



## Pradhan Mantri Jan Arogya Yojana

**For Prelims:** Socio-Economic Caste Census (SECC) 2011, National Food Security Act (NFSA) portal, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)

**For Mains:** Health, Human Resource, Benefits of Pradhan Mantri Jan Arogya Yojana

### Why in News?

[The New Delhi Municipal Council \(NDMC\)](#) approved the implementation of the Centre's flagship [Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana \(AB-PMJAY\)](#) for the residents in its area.

- Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). It has two inter-related components - Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY).

### What is Ayushman Bharat-PMJAY?

#### ▪ About:

- PM-JAY is the **world's largest health insurance/ assurance scheme** fully financed by the government.
- **Launched in February 2018**, it offers a sum insured of **Rs.5 lakh per family for secondary care** (which doesn't involve a super specialist) as well as tertiary care (which involves a super specialist).
- Under PMJAY, cashless and paperless access to services are provided to the beneficiaries at the point of service, that is, hospital.
- Health Benefit Packages **covers** surgery, medical and day care treatments, cost of medicines and diagnostics.
  - Packaged rates (Rates that include everything so that each product or service is not charged for separately).
  - These are flexible but the hospitals can't charge the beneficiary more once fixed.

#### ▪ Beneficiaries:

- It is an entitlement-based scheme that targets the beneficiaries as identified by latest [Socio-Economic Caste Census \(SECC\) data](#).
  - Once identified by the database, the beneficiary is considered insured and can walk into any empaneled hospital.

#### ▪ 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 **National Health Authority (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.

## What are the Challenges in Implementing PMJAY?

### ▪ Cooperation of States:

- Since **health is a State subject** and States are expected to contribute 40% funding for the scheme, it is critical to streamline and harmonise the existing State health insurance schemes to PMJAY.
  - West Bengal and Odisha have not implemented PMJAY.

### ▪ Burden of Costs:

- Costs are a contested area between the care-providers and the Centre, and many for-profit hospitals see the government's proposals as unviable.

### ▪ Inadequate Health Capacities:

- The ill-equipped public sector health capacities calls for necessary partnerships and coalitions with private sector providers.
- In such circumstances, the provision of services can be ensured only if the providers are held accountable for their services.

### ▪ Unnecessary Treatment:

- The National Health Policy 2017 proposed "strategic purchasing" of services from secondary and tertiary hospitals for a fee.
- The contracts with the healthcare providers who will receive the financial compensation package should clearly spell out the strict following of notified guidelines and standard treatment protocols in order to keep a check on potential for unnecessary treatment.

## What are the Achievements of the Scheme?

### ▪ Beneficial for Poor:

- In around the first 200 days of implementation, PM-JAY has benefitted more than 20.8 lakh poor and deprived people who received free treatment worth more than Rs. 5,000 crores.

### ▪ During Covid-19:

- A key design feature of PM-JAY from the beginning of the scheme is portability, which helps to ensure that a PM-JAY-eligible migrant worker can access the scheme's services in any empanelled hospital across the country, irrespective of their state of residence.

## Way Forward

- The vast ambition of the AB-PMJAY programme presents an opportunity to pursue the systemic reform that India requires to meet its **Universal Health Coverage (UHC)** aims.
  - This will require an injection of resources into a chronically underfunded health system, but this must be accompanied by a focus on the interrelated issues of governance, quality control, and stewardship if the scheme is to sustainably accelerate India towards UHC.
  - Public expenditure on health care in India remains at levels amongst the lowest in the world.
- Making good use of technology and innovation can further reduce the overall cost of healthcare. AI-powered mobile applications can provide high-quality, low-cost, patient-centric, smart wellness solutions. The scalable and inter-operable IT platform for the Ayushman Bharat is a positive step in this direction.

**Source: ET**

