



Study in Chhattisgarh Analysed PM-JAY Implementation

Why in News?

Recently, a **study by researchers** from the **state health resource centre in Chhattisgarh** analysed the [Pradhan Mantri Jan Arogya Yojana \(PMJAY\)](#).

- PMJAY aimed to reduce out-of-pocket health expenses, particularly during hospital stays.

Key Points

- The study revealed that patients utilizing the scheme faced **high out-of-pocket costs**, notably in private hospitals, largely due to the common occurrence of **dual billing**.
- The study was conducted in 2022 by researchers of the **State Health Resource Centre in Chhattisgarh, by interviewing 768 individuals** who had used **PMJAY for hospitalisation** in the month preceding the interview. PMJAY has empanelled 1,006 public and 546 private hospitals in the state.
 - Private hospitals were found to be **charging patients even though they are not supposed to** under PMJAY or Ayushman Bharat.
 - They would then claim reimbursement from the government for the same treatment, **engaging in dual billing**, which is considered fraudulent.
- The **utilization of private hospitals was identified as the primary factor** leading to severe financial burden under PMJAY.
 - About 30% of stays in private hospitals resulted in catastrophic health expenses, exceeding 10% of a household's total yearly non-medical spending.
- The research revealed that **marginalized groups like scheduled tribes and women heavily relied on public hospitals**, despite the accessibility of private healthcare through PMJAY.
 - It pointed out that seeking treatment in public hospitals helped individuals avoid high out-of-pocket expenses, as public services were considerably more cost-effective for patients compared to private healthcare, regardless of being covered under **publicly funded insurance schemes**.
 - In India, **private healthcare providers lack effective price and quality regulation**, leading to the adoption of dual billing by private hospitals, which prioritize profits over patient care.
 - The study highlighted the **government's failure to enforce a crucial condition in its agreements with hospitals**, which prohibits additional charges to patients.

Ayushman Bharat-PMJAY

- **About:**
 - PM-JAY is the **world's largest health insurance** scheme fully financed by the government.
 - Launched in February 2018, it offers a sum insured of **Rs.5 lakh per family for secondary care** and tertiary care.
 - Health Benefit Packages covers surgery, medical and day care treatments, cost of medicines and diagnostics.
- **Beneficiaries:**
 - It is an entitlement-based scheme that targets the beneficiaries as identified by latest

Socio-Economic Caste Census (SECC) data.

- The National Health Authority (NHA) has provided flexibility to **States/UTs to use non- Socio-Economic Caste Census (SECC) beneficiary family databases** with similar socio-economic profiles for tagging against the leftover (unauthenticated) SECC families.

▪ **Funding:**

- The funding for the scheme is shared - **60:40 for all states and UTs** with their own legislature, 90:10 in Northeast states and Jammu and Kashmir, Himachal and Uttarakhand and 100% Central funding for UTs without legislature.

▪ **Nodal Agency:**

- The **NHA** has been constituted as an autonomous entity under the Society Registration Act, 1860 for effective implementation of PM-JAY in alliance with state governments.
- The **State Health Agency (SHA)** is the apex body of the State Government responsible for the implementation of AB PM-JAY in the State.

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