

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

**LOK SABHA
STARRED QUESTION NO.94
TO BE ANSWERED ON THE 8TH FEBRUARY, 2019
AYUSHMAN BHARAT YOJANA**

***94. SHRI MALLIKARJUN KHARGE:
SHRI OM BIRLA:**

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

(a) whether the Government is implementing the Ayushman Bharat Yojana covering nearly half the population of the country, if so, the salient features and targets of the scheme;

(b) the amount for which applications have been received under the said Yojana till date and the quantum of amount released to beneficiaries, State-wise;

(c) whether the Government plans to include economically poor persons in addition to BPL Card holders under the said scheme and if so, the details thereof along with the number of persons benefited under the said scheme till date, State/UTwise;

(d) whether the Government has identified adequate number of hospitals under the scheme and if so, the details thereof along with the number of hospitals covered under the scheme currently, Statewise; and

(e) the steps taken by the Government to meet the shortage of doctors, tap/infuse the resources, infrastructure and paramedics into the system, create awareness among the people and effectively implement the scheme?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO.94* FOR 8TH FEBRUARY, 2019**

(a) The Government has launched Ayushman Bharat Programme to address access to health holistically, including prevention, health promotion, primary, secondary and tertiary care. Ayushman Bharat Yojana comprises of two components namely (i) Provision of Comprehensive Primary Healthcare (CPHC) through Health and Wellness Centers (HWCs) and (ii) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY).

Health and Wellness Centres are envisaged to provide an expanded package of primary healthcare services encompassing reproductive and child health services, communicable diseases, non-communicable disease, palliative care and elderly care, oral health and ENT care, and basic emergency care in addition to preventive care and health promotion, provision of point of care diagnostics, regular refills of essential drugs etc.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) provides hospitalisation coverage up to Rs.5.00 lakh per family per year for secondary and tertiary care procedures including certain defined pre and post hospitalisation expenses to families eligible based on specified deprivation and occupational criteria as per Socio Economic Caste Census (SECC) database. The salient features of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are provided at Annexure-I.

(b) to (d) AB-PMJAY is an entitlement-based scheme under which coverage is linked to deprivation. Beneficiary families for PMJAY have been identified on the basis of defined criteria using the SECC data. Beneficiaries of the scheme are entitled to cashless treatment for the approved treatment packages in the empanelled Government or Private hospitals for which claims are submitted by the

hospitals. State-wise details of empanelled hospitals, beneficiaries admitted, and claims submitted by the hospitals are at annexure II.

(e) For effective implementation of PMJAY, Government has set up a National Health Authority at national level. At the State level, State Health Agencies have been set up by the implementing States/UTs. In order to spread awareness about AB-PMJAY, a comprehensive media and outreach strategy has been developed, which, inter alia, includes use of print media, electronic media, social media platforms, traditional media, IEC materials and outdoor activities

The steps taken by the Government to increase the numbers of doctors, paramedics, and infrastructure are at annexure III.

Salient features of Prime Minister Jan Arogya Yojana [PMJAY]

1. Government of India has launched Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) on 23.09.2018. PMJAY is 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 entitled 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 data.
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. At National level, National Health Authority (NHA) has been set up to implement the scheme.
8. MoU has been signed between National Health Agency (now National Health Authority) and 33 States/UTs to implement PMJAY.
9. About 1393 treatment packages are available for the beneficiaries under PMJAY.
10. The details of package, operational guidelines and key features are available at [www. pmjay.gov.in](http://www.pmjay.gov.in)

Annexure II

State	Beneficiary families covered (in lakhs)*	Hospitals Empaneled	Beneficiaries Admitted in Hospital	Claims Submitted	Claims Submitted Amount
Andaman And Nicobar Islands	0.78	3	8	6	23000
Arunachal Pradesh	0.89	2	164	49	884300
Assam	27.02	153	15533	8567	117679946
Bihar	108.95	631	10386	8899	72573664
Chandigarh	0.71	10	243	205	3115135
Chhattisgarh	41.46	1323	198447	180762	1278106472
Dadra And Nagar Haveli	3.4	4	2726	2422	6770020
Daman And Diu	2.4	4	899	775	2774200
Goa	0.37	4	2829	1818	65894655
Gujarat	44.85	2676	199128	145228	2108200798
Haryana	15.51	357	5228	4473	66436726
Himachal Pradesh	4.8	198	4317	2250	24414494
Jammu And Kashmir	6.13	150	1125	854	7986480
Jharkhand	57	595	50996	45277	435197902
Karnataka	115	880	85299	65172	1699590222
Kerala (implementing RSBY)	34.84	446	188193	86630	338018759
Lakshadweep	0.01	1	0	0	0
Madhya Pradesh	118	211	25321	19273	173805022
Maharashtra	83.63	488	65942	57758	1368333707
Manipur	2.77	15	931	667	11055183
Meghalaya	8.37	152	0	0	0
Mizoram	1.95	104	3758	3125	22351474
Nagaland	2.5	59	126	116	1149680
NHA Empanelled Hospitals	-	21	968	593	23418837
Puducherry	1.04	1	0	0	0
Punjab	42	-	0	0	0
Rajasthan		-	0	0	0
Sikkim	0.4	7	8	7	111200
Tamil Nadu	157	2180	117490	110835	1929602573
Tripura	4.9	64	2987	2505	12510700
Uttar Pradesh	118.04	1618	29532	25592	266247262
Uttarakhand	19.68	182	4723	2822	23750270
West Bengal	112	1240	17636	14777	141452393
Overall	1,136	13,779	1,034,943	791,457	10,201,455,074

Annexure III

1. Under Ayushman Bharat Programme 1.5 lakh Health Sub Centres and Primary Health Centres are to be transformed into Health and Wellness Centres (HWCs) by December, 2022 in order to expand access to Comprehensive Primary Health Care (CPHC). Sub Health Centres (SHCs) and Primary Health Centres (PHCs) are being strengthened as Health and Wellness Centres (H&WCs). The H&WCs are to provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, non-communicable diseases, palliative care and elderly care, oral health, ENT care, and basic emergency care.
2. Approvals for over 21000 such HWCs were accorded in 2018-19 against the target of 15000 in the current year. Out of these, 8120 Health & Wellness Centres have been operationalized so far.
3. National Health Mission(NHM) is being implemented to strengthen public health systems in the States/UTs including providing support for health human resources and infrastructure.
4. For HWCs, at the level of sub-centres under Ayushman Bharat, mid-level health providers are being engaged. These are usually B.Sc (Nursing)/GNM or Ayurveda doctors that have successfully completed six months certificate course on primary healthcare and public health. B.Sc. (Community Health) pass students are also being engaged as mid-level health providers.
5. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Asso. Prof. from 1:1 to 1:2 if the Asso. Prof. is a unit head. The same has also been extended to the private medical colleges with certain conditions. This would result in increase in number of PG seats in the country.
6. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
7. Enhancement of maximum intake capacity at MBBS level from 150 to 250 per Medical College.
8. Relaxation in the norms of setting up of Medical College in terms of requirement for faculty, staff, bed strength and other infrastructure.
9. Requirement of land for establishment of medical college in metropolitan cities as notified under Article 243P(c) of the Constitution of India has been dispensed with.
10. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

11. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
12. Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
13. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.