	Number of
		(Rs. in crore)	beneficiaries
2018-19	Umbrella Scheme of Rashtriya Arogya Nidhi	57.39	2853
	Health Minister's Discretionary Grant	5.00	515

5. Guidelines on RAN/HMDG schemes are available at <u>www.mohfw.nic.in > Major</u> <u>Programmes > Poor Patients-Financial Support > RAN/HMDG</u>.

# Annexure II Salient features of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

1. AB-PMJAY is a centrally sponsored scheme. It is entirely funded by Government and the funding is shared between Centre and State governments as per prevailing guidelines of Ministry of Finance.

2. PMJAY provides health coverage up to Rs. 5 lakh per family per year for secondary and tertiary hospitalization to around 10.74 crore poor and vulnerable families (approx. 50 crore beneficiaries).

3. PMJAY is an entitlement based scheme. This scheme covers poor and vulnerable families based on deprivation and occupational criteria as per SECC database.

4. PMJAY provides cashless and paperless access to services for the beneficiary at the point of service in any (both public and private) empanelled hospitals across India. In other words, a beneficiary from one State can avail benefits from an empanelled Hospital anywhere in the Country.

5. Under PMAJY, the States are free to choose the modalities for implementation. They can implement the scheme through insurance company or directly through the Trust/ Society or mixed model.

6. There is no restriction on family size, ensuring all members of designated families specifically girl child and senior citizens get coverage.

7. A well-defined Complaint and Public Grievance Redressal Mechanism, has been put in place through which complaints/ grievances are registered, acknowledged, escalated for relevant action, resolved and monitored.

8. PMJAY has created a robust IT system for implementation and role of real time transaction data.

9. At National level, National Health Authority (NHA) has been set up as an attached office to Ministry of Health and Family Welfare to manage the implementation of the scheme.

10. The details of package, operational guidelines and key features are available at www.pmjay.gov.in

01-1		Annexure-III	
State-wise details for beneficiary families covered under AB-PMJAY as on 20.11.2019 since inception.			
SI. No.	State	Beneficiary families covered (in lakhs)	
1	Andaman And Nicobar Islands	0.21	
2	Andhra Pradesh	144	
3	Arunachal Pradesh	0.90	
4	Assam*	27	
5	Bihar	109	
6	Chandigarh	0.70	
7	Chhattisgarh	41.5	
8	Dadra And Nagar Haveli	0.70	
9	Daman and Diu	0.50	
10	Goa	0.40	
11	Gujarat	70.0	
12	Haryana	15.5	
13	Himachal Pradesh	4.8	
14	UT of Jammu And Kashmir and UT of Ladakh	6.1	
15	Jharkhand	57	
16	Karnataka*	115	
17	Kerala	40.9	
18	Lakshadweep	0.01	
19	Madhya Pradesh	118	
20	Maharashtra	83.6	
21	Manipur	2.8	
22	Meghalaya	8.4	
23	Mizoram	1.95	
24	Nagaland	5.7	
25	Puducherry	1	
26	Punjab	45.87	
27	Rajasthan	59.7	
28	Sikkim	0.4	
29	Tamil Nadu*	147	
30	Tripura	4.9	
31	Uttar Pradesh	118	
32	Uttarakhand	19.7	
33	West Bengal	111.9	

\* The above information relates to beneficiaries supported under PM-JAY in alliance with state schemes \*\* West Bengal has withdrawn implementation of scheme from January 2019.