



Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)

Why in News

Under the [Ayushman Bharat Pradhan Mantri Jan Arogya Yojana \(AB PM-JAY\)](#) approximately 20.32 lakh [Covid-19](#) tests and **7.08 lakh treatments** were authorised from April 2020 to July 2021.

Key Points

▪ About:

- 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.
- **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).**
 - They are **flexible**, but they **can't charge the beneficiary once fixed by the hospitals.**
 - The scheme also has **prescribed a daily limit for medical management.**

▪ 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 empanelled 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.**

▪ Challenges:

- **Cooperation of States:**

- Since **health is a State subject and States are expected to contribute 40%** funding for the scheme, it will be **critical to streamline and harmonise the existing State health insurance schemes to PMJAY.**

- **West Bengal, Telangana, Odisha and Delhi** 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.

- **Achievements:**

- **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.

- **Related Scheme:**

- [India Covid-19 Emergency Response & Health System Preparedness Package: Phase-II \(ECRP-II package\):](#)

- This scheme is a **Centrally Sponsored Scheme** with some Central Sector components.
- Launched recently, it **aims to accelerate health system preparedness for immediate responsiveness** for early prevention, detection and management, with a focus on **health infrastructure development including for Paediatric Care and with measurable outcomes.**

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: TH](#)

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