

In the hands of Modicare

On paper, Ayushman Bharat-PMJAY seems like a right step towards public healthcare. On the ground, it has many hurdles to cross

SUSHIL MANAV IN CHANDIGARH

FOR three years, Amit Kumar had been repaying a loan of Rs 1.5 lakh through monthly instalments. The amount was borrowed from a money lender to get his wife operated upon at a private hospital for the delivery of their first child. A daily-wage labourer at a rice mill near Karnal, Amit had no clue as to how would he manage his finances now that his second child was due.

He shuddered at the thought as he stepped inside Kalpana Chawla Medical College and Hospital, Karnal, with his full-term pregnant wife Mausami. Post the C-section, as he went to the billing counter with a wad of crisp currency notes in hand, little did he know that he would be in for a pleasant surprise. Three times he crosschecked the amount printed on the bill. It mentioned: ₹35. That, too, was charged for the baby's birth certificate. Rightly, the baby girl was named Krishma.

Then came the second happy news. "I was told that my newborn had become the first beneficiary of a newly launched scheme Ayushman Bharat — Pradhan Mantri Jan Aarogya Yojana (PMJAY)," beams Amit. This time, though, he had decided to have the baby delivered at a government health facility, but never thought that the operation would be free of cost.

The PMJAY, launched across the country on September 23, was pilot tested in Haryana in August this year. In Haryana alone, nearly 15.5 lakh families or almost 80 to 90 lakh people will benefit from this scheme. It is also a portable scheme. A patient from Haryana can avail the treatment in any of the states that have implemented the scheme.

Who all stand to benefit

While launching the scheme in Karnal on



194 hospitals in Haryana have been empanelled with the scheme. Krishma's parents receive a cheque from Haryana CM

September 23, CM Manohar Lal Khattar proposed that the government may include BPL families left out in the survey. Also around 5.5 lakh labourers registered under the Haryana Labour Welfare Board but not included in the list, victims of the Emergency, heroes of the Second World War, members of the Quit India Movement and those who played an active role during the Hindi Andolan and participated in the Indian National Army will be included.

Haryana health minister Anil Vij says that 194 government and private hospitals

in Haryana have been empanelled with the state for the scheme. So far, 35 persons have claimed aid under this scheme and 18 of them have already received the money, he claims.

Not a smooth road ahead

The biggest challenge is to get the private sector to participate. Ayushman Bharat, at present, has about 8,500 hospitals empanelled, and this includes public hospitals as well. There are about 30,000-40,000 recognised hospitals in the country. In Haryana,

the number of empanelled hospital is far too less. The lack of medical care and few empanelled hospitals in smaller towns can be a hurdle in the scheme's path to success.

Dr Atam Parkash Setia, former president of the Haryana chapter of the Indian Medical Association, rues that the packages announced by the government are too low to attract private hospitals. "The government has decided a package of ₹10,000 for hernia surgery, while no health facility will do it for less than ₹18,000 to 20,000. The packages also include charges for room,

The prequel died a premature death

In 2008, the UPA government led by Manmohan Singh launched the Rashtriya Swasthya Beema Yojna (RSBY). The healthcare scheme was thus flagged off much before Ayushman Bharat-PMJAY.

A government-run health insurance programme for the poor, the RSBY was launched in 25 states. The scheme aimed at providing health insurance coverage to workers from BPL category employed in the unorganised sector and their family members.

The families covered under the RSBY were entitled to cashless insurance for hospitalisation in public as well as private hospitals. A BPL family, holding a yellow ration card, was asked to pay ₹30 as registration fee. A biometric-enabled smart card enabled a beneficiary to receive in-patient medical care of up to ₹30,000 per family per year in any of the

empanelled hospitals.

However, the scheme failed to show impressive results. The number of beneficiaries started dwindling and the number of participating states dropped from 25 to 15 in the past two years.

In Haryana, the RSBY started facing rough weather in 2012, when some empanelled insurance companies stopped the payments of doctors. The companies, in turn, alleged that they have not been getting insurance premium from the government.

"There are no parallels between RSBY and the Ayushman Bharat-PMJAY. The first one provided health insurance of up to ₹30,000 only, while the present scheme gives insurance cover of ₹5 lakh. Further, the number of beneficiary families under the RSBY was 3.6 crore in the country, while the PMJAY covered 10.7 crore families," says a senior government official.