

HEALTH POLICY & HEALTH INSURANCE

12.1 HEALTH POLICY

Public Health policy interventions are guided by the National Health Policy 2002 which seeks to provide prophylactic and curative healthcare services towards achieving an acceptable standard of good health amongst the general population of the country irrespective of caste, creed and religion. The approach is to increase access to the decentralized public health system by establishment and strengthening the existing institutions. Overriding importance has been given to ensuring a more equitable access to health services across the social and geo-graphical expanse of the country. Emphasis has been given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government.

The Government has taken a decision to formulate a new Health Policy in the light of the changes that have taken place in the country's health sector scenario since the formulation of the National Health Policy 2002. 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 draft National Health Policy is being revised in the light of feedback and suggestions received from public and other stakeholders.

12.2 RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

The Rashtriya Swasthya Bima Yojana (RSBY)

is a Centrally Sponsored Scheme that is 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 Un-organized 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 has now been transferred to the Ministry of Health & Family Welfare on 'as is where is' basis with effect from 01.04.2015.

Each family enrolled in the scheme is entitled to hospitalization benefits of up to INR 30,000 per annum including maternity benefits on a family floater basis (a unit of five) in government empaneled hospitals (includes both private and public). Pre-existing conditions are covered from day one and there is no age limit. Transportation cost up to 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 service providers, redressal of grievances and periodic review of the scheme on ground. With effect 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%.

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

Achievements during the year 2015-16:

- RSBY Scheme has been implemented in 19 States/UTs;
- Districts covered are 397 out of 460 i.e. 86% of the total districts;
- 4.13 crore families are enrolled achieving 57% out of total target of 7.29 crore families;

- Number of hospitals empanelled in the year 2015-16 are 10,680 hospitals (6290 Private hospitals and 4390 Public hospitals) and
- An add-on scheme for senior citizens aged 60 years and above with a target population of 2 crores is being implemented from 1st April, 2016. This scheme will provide an enhanced coverage of Rs. 30,000 per senior citizen per year in the eligible family.

Senior Citizen Scheme of Department of Financial Services providing insurance cover to senior citizens would be implemented as a top-up over the existing RSBY Scheme during 2016-17, i.e. 1st April, 2016 onwards. The Scheme will cover senior citizens aged 60 years and above. It will provide an enhanced coverage of Rs. 30,000 per senior citizen in the eligible family. The premium of the scheme would be met from the proposed Senior Citizens Welfare Fund administered by the Ministry of Finance, Department of Financial Services. Premium will be paid by the Government (Centre and States in the ratio 60:40 except the North Eastern States & 3 Himalayan States where it is 80:20) for BPL families. This new scheme shall have the capped central assistance of fixed rate of Rs. 500/- per family per annum whereas States shall contribute minimum of Rs. 300/- per family per annum. The States will, however, have the option to expand horizontally the number of beneficiaries and vertically the benefit packages. The preparatory work for launching the scheme in 2016-17 is being carried out in 2015-16.

Three tier (Central, State and District level) Grievances Redressal Mechanism has been set up by the Government of India. A Central Grievances Redressal Management System is in place at following portal:

<http://rsby.gov.in/tempsites/cgrs/Website/OnLineRegisterComplaint.aspx>