

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3230  
ANSWERED ON 12<sup>TH</sup> MARCH, 2026**

**PM-RAHAT SCHEME FOR ROAD ACCIDENT VICTIMS**

**3230. Shri Mohite Patil Dhairyasheel Rajsinh:**

**Shri Ramesh Awasthi:**

**Dr. Manna Lal Rawat:**

**Dr. Amol Ramsing Kolhe:**

**Shri Praveen Patel:**

**Smt. Kamlesh Jangde:**

**Smt. Mahima Kumari Mewar:**

**Shri Sanjay Dina Patil:**

**Shri Lumbaram Choudhary:**

**Shri Jagdambika Pal:**

**Shri Bidyut Baran Mahato:**

**Smt. Sanjna Jatav:**

**Dr. K Sudhakar:**

**Shri Bhaskar Murlidhar Bhagare:**

**Shri P C Mohan:**

**Smt. Supriya Sule:**

**Shri Dilip Saikia:**

**Prof. Varsha Eknath Gaikwad:**

**Shri Krishna Prasad Tenneti:**

**Shri Dineshbhai Makwana:**

**Shri Anoop Pradhan Valmiki:**

**Smt. Kamaljeet Sehrawat:**

**Shri Naba Charan Majhi:**

**Shri Madhavaneni Raghunandan Rao:**

**Shri Pratap Chandra Sarangi:**

**Shri Avimanyu Sethi:**

**Shri Bibhu Prasad Tarai:**

**Dr. Vinod Kumar Bind:**

**Shri Shankar Lalwani:**

**Shri Sukanta Kumar Panigrahi:**

**Shri Chandra Prakash Choudhary:**

**Shri Rajkumar Chahar:**

**Shri Chavda Vinod Lakhamshi:**

**Shri Trivendra Singh Rawat:**

**Will the Minister of ROAD TRANSPORT AND HIGHWAYS**

सड़क परिवहन और राजमार्ग मंत्री

**be pleased to state:**

**(a) whether PM-RAHAT Scheme has been launched to provide cashless and time-bound medical treatment to road accident victims during the Golden Hour and if so, the salient features including eligibility criteria and financial provisions under the Motor Vehicle Accident Fund;**

**(b) the details of implementation of the Scheme in the country with timelines, including the number of hospitals empanelled, coverage and integration with the Emergency Response Support System (ERSS) 112 helpline, Electronic Detailed Accident Report (eDAR) and Transaction Management System (TMS2.0), State/UT and district-wise;**

**(c) whether the Government has assessed the adequacy of trauma care facilities/hospitals, ambulance availability, response mechanism on National Highways, State Highways, rural roads and if so, the details thereof along with timelines for settlement of claims, State/UT-wise;**

**(d) whether issues relating to delayed police authentication, hospital reluctance or exclusion of victims due to procedural hurdles have been reported, if so, the steps taken for redressal and rectification at the district-level;**

**(e) the steps proposed to ensure effective monitoring, timely reimbursement to hospitals and universal access to cashless treatment for accident victims across the country; and**

**(f) whether the Government has reviewed district-wise data on beneficiaries denied or delayed treatment under PM-RAHAT, if so, the details thereof and the reasons therefor and the accountability mechanisms proposed to prevent avoidable fatalities?**

**ANSWER**

**THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS**

**(SHRI NITIN JAIRAM GADKARI)**

**(a) & (b) In accordance with the legal mandate under Section 162 of the Motor Vehicles Act (MV Act), 1988, “Prime Minister -Road Accident Victims’ Hospitalisation and Assured Treatment (PM-RAHAT) Scheme” has been notified and comprehensive guidelines detailing the process flow, roles and responsibilities of respective stakeholders, and the Standard Operating Procedures (SOPs) for its implementation have been issued. The scheme has been launched nation-wide on 13.02.2026 after onboarding States/UTs on the digital platform except the state of West Bengal. The salient features of the scheme are as under:**

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

**(ii) Every road accident victim shall be provided with 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 has been successfully implemented through the amalgamation of two existing platforms –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 submissions and processing of payments.**

**(v) The reimbursement to hospitals is being done through Motor Vehicle Accident Fund (MVAf) which is funded through contributions from General Insurance companies for cases where the offending motor vehicle is insured and through budgetary support for uninsured and hit & run cases.**

**Through integration with the 112 Emergency Response Support System (ERSS), the victim or Good Samaritan (RAH-VEER) can obtain necessary information regarding the nearest designated hospital, request an ambulance, or both, as per the situation's requirements. As soon as the victim is admitted, treatment process will have to be initiated based on the Health Benefit Packages developed by NHA. In parallel, while initiating the treatment, police**

**authentication of the victim will have to be initiated in the TMS platform. The hospital would generate the treatment ID(s) on TMS and push it to the district police through eDAR. The time available with police for responding on eDAR shall be upto 24 hours, or 48 hours in life threatening situations as decided by the hospital administrator.**

**(c) NHA has issued detailed guidelines for designation and onboarding of additional hospitals by States/UTs vide OM S-12018/81/2024 dated 20.05.2025 to ensure availability of treatment facilities. As per the Scheme guidelines notified vide S.O. 2489 (E) dated 04.06.2025, 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 NHA for this scheme shall be deemed designated hospitals for the purposes of the Scheme. The number of hospitals empanelled under NHA for AB PM-JAY is 36,112 as on 09.03.2026.**

**National Highways Authority of India (NHAI) has deployed over 1,200 Ambulances and over 950 Patrolling vehicles across National Highways which have Emergency Medical Technician (EMT)/paramedic/Nurse provisioned in them. Training of the EMT/Paramedics is also being done through HLL Lifecare Ltd., a Central Public Sector Undertaking. NHAI through HLL Lifecare Ltd. has mapped over 5,000 health facilities along National Highways out of which over 1,700 are trauma centers.**

**(d) to (f) The scheme provides for a structured grievance redressal and monitoring mechanism at the District, State and National level to ensure effective implementation and timely resolution of issues. Under the scheme guidelines, District Road Safety Committees (DRSCs) are responsible for overall monitoring and coordination at the district level. A dedicated Grievance Redressal Officer (GRO) or point of contact is appointed at the district level by the DRSC for addressing grievances related to the scheme.**

**In case a grievance is not resolved satisfactorily at the district level, the matter may be escalated to the District Collector/DM and thereafter to the State Road Safety Council (SRSC), which functions as the nodal agency for implementation of the scheme in the respective State/UT. At the national level, an Inter-Ministerial Steering Committee oversees the overall implementation and monitoring of the scheme, including review of issues arising during execution.**

**A complete digital trail for the scheme will exist from the time of accident reporting through the 112 (ERSS) platform to victim admission, treatment, police authentication, claim processing and final payment.**

**Further, to ensure timely payment to hospitals providing cashless treatment under the Scheme, a period of 10 days has been defined from the claim being approved by the State Health Agency (SHA) for District Collectors or General Insurance (GI) Council to make the payments, as the case may be.**

**\*\*\*\*\***