

**HEALTH POLICY
&
HEALTH INSURANCE**

Chapter

12

12.1 HEALTH POLICY

Since the last National Policy in 2002, there has been perceptible change in the health sector scenario. In the light of the changes that have taken place since 2002, the Government has taken a decision to formulate a New Health Policy. Accordingly, the draft of new National Health Policy was formulated and placed in public domain on 30th December, 2014, for eliciting feedback, comments and suggestions from stakeholders. The feedback and suggestions received have helped in fine-tuning the same.

The Draft National Health Policy seeks to achieve the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence. The policy envisages strengthening and prioritizing the role of the Government in shaping health systems in all its dimensions and recommends the public health care system to be made more predictable, efficient, patient centric, affordable and effective. It advocates a comprehensive primary healthcare package encompassing geriatric healthcare, palliative care and rehabilitative care services. It recommends mainstreaming the potential of AYUSH. The policy proposes raising public health expenditure to 2.5% of the GDP in a time bound manner and allocating a major portion of the resources to primary care.

12.2 RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

The Rashtriya Swasthya Bima Yojana (RSBY) is a centrally sponsored scheme that was being 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. Initially the scheme was designed for BPL families but later included other 11 categories of Unorganized Worker (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 has now been transferred to the Ministry of Health & Family Welfare on an "as is where is" basis with effect from 01.04.2015.

Each family enrolled in the scheme is entitled to hospitalization benefits of upto INR 30,000 per annum including maternity benefits on a family floater basis (a unit of five) in government empanelled hospitals (includes both private and public). Pre-existing conditions are covered from day one and there is no age limit. Transportation Cost upto Rs. 100 is also provisioned under the scheme.

The Scheme is implemented at State level through a contractual arrangement between insurance companies and State Government represented by the State Nodal Agency (SNA). At present the State Nodal Agency is primarily responsible for overseeing the implementation of the RSBY at the State level which includes managing the process of bidding, selection of insurance companies, overseeing enrolment process, supporting the empanelment of providers, redressal of grievances and periodic review of the scheme on ground. From 2015-16, Central Government bears 60% of insurance premium cost and remaining cost is borne by the State Government. In case of North Eastern States, Jammu & Kashmir and Himalayan States the sharing pattern shifts to 90% support of insurance premium cost from Centre. In respect of Union Territories, the Central Government share is 100%.



Couple with their RSBY Card



RSBY Cards being issued at a mobile camp

Senior Citizen Health Insurance Scheme (SCHIS) providing insurance cover to senior citizens as a top-up over the existing RSBY Scheme has been implemented w.e.f. 01.04.2016. The Scheme covers senior citizens aged 60 years and above. It will provide an enhanced coverage of upto Rs. 30,000 per senior citizen in the eligible family. The premium of the scheme would be met from the Senior Citizens Welfare Fund administered by the Ministry of Social Justice and Empowerment. The estimated annual add-on premium for the implementation of SCHIS is Rs. 500 per family which will be paid by the Centre and States in the ratio 60:40 except the North Eastern States & 3 Himalayan States where it is 90:10.

The basic features of the scheme are as follows:

- The beneficiary family pays Rs. 30 per annum per family as registration/renewal fee. This amount is used by the State Government to take care of the administrative cost for the scheme.
- Coverage of all pre-existing diseases.
- Coverage of hospitalization expenses.
- Maximum premium payable is Rs. 750 per family.
- Provides only for secondary care hospitalization procedures.
- More than 1500 standard packages are included.

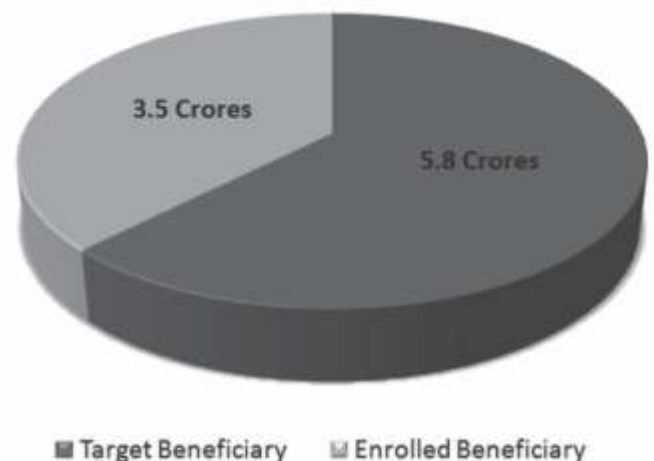
- Both public and private hospitals are empanelled under the scheme.

Benefit Scenario: Based upon the performance during the year 2016-17

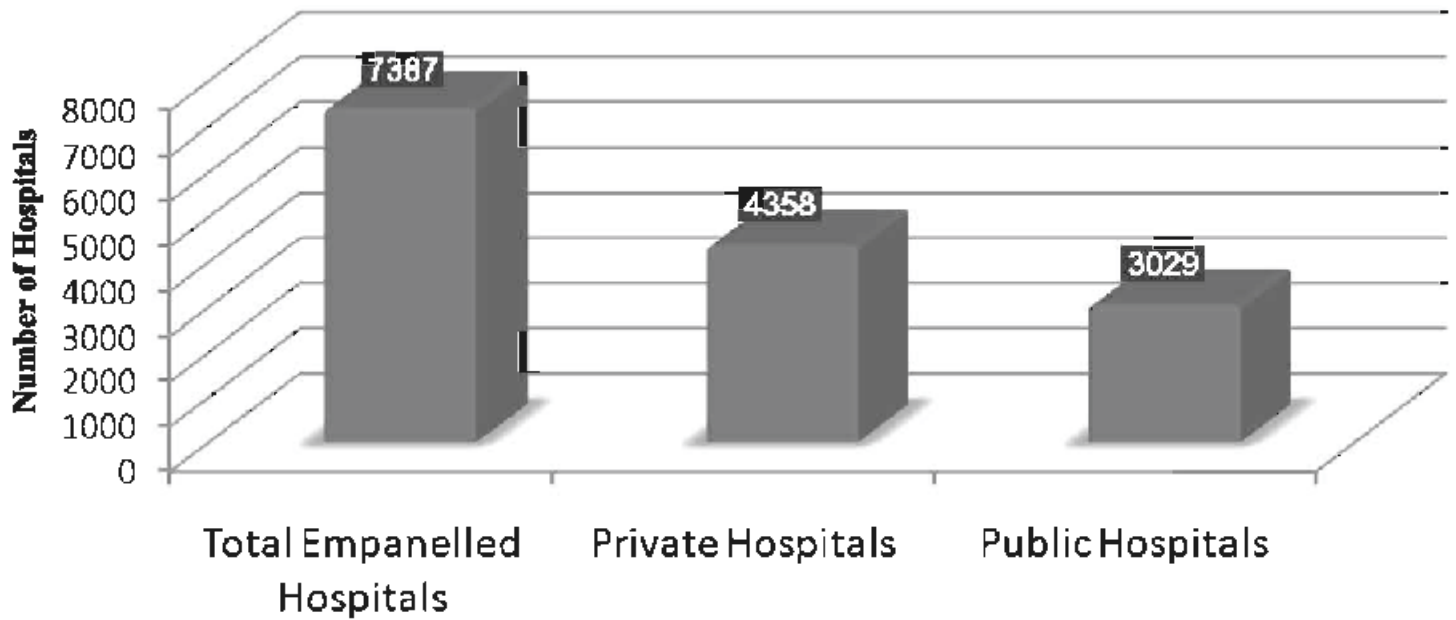
1. Out of the total target beneficiary of 5.8 crore families spread across 15 States, 3.5 crore families were enrolled, resulting in the enrolment conversion ratio of 59%.
2. 131 lakh beneficiaries took the benefits since inception of RSBY scheme.
3. The Central Government had incurred an expenditure of Rs. 216.12 crore as the Central Government's Share of Premium as on 31.10.2016.
4. A network of hospitals has been developed across implementing State/UTs by empaneling 4358 private hospitals and 3029 public hospitals under RSBY scheme.

Finance Minister announced in budget speech 2016-17 to launch a new health protection scheme which will provide health cover up to Rs.1 lakh per family per year for poor and economically weak families. For senior citizens aged 60 years and above belonging to this category an additional top up package upto Rs. 30,000 will be provided.

Prime Minister in his 70th Independence Day speech announced an important scheme for poor families wherein Government will provide coverage upto 1 lakh per year for medical facilities.



Hospitals empanelled under RSBY during the year 2016-17



Financial achievement during the year 2016-17

(Rs. in crores)

| Total Revised Budget (including Administrative Budget) | Budget Utilised (including Administrative Budget) (as on 31-10-2016) |
|--|--|
| 723.81 | 220.07 |