12 CHAPTER

Health Policy & Health Insurance

12.1 HEALTH POLICY

a) The National Health Policy, 2017 seeks to strengthen the role of Government for holistic development of the health sector for attainment of highest possible health and well-being to all across all ages.

b) The policy advocates that the primary healthcare is sought to be made more comprehensive covering preventive, promotive, curative, palliative, geriatric and rehabilitative care. It focuses on a patient centric thrust with focus on continuum of care, making public health care system predictable, efficient, affordable and effective, with a comprehensive package of services and products that meet immediate health care needs of most people.

c) Progressively achieving Universal Health Coverage by assuring availability of free, comprehensive primary health care services and continuum of care, for all aspects of reproductive, maternal, child and adolescent health and for the most prevalent communicable, non-communicable and occupational diseases in the population is one of the key objective of this policy.

d) The Policy also advocates for engagement with private sector for critical gap filling for achieving national health goals, through inter-alia collaboration for strategic purchasing, capacity building, awareness generation, disaster management, skill development programmes, etc.

e) The Policy seeks to ensure improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and strategic purchasing in healthcare deficit areas from accredited nongovernmental healthcare providers, achieve significant reduction in out of pocket expenditure due to healthcare costs, reinforce trust in public healthcare system and influence operation and growth of private healthcare industry as well as medical technologies in alignment with public health goals.

f) The Policy supports pluralism and advocates access to AYUSH remedies through co-location in public health facilities and recognizes the need to nurture AYUSH systems of medicine.

g) The policy adopts a holistic approach addressing infrastructure and human resource gaps along with leveraging digital technology in strengthening the health systems. The policy further recommends compliance to right of patients to access information about their condition and treatment, maintaining adequate standards of diagnosis and treatment and developing standard guidelines of care applicable both to public and private sector. Towards providing speedy resolution of disputes and complaints, the policy has recommended for setting up of a separate empowered medical tribunal.

h) To ensure quality of care, the policy

recommends that public hospitals and facilities undergo periodic measurements and certifications of levels of quality. It recognizes development of standard guidelines of care and grading of clinical establishments and adoption of standard treatment guidelines. The policy accordingly recommends establishing National Healthcare Standards Organization for maintaining adequate standards of diagnosis and treatment.

i) For attracting and retaining doctors in remote areas, the policy recommends financial and non-financial incentives, creating medical colleges in rural areas; preference to students from under-serviced areas, realigning pedagogy and curriculum to suit rural health needs, mandatory rural postings, etc. It also recognises establishing cadres like nurse practitioner and public health nurses to increase their availability in most needed areas. The policy recommends development of a cadre of mid-level care providers as a complementary human resource strategy for expansion of primary care from selective care to comprehensive care. Additionally, it proposes for a planned expansion of allied technical skills as a key policy direction and also creation of a Public Health Management Cadre for better public health management.

j) The policy also seeks to address health security and make in India for drugs and devices. It also seeks to align other policies for medical devices and equipment with public health goals.

k) Towards addressing the health needs of the vulnerable groups, the National Health Policy has situation specific measures in provisioning and delivery of services to take care of special health needs of tribal and socially vulnerable population groups. Towards this, the policy advocates for research and validation of tribal medicines and envisions for a systematic approach to address heterogeneity in micro-nutrient adequacy across regions in the country with focus on the more vulnerable sections of the population. It further, recommends focused interventions on high risk communities and recommends for strengthening the women's access to healthcare needs, by making public hospitals more women friendly and ensuring that the staff have orientation to gender–sensitivity issues. Additionally, the policy recommends that health care to the survivors/ victims need to be provided free and with dignity in the public and private sector. The policy also provides greater focus on occupational health- physical, chemical, and other workplace hazards. Work-sites and institutions would be encouraged and monitored to ensure safe health practices, accident prevention, besides providing preventive and promotive healthcare services.

l) Towards addressing the healthcare needs of geriatric population in rural areas, it recommends that primary healthcare to be comprehensive which includes geriatric care, palliative care and rehabilitative care services and recognizes the growing need for palliative and rehabilitative care for all geriatric illnesses and advocates the continuity of care across all levels.

m) Towards urban health, the policy lays emphasis on addressing the primary health care needs of the urban population with special focus on poor populations living in listed and unlisted slums, other vulnerable populations.

n) NHP 2017 builds on the progress made since the last NHP 2002. And, it also set specific quantitative and time bound goals and targets related to health status, programme impact, Health Systems Performance, and health system strengthening to be achieved in the health sector for enabling achievement of its

goal of attainment of highest possible level of health and well-being for all at all ages.

12.2 AYUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJANA

Introduction

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY), launched on 23.09.2018, provides a health cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization. Around 10.74 crore vulnerable families (approximately 50 crore beneficiaries) are entitled for cashless and paperless access to services at the point of service. PMJAY is one of the largest fully Government-financed health protection schemes of the world.

Objectives

- Improve affordability – To enable the bottom 40 per cent of the population to afford and access secondary and tertiary care including pre-hospitalisation and post-hospitalisation expenses.
- Improve accessibility – To enhance access to medical care along a continuum of care. Through the network of empaneled public and private hospitals, responsibility will rest with supply side especially in the private sector.
- Quality of care – To encourage healthcare providers to improve the quality of care and services through standard treatment protocols. Payment through the private sector and beneficiary feedback mechanism will further propel healthcare providers to improve the quality of their services.

Key Features

- Health cover of up to Rs. 5,00,000 per family per year, for secondary and tertiary care hospitalization through a network of Empanelled Health Care Providers (EHCP).
- No cap on family size, age or gender.
- Cashless access to services for the beneficiary at the point of service.

- All pre–existing conditions are covered. The benefit cover includes pre & post hospitalization expenses.
- Benefits are portable across the country in all empanelled hospitals.
- Services include about 1,390 procedures covering treatment, food, drugs and supplies, and diagnostics services.
- PMJAY covers up to 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses such as diagnostics and medicines.

Organizational Structure

At the Central level, National Health Agency (NHA) was set up as a society under the Societies Registration Act, 1860 for managing the implementation of PMJAY. In pursuance of the Cabinet decision, the National Health Agency has now been restructured into National Health Authority, which is an attached office of Ministry of Health and Family Welfare. To implement the scheme at the State level, States have formed State Health Agencies (SHAs) in the form of a society/ trust.

Status (as on 31.3.2019) since launch of scheme i.e. 23rd September, 2018

- 33 States/ UTs have signed the MoU with NHA.
- Out of the total target beneficiary of 10.74 crore Families spread across the country, 2.84 crore e-cards were issued.
- 17.96 lakh beneficiaries availed the benefits of the scheme since its inception.
- A network of hospitals has been developed across implementing States/UTs by empaneling 15,223 public & private hospitals under the scheme.

- National call centre operating through toll free number 14555/1800111565 received around 36.5 lakh calls.
- PMJAY mobile application has been installed by more than 2.71 lakh users.
- More than 94 lakh users have checked their entitlement status through mera.pmjay.gov.in.

12.2.1 Rashtriya Swasthya Bima Yojana (RSBY) and Senior Citizens Health Insurance Scheme (SCHIS)

Rashtriya Swasthya Bima Yojana (RSBY) was a centrally sponsored scheme that was implemented by Ministry of Labour & Employment (MoLE) since 2008, under the Unorganized Workers' Social Security Act 2008 to provide health insurance coverage to Below Poverty Line (BPL) families and 11 other categories of Unorganized Workers(UOWs) (MGNREGA Workers, Construction Workers, Domestic workers, Sanitation Workers, Mine Workers, licensed Railway Porters, Street Vendors, Beedi Workers, Rickshaw Pullers, Rag Pickers and Auto/Taxi drivers). The Scheme was transferred to Ministry of Health & Family Welfare on "as is where is" basis with effect from 01.04.2015.

Each family enrolled in the scheme was entitled to hospitalization benefits of upto INR 30,000 per annum in Government as well as empanelled private hospitals. Transportation Cost of Rs. 100 per visit was also paid to the beneficiary family, subject to maximum ceiling of Rs. 1000/- per year. The Scheme was implemented at state level through a contractual arrangement between insurance companies and State Government represented by the State Nodal Agency (SNA). The funding of the scheme is on the sharing pattern of 60:40 between the Centre and the State and 90:10 for North-eastern and Himalayan States. In respect of Union Territories without legislature, the Central Government share is 100% and for Union Territories with legislature, the sharing pattern is 60:40. 1516 treatment packages were covered under RSBY.

During the year 2018-19, the RSBY scheme was implemented in 12 States/UTs, across 204 Districts with a target of around 4.19 crore families, covering around 2.74 crore families (65.45% of the total target). A network of more than seven thousand hospitals was developed by empaneling 3812 private hospitals and 3385 public hospitals under RSBY scheme.

With the launch of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, RSBY scheme has been subsumed in it.

Senior Citizen Health Insurance Scheme (SCHIS)

SCHIS which provided insurance cover to senior citizens as a top-up over the existing RSBY Scheme, has been implemented w.e.f. 01.04.2016. This scheme provided an additional annual coverage of Rs. 30,000/- per senior citizen in the eligible RSBY beneficiary family. RSBY provided a health insurance cover of Rs. 30,000/- which

was also available to senior citizens once they use SCHIS coverage of Rs. 30,000/. If in any RSBY enrolled family, there were more than one senior citizen, then the additional cover was in multiple of Rs. 30,000/- per senior citizen.

211 treatment packages (Cardiology -17, Cardio Thoracic Surgery- 18, Cardio Vascular Surgery-18, Neuro Surgery- 5, Polytrauma & Repair-7, Burns-8, Surgical Oncology- 89, Medical Oncology- 49) were covered under SCHIS, in addition to 1516 packages under RSBY. Approval was accorded to eight States namely Assam, Gujarat, Karnataka, Kerala, Meghalaya, Nagaland, Tripura and West Bengal for implementation of SCHIS.

With the launch of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, SCHIS has been subsumed in it.