

**GOVERNMENT OF INDIA
MINISTRY OF ROAD TRANSPORT AND HIGHWAYS**

**LOK SABHA
STARRED QUESTION NO. 168
ANSWERED ON 11TH DECEMBER, 2025**

CASHLESS TREATMENT FOR ROAD ACCIDENT VICTIMS

***168. Shri Ravindra Dattaram Waikar:
Shri Naresh Ganpat Mhaske:**

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

- (a) whether the Government has updated the cashless treatment scheme for road accident victims and if so, the key features of the revised scheme;**
- (b) the manner in which the expanded/revised scheme aims to improve emergency medical care and reduce fatalities due to road accidents;**
- (c) whether there are plans to increase the number of empanelled hospitals and trauma care centers under this scheme and if so, the details thereof;**
- (d) the steps being taken to enhance awareness and accessibility of the cashless treatment scheme across the country; and**
- (e) the manner in which this initiative aligns with the Government's commitment for improving road safety and providing timely medical assistance to accident victims?**

ANSWER

THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS

(SHRI NITIN JAIRAM GADKARI)

(a) to (e) A statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO PARTS (a) to (e) OF THE
LOK SABHA STARRED QUESTION NO. 168 ANSWERED ON
11.12.2025 ASKED BY SHRI RAVINDRA DATTARAM WAIKAR AND
SHRI NARESH GANPAT MHASKE REGARDING “CASHLESS
TREATMENT FOR ROAD ACCIDENT VICTIMS”**

(a) In accordance with the legal mandate under Section 162 of the Motor Vehicles Act, 1988, Cashless Treatment for Road Accident Victims Scheme, 2025 (Scheme) has been notified vide S.O. 2015(E) dated 05.05.2025. Further, 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 04.06.2025. Key features of the scheme are as under:

(i) Treatment cover upto Rs. 1.5 lakh per victim will be provided, subject to a maximum cap of 7 days from date of accident. The treatment cover will be available to those victims who are involved in road accidents caused by use of motor vehicles.

(ii) Every road accident victim shall be provided stabilization treatment for up to 24 hours in non-life-threatening cases and up to 48 hours in life-threatening cases at designated hospitals, subject to police response.

(iii) This statutory scheme will take precedence over any other Central / State level schemes.

(iv) The Scheme is being implemented through the amalgamation of two existing platforms i.e. eDAR (electronic Detailed Accident Report) used by Police officials for reporting of accidents and TMS 2.0 (Transaction Management System) of National Health Authority (NHA) used by hospitals for treatment, claim submission and processing of payments. The reimbursement to hospitals is being done through Motor Vehicle Accident Fund (MVAFF) which is funded through contributions from General Insurance companies for cases where the offending Motor Vehicle is insured and through budgetary support for other-than-insured cases.

(b) The Scheme focuses on strengthening emergency medical response during the golden hour i.e. the time period lasting one hour following a traumatic injury during which there is highest likelihood of preventing death by providing prompt medical care.

Further, to support the time bound transfer of the victim from the accident spot to the nearest hospital, convergence with 112

(Emergency Response Support System) has been undertaken which can help in prompt dispatch of nearest available ambulance as well as early intimation to jurisdictional police officials about the occurrence of the road accident. The scheme also provides for SMS alerts to District Police officials and District Collectors for early & time bound action.

All hospitals, whether designated or not, are required to provide stabilisation treatment to victims. The Scheme provides cashless coverage for stabilisation for up to 24 hours, extendable to 48 hours in life threatening situations, thereby ensuring immediate life saving intervention during the golden hour to road accident victims.

The guidelines also provides for a referral mechanism. If a victim reaches a non-designated hospital, the hospital is required to stabilise the patient and has the provision to transfer the patient to a designated hospital, ensuring continuity of care across both designated and non-designated hospitals.

(c) As per the Scheme guidelines notified vide S.O. 2489 (E) dated 04th June, 2025, designated hospitals under the Scheme-including empanelled hospitals under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) that comply with the guidelines issued by the National Health Authority (NHA) for this scheme, shall be deemed designated hospitals for the purposes of the Scheme.

Multiple communications have been done with States/UTs to designate additional hospitals especially around accident hotspots under the Scheme as per the Hospitals Empanelment guidelines issued vide OM S-12018/81/2024 dated 20 May 2025 and mandate hospitals as per local laws to provide emergency care to the victims of road accidents.

(d) Besides sensitizing the States/UTs, the Sadak Suraksha Abhiyaan has been launched through Central Bureau of Communication to create awareness on programs and policies including Cashless Treatment to Road Accident Victims Scheme.

Accessibility under the Scheme is also being ensured by leveraging the extensive network of hospitals already empanelled under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)

to ensure that victims can access cashless treatment across wide existing national network.

(e) Government in the Ministry of Road Transport and Highways has formulated a multi-pronged strategy to address the issue of road safety based on Education, Engineering (both of roads and vehicles), Enforcement and Emergency Care.

The Scheme has been notified in accordance with the legal mandate under Section 162 of the Motor Vehicles Act, 1988 by adopting Whole-of-Government Approach, wherein the utilization of existing infrastructure has been integrated with the use of technology.

The judgement of the Hon'ble Supreme Court in Pt. Parmanand Katara vs. Union of India (1988) has stated that every injured citizen brought for medical treatment should instantaneously be given medical aid to preserve life. The Law Commission of India, in its 201st Report on Emergency Medical Care to Victims of Accidents and During Emergency Medical Condition (2006) has stated that at least 50 per cent of the fatalities can be averted if the victims are admitted to a hospital within the Golden Hour.

The Scheme focuses on strengthening emergency medical response during the golden hour i.e. the time period lasting one hour following a traumatic injury during which there is highest likelihood of preventing death by providing prompt medical care.

The State Road Safety Council (SRSC) set up under section 215(2) of MV Act, 1988 shall be nodal agency responsible for implementation of the Scheme in the respective State/UT. The responsibility for overall monitoring and coordination of the Scheme implementation in the district shall be of the District Road Safety Committees (DRSC) set up under section 215(3) of MV Act, 1988. The split of responsibilities as well as the detailed Standard Operating Procedure (SOPs) for each stakeholder in respective scenarios has already been provided in the Guidelines issued vide S.O. 2489 dated 04.06.2025.
