PRADHAN MANTRI JAN AROGYA YOJANA: AN ANALYTICAL AND CRITICAL REFLECTION

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ABSTRACT

The introduction of Pradhan Mantri Jan Arogya Yojana constitutes one of the numerous endeavours of the Government of India towards achievement of the 2030 Sustainable Development Goals Agenda. Being a social health insurance scheme, PM-JAY facilitates provision of quality healthcare services to the disadvantaged section of the Indian society by providing cashless and paperless access to medical treatments. It aims at achieving the overarching goal of Universal Health Coverage and combating the excessive levels of "out-of-pocket expenditure". PM-JAY subsumed the Rashtriya Swasthya Bima Yojana and was introduced as a major component of the Ayushman Bharat programme.

Notably, PM-JAY bears striking differences from the private health insurance schemes, evidencing the fact that private insurance and social insurance are significantly different legal systems. This merits a comparative study of the two legal systems. Further, despite being a well-appreciated policy of the government, the novel scheme is tainted with various shortcomings that hinder the achievement of the 2030 SDG agenda, including the lack of awareness amongst the beneficiaries and the exclusion of the outpatient department expenses.

The present research provides a detailed introduction of PM-JAY and draws its alignment with various SDGs. Next, the research critically analyses the success of the scheme over the past few years by highlighting its achievements as well as its prominent drawbacks in light of numerous statistical studies. Following the same, the present research puts forth some practical suggestions that can lend a helping hand in curbing the highlighted problems with the scheme and paving the way forward towards a sustainable future.

Introduction

Insurance law falls under the ambit of private legal system of a country, involving agreements between two parties whereby one party undertakes to cover the risk pertaining to the subject-matter of insurance on occurrence of an uncertain event, for a consideration amount extended to it by other party in the form of premium.[1] The involvement of government in the matters of insurance culminates in the attachment of a public policy aspect to the private nature of insurance contracts.[2]

A coalesced reading of the Preamble and Part IV of the Indian Constitution, postulating the idea of socialism and co-operative federalism and enshrining the Directive Principles of State Policy,[3] essentially portrays India as a public-centric welfare state.[4] The ensuing underpinnings of such character include the responsibility of the government of India to provide for the protection of health and well-being of the citizens, particularly the lower income group of the Indian society that seldom has access to quality health care services and resources.[5]

In pursuance of the aforesaid role of the government, numerous targeted health assurance schemes have been introduced over the years, conflating the idea of public healthcare with the overall objective of boosting the economic growth of the country. With the introduction of "Rashtriya Swasthya Bima Yojana" in 2008,[6] the government deepened its presence in the public health insurance sector. Subsequently in September 2018, following the recommendations enlisted in the National Health Policy, 2017, the government launched the "Pradhan Mantri Jan Arogya Yojana" *(PM-JAY)* under the aegis of the flagship scheme of "Ayushman Bharat – National Heath Protection Mission".[7]

PM-JAY is the manifestation of the allegiance of India to the overarching mission of Universal Health Coverage *(UHC)*.[8] It is often termed as the largest social health insurance scheme in the

[1] Shem Oganga, *Nature of Insurance Contracts*, 7 J.R.H.S.S. 44, (2019).
[2] *Id*.
[3] Nalin Singh Panwar, *Directive Principles of State Policy Envisioned in Indian Constitution: A Critical Review of its Implementation in Madhya Pradesh*, 71 The Indian Journal of Political Science 332, (2010).
[4] Avneesh Kumar, *Social Welfare and Constitutional Responsibilities of Government: An Analysis of the Current Scenario*, Vifi India (Jan. 03, 2012), https://www.vifindia.org/article/2012/january/03/Social-Welfare-and-Constitutional-Responsibilities-of-Government-An-Analysis-of-the-Current-Scenario.
[5] Devesh Kapur & Prakirti Nangia, *Social Protection in India: A Welfare State Sans Public Goods*, 14 India Review 73, (2015).
[6] *Id.*
[7] *About Pradhan Mantri Jan Arogya Yojana (PM-JAY)*, National Health Authority, https://pmjay.gov.in/about/pmjay.
[8] *Lessons Learned in One Year Implementation of PM-JAY*, National Health Authority (2019),

world.[9] Notably, the government has planned to utilise the flexibility of the scheme to adapt to the materialisation of the novel needs and demands of the country and its economy over time.[10]

Understanding PM-JAY as a Policy Initiative

PM-JAY has been developed on same lines as the RSBY scheme, the Employee State Insurance *(ESI)* Scheme, as well as the Central Government Health Scheme *(CGHS)*.[11] With the funding infused by the Central Government in entirety, the costs of operating the scheme are split amongst the Central and the respective State Governments.[12] The scheme entails a monetary coverage capped at rupees five lakhs annually for each family, embracing an estimated number of fifty crore poor and deprived individuals selected on the basis of the recent "Socio-Economic Caste Census" *(SECC)*.[13]

Striving for maximal and optimal inclusion, the scheme entitles each beneficiary to avail cashless and paperless medical care throughout India from all the public and private scheme-enlisted hospitals.[14] It aims at combating the excessive levels of "out-of-pocket expenditure" *(OOPE)* that forms a major reason for healthcare-avoidance by the poor.[15] For robust implementation of the scheme, every State is required to establish a "State Health Agency" *(SHA)* or appoint an existing agency, trust or society, which is to co-ordinate with the "National Health Agency" *(NHA)*.[16] The States are autonomous to choose between the insurance model, wherein a designated insurance company expends the insurance payment, the trust model, wherein the SHA itself expends the payment, or the hybrid model, wherein the payment is

https://www.pmjay.gov.in/sites/default/files/2019-09/Lessons%20Learnt%20small%20version.pdf.

[9] Himani Chandna, *Ayushman Bharat faces 7 challenges, Modi govt looks at homegrown startups for help,* ThePrint (Sept. 30, 2019), https://theprint.in/health/ayushman-bharat-faces-7-challenges-modi-govt-looks-at-homegrown-startups-for-help/298976/.

[10] *Ayushman Bharat*, National Portal of India, https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission.

[11] *Lessons Learned in One Year Implementation of PM-JAY*, National Health Authority (2019), https://www.pmjay.gov.in/sites/default/files/2019-09/Lessons%20Learnt%20small%20version.pdf.

[12] *Ayushman Bharat*, National Portal of India, https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission.

[13] *Cabinet Approves Ayushman Bharat – National Health Protection Mission*, Press Information Bureau (Mar. 21, 2018), https://pib.gov.in/newsite/PrintRelease.aspx?relid=177816.

[14] *Cabinet approves Ayushman Bharat - National Health Protection Mission*, Business Standard (Mar. 22, 2018), https://www.business-standard.com/article/news-cm/cabinet-approves-ayushman-bharat-national-health-protection-mission-118032200267_1.html.

[15] *Long Road to Universal Health Coverage*, NITI Aayog, https://www.niti.gov.in/long-road-universal-health-coverage.

[16] *Ayushman Bharat*, National Portal of India, https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission.

expended by both the insurance company and SHA.[17]

The scheme also envelops the Brownfield States and Union Territories that already had their specific welfare-centric insurance schemes.[18] Further, the scheme envisages the financial contribution of Central Government at 60%, 90% and 100% for its implementation in States, Union Territories and north-eastern States respectively, to be kept in, and transferred through, a separately managed escrow account.[19] Being a commendable measure of the government, PM-JAY has been applauded even by the Foreign Minister of Singapore.[20]

PM-JAY – A Step Towards a Sustainable Future

With every passing day, countries throughout the world are readying themselves to endorse each of the seventeen Sustainable Development Goals *(SDGs)* to achieve the 2030 SDGs Agenda. One of the underlying segments which contribute greatly towards such achievement is the social health insurance sector.[21] In India, PM-JAY has been introduced as a social health insurance scheme to enable the government to fulfil its duty of upholding India as a Welfare State, while contributing to the achievement of the SDGs Agenda 2030.[22] It aims to be the spirit behind the motto "to leave no one behind",[23] and behind the idea embedded under SDG 1.3 and SDG 10.4 of progressively executing "social protection systems" for all.

Providing health insurance to the most vulnerable section of the Indian society, PM-JAY is the manifestation of the goal of healthy life and well-being of the people of all age-groups, as enshrined by UN under SDG 3.[24] It ensures that all members of the Indian society in general, and the financially poor group of the society in particular, have reasonable access to medical

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[17] *Ayushman Bharat – A Big Leap Towards Universa; Health Coverage in India*, KPMG (Dec., 2019), https://assets.kpmg/content/dam/kpmg/in/pdf/2019/12/universal-health-coverage-ayushman-bharat.pdf.
[18] Neetu Chandra Sharma, *Ayushman Bharat Completes 100 days, Government Focuses on "Greenfield" States*, Mint (Jan. 02, 2019), https://www.livemint.com/Politics/19LvSvEnZsFlYXG0WlW40K/Ayushman-Bharat-completes-100-days-government-focuses-on-g.html.
[19] *Ayushman Bharat – A Big Leap Towards Universal; Health Coverage in India*, KPMG (Dec., 2019), https://assets.kpmg/content/dam/kpmg/in/pdf/2019/12/universal-health-coverage-ayushman-bharat.pdf.
[20] *"Excellent Example Of...": Singapore Minister's Praise For Ayushman Bharat*, NDTV (Oct. 07, 2021), https://www.ndtv.com/india-news/excellent-example-of-singapore-minister-vivian-balakrishnans-praise-for-ayushman-bharat-2567052.
[21] Blake J. Angell et al., *The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance*, PLOS Medicine (2019), https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002759.
[22] *About Pradhan Mantri Jan Arogya Yojana (PM-JAY)*, National Health Authority, https://pmjay.gov.in/about/pmjay.
[23] *Id.*
[24] *Ayushman Bharat will strengthen India's efforts towards achieving Universal Health Coverage: Dr Harsh Vardhan*, PIB (2019), https://pib.gov.in/newsite/PrintRelease.aspx?relid=193358.

support, which is inclusive of the "prevention, promotion, treatment, rehabilitation, and palliation" services,[25] focusing on the goal of UHC enumerated under SDG 3.7 and SDG 3.8.

Further, given that PM-JAY covers the aspects of "pregnancy care and maternal health services" as well as "neonatal and infant health services",[26] it is in direct consonance with SDG 3.1 of lessening "maternal mortality ratio", SDG 3.2 of lowering down "neonatal mortality ratio", and SDG 3.4 of reducing "premature mortality ratio". Furthermore, by including "emergency care" under its ambit,[27] PM-JAY strives to achieve SDG 3.6 of lowering down the number of fatalities resulting from road accidents. Therefore, the scheme has essentially been developed on same lines as the indicators under SDG 3.

This apart, PM-JAY covers various indicators of other listed SDGs. By making quality treatment possible for all, it enhances the health of the human resource of the country, and hence, may contribute to SDG 8.5 by supporting the health and productive capacity of the workforce. This, in turn, may indirectly contribute to SDG 8.1, which seeks to promote sustained economic growth.

Moreover, by empaneling private hospitals and bringing private insurance companies in loop, PM-JAY has fostered strong institutional framework, thus promoting the idea behind SDG 16 of robust and "inclusive institutions at all levels". All in all, through the introduction of PM-JAY, the government has facilitated the meeting of SDG 16.b of promoting and enforcing "non-discriminatory policies for sustainable development".

Analysing the Policy Drawbacks

Given the conflation of the welfarist character of social insurance schemes and their objective of last-mile inclusion, fool-proof implementation of PM-JAY is still a distant vision for India.[28] This part highlights the two predominant issues that PM-JAY, in its present form, is tainted with.

[25] *Long Road to Universal Health Coverage*, NITI Aayog, https://www.niti.gov.in/long-road-universal-health-coverage.
[26] *Pradhan Mantri Jan Arogya Yojana in India 2021*, ScripBox, https://scripbox.com/saving-schemes/pmjay/.
[27] *Id.*
[28] Ritwik Shukla, *As the Pradhan Mantri Jan Arogya Yojana Evolves, Some Challenges Remain Rooted*, Accountability Initiative (June 11, 2020), https://accountabilityindia.in/blog/as-the-pradhan-mantri-jan-arogya-yojana-evolves-some-challenges-remain-rooted/.

A. **Lack of PUBLIC Awareness**

One of the most important pre-requisites underlying the success of a social insurance scheme is the need for information symmetry amongst the targeted section of the society.[29] Absent the knowledge of welfare measures available to them under PM-JAY, the potential beneficiaries of the scheme continue to endure unwarranted hardships in securing quality healthcare, culminating in reduced demand of, and the reluctance to avail, the benefits of PM-JAY.[30]

The Working Paper released by NHA reveals the acute inadequacy of awareness of PM-JAY amidst interviewed households in Bihar, Haryana and Tamil Nadu, particularly in rural areas.[31] It states that merely 27% of the targeted subjects of the survey in the said States were aware about the scheme and their entitlement to avail the stemming benefits, out of which only 71% beneficiaries had undergone the identification process for acquiring e-cards issued under the scheme. Further, hardly 30% out of the total households that required hospitalization actually took recourse to PM-JAY, quoting the reason to be their ignorance regarding the hospitals, diseases and the medical conditions covered under the scheme. The CEO of NHA Dr. Indua Bhushan has, in his statement to the press, also iterated the low awareness about PM-JAY to be the biggest challenge before the Authority in robustly implementing the scheme.[32]

Moreover, one of the latest studies published by The Wire observes that while the Modi government has incessantly advertised PM-JAY to be a "cashless" insurance cover, the dearth of knowledge regarding the upper cover ceilings and the package system under the scheme has rendered the beneficiaries in discontent.[33] The representation and promotion of the scheme as a cashless endeavour has given out a false impression to the beneficiaries, who, on realization of the actual particulars, criticize the government as well as the empanelled hospitals for

[29] Shawin Vitsupakorn et al., *Early experiences of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in India: a narrative review*, The Centre for Policy Impact in Global Health (Feb., 2021), https://centerforpolicyimpact.org/wp-content/uploads/sites/18/2021/02/PMJAY_FINAL.pdf.
[30] *Problem Statements*, PM-JAY, https://pmjay.gov.in/GC/problem-statement.html.
[31] Prof. Umakanth Dash et al., *Accessing Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY): A case study of three states (Bihar, Haryana and Tamil Nadu)*, National Health Authority, https://pmjay.gov.in/sites/default/files/2021-05/Working%20paper%20006-%20A%20case%20study%20of%20three%20states%20under%20AB%20PM-JAY.pdf.
[32] Nidhi Sharma, *Ayushman Bharat awareness 80% in TN, barely 20% in Bihar and Haryana*, Economic Times (Sept. 03, 2019), https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/ayushman-bharat-awareness-80-in-tn-barely-20-in-bihar-and-haryana/articleshow/70953467.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst.
[33] Vanita Singh, *Under Ayushman Bharat, Poor Patients are Not Going Cashless but with Less Cash*, The Wire (July 10, 2020), https://science.thewire.in/health/ab-pmjay-scheme-health-insurance-packages-cashless/.

deceit,[34] and tag the overall scheme as a scam concocted merely for securing public votes. The ensuing mistrust and malaise amongst the patients paves way for suboptimal results of the medical treatment.[35] Such discontented patients, in turn, poorly advertise the hospitals, the scheme and the government to the already oblivious society, striking at the very objective of the scheme of promoting UHC.[36]

It is pertinent to note that the provision of unlimited insurance cover by the government under PM-JAY is an impracticable expectation. However, it is also to be noted that the government itself has implanted such an expectation in the minds of the beneficiaries as a result of inadequate information dissemination.

The afore-discussed studies clearly emanate the lack of awareness to be the cardinal factor hindering the demand-side variable of PM-JAY. Therefore, the government needs to take immediate measures to focus on effectuating detailed awareness generation programs at distinct levels to establish an informed trust in the scheme throughout the society.

B. Non-inclusion of outpatient department expenses

An impeccable welfarist health insurance scheme must provide for the coverage of inpatient as well as outpatient expenditures.[37] However, to the dismay of the beneficiaries and unlike the requisite nature of a social insurance scheme, PM-JAY merely covers the inpatient expenditures up to the prescribed limits, leaving the outpatient healthcare expenses to be borne by the beneficiaries out of their pockets.[38]

Notably, low rates of hospitalisation in India can be attributed to the daily-wage earners and unorganized workers in the country who cannot afford to lose out on their daily income, and hence, majorly take recourse to the meagre outpatient consultations.[39] Therefore, the realisation

[34] *Id.*
[35] Natasha Agnes D'cruze, *Risky Insurance:The Pradhan Mantri Jan Arogya Yojana in Jharkhand*, E.P.W. (Nov. 07, 2020), https://www.epw.in/engage/article/risky-insurance-pradhan-mantri-jan-arogya-yojana.
[36] *Id.*
[37] Rashme Sehgal, *PMJAY scheme has impressive list of benefits, but 'flawed model', lack of funds have medical experts sceptical*, First Post (Sept. 25, 2018), https://www.firstpost.com/india/pmjay-scheme-has-impressive-list-of-benefits-but-flawed-model-lack-of-funds-have-medical-experts-sceptical-5260481.html.
[38] Natasha Agnes D'cruze, *Risky Insurance:The Pradhan Mantri Jan Arogya Yojana in Jharkhand*, E.P.W. (Nov. 07, 2020), https://www.epw.in/engage/article/risky-insurance-pradhan-mantri-jan-arogya-yojana.
[39] Gokulnanda Nandan, *Explained: Why India's Public Health Insurance Doesn't Work As Well As It Should*, India Spend (Aug. 18, 2021), https://www.indiaspend.com/explainers/public-health-insurance-ayushman-bharat-health-resource-centre-healthcare-768375.

of the national and international objectives of last-mile health insurance cover and UHC through PM-JAY essentially call for the inclusion of diagnostics, medical tests and medicines under the scheme.[40]

Further, the Health Survey conducted by the "National Statistical Office" *(NSO)* observes the vast differences in the number of patients not needing hospitalisation and the number of them who do, the former being approximately 130 times the latter.[41] This depicts that most of the patients need or resort to outpatient care entailing outpatient expenses. Even for those who do need hospitalisation, in the context of the State of Chhattisgarh, the outpatient care expenses constituted around 40% of the overall cost incurred in treatment.[42] The said statistics patently evidences that the poor, who certainly tend to avoid hospitalisation, have no usability of PM-JAY for healthcare, for they require outpatient care which is expressly excluded from its ambit. Undeniably, the success of a scheme is measured in terms of the increase in its usage and not in terms of the number of beneficiaries it apparently covers.

The direct and disastrous ramifications of the non-inclusion of outpatient expenses under PM-JAY are evident from a recent analytical study conducted on the performance of social insurance schemes in Chhattisgarh.[43] The study unveiled the unfortunate indifference in access to healthcare even after the launch of PM-JAY, showing that hardly 6% of the PM-JAY registered beneficiaries availed healthcare, a statistics close to 5.7% of the non-registered persons who utilized medical facilities. This evinces the absence of essential aspects needed to promote the usability of PM-JAY, the most crucial aspect being the exclusion of outpatient expenses.

In recent years, Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has undergone significant expansion, reflecting the evolving commitment of the Indian State towards Universal Health Coverage. A landmark development occurred in 2024 when the Government extended the benefits of the scheme to all senior citizens aged seventy years and

[40] Ravneet Malhi et al., *Rashtriya Swasthya Bima Yojana (RSBY) and outpatient coverage*, NCBI (Feb., 2020), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7113939/.
[41] *Health in India - NSS 75th Round*, N.S.S. (2020), http://mospi.nic.in/sites/default/files/publication_reports/NSS%20Report%20no.%20586%20Health%20in%20India.pdf.
[42] Samir Garg, Comparing the average cost of outpatient care of public and for-profit private providers in India
[43] Samir Garg et al., *Performance of India's national publicly funded health insurance scheme, Pradhan Mantri Jan Arogaya Yojana (PMJAY), in improving access and financial protection for hospital care: findings from household surveys in Chhattisgarh state*, BMC Public Health (2020), https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-020-09107-4.pdf.

above, irrespective of their socio-economic status, through the Ayushman Vay Vandana initiative. This expansion is estimated to cover approximately six crore senior citizens belonging to about 4.5 crore families, thereby substantially broadening the scope of the scheme beyond its original focus on economically vulnerable populations. The scheme has also expanded its outreach to ASHA workers, Anganwadi Workers and Anganwadi Helpers and their families. Furthermore, PM-JAY has strengthened its digital infrastructure through beneficiary self-verification and the Ayushman App, while the nationwide portability mechanism has enhanced access to cashless healthcare for migrant and travelling beneficiaries. By June 2026, the scheme had achieved implementation across all States and Union Territories, demonstrating its transformation from an emerging welfare programme into a comprehensive national health assurance framework. These developments indicate that PM-JAY is progressively moving towards wider population coverage; however, concerns relating to awareness, accessibility, quality of healthcare services, geographical disparities and the exclusion of routine outpatient expenses continue to require critical policy attention.

Suggestions – Paving the Way Forward

The manifestation in PM-JAY of the idea of promotion of SDGs cannot be denied in light of the foregoing discussion. However, the novel scheme cannot be termed to be a fool-proof endeavour of the government.[44] Given the realisation of the same, the government has been quick to make the requisite efforts to better align the scheme with the SDGs. Notably, a few more efforts in the right direction can significantly minimize the loopholes that the scheme is presently tainted with.[45]

Firstly, government should organize a district-wise door-to-door survey for all the beneficiaries of the scheme so as to spread awareness and identify the "demand-side challenges" underlying PM-JAY. This will allow the government to ascertain the problems at the very ground level and take corrective measures depending upon the specific needs of different districts.

Secondly, government should set-up PM-JAY helpdesks at every empaneled hospital and in

[44] Ritwik Shukla, *As the Pradhan Mantri Jan Arogya Yojana Evolves, Some Challenges Remain Rooted*, Accountability Initiative (June 11, 2020), https://accountabilityindia.in/blog/as-the-pradhan-mantri-jan-arogya-yojana-evolves-some-challenges-remain-rooted/.

[45] Prof. Umakanth Dash et al., *Accessing Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY): A case study of three states (Bihar, Haryana and Tamil Nadu)*, National Health Authority, https://pmjay.gov.in/sites/default/files/2021-05/Working%20paper%20006-%20A%20case%20study%20of%20three%20states%20under%20AB%20PM-JAY.pdf.

government offices in districts for awareness generation and the identification of potential but non-registered beneficiaries. The appointed officers at local level are in a better position to mould and promote the area-wise implementation of the scheme.

Thirdly, the government should enhance targeted advertisement and make sure to disseminate information regarding PM-JAY in a manner that correctly educates the beneficiaries while avoiding giving any false impressions in their minds that might turn into dissatisfaction. It should ensure that the beneficiaries are well-informed about the limitations of the scheme.

Fourthly, compulsory workshops should be conducted in all schools and higher education institutions wherein the students should be informed about the particulars of PM-JAY and trained to undertake the entire registration and claiming process. The same can also be done through nukkad-nataks and youth camps in targeted areas.

Fifthly, the government should slowly and gradually include out-patient care expenses under the ambit of scheme so as to beat the statistics of people avoiding treatments due to such expenses.

The awareness generation programmes and the inclusion of outpatient expenses would undoubtedly impose a burden on the government exchequer. However, the consideration in lieu of the same can be easily extracted from all the private insurance companies, pharmaceutical companies, and hospitals throughout the country by mandating contribution to the scheme as a part of corporate social responsibility agenda to be fulfilled by them, irrespective of their annual turnover (excepting the loss-making entities).

Lastly, all the advantaged citizens of India should play their respective part in the promotion of the scheme by sharing information and helping the disadvantaged in reaping the benefits of the scheme in essence and spirit. Evoking voluntary donations from higher income groups while maintaining full transparency, making optimum utilisation of resources, and advertising positive outcomes of PM-JAY should be the present-day immediate goal of the government.

Conclusion

The implementation of PM-JAY is a commendable step that has been taken by the government for meeting the 2030 SDG agenda. It majorly focuses on SDG 3, with incidental footings on

SDG 1, 8, 10, and 16. The scheme surpasses the foregoing schemes of AABY and RSBY and has been recognized as the largest social health insurance scheme in the world.

Since its inception, the scheme has made great strides in the direction of attaining last-mile inclusion and quality healthcare provision. However, information regarding the scheme has emerged out to be unclear in the eyes of the beneficiaries, with the statistics evincing lack of awareness as well as incorrect knowledge of the particulars of the scheme. The same has resulted in great mistrust amongst the beneficiaries against taking recourse to PM-JAY. Further, statistics also show that the non-inclusion of outpatient department expenses under the scheme serves as one of the biggest reasons for the beneficiaries avoiding even the inpatient recourse.

These problems entailing the scheme need immediate corrective measures on behalf the government. Absent such measures, the government will be unable to make as effective a stride towards a sustainable future. In light of the same, the consideration and adoption of the afore-discussed practical suggestions for awareness generation and widening of the policy will constitute the very first step in paving way towards a successful, socially secured and pro-2030 Agenda future. After all, with its rise in power and in accordance with the spirit of the Indian Constitution, the government has assumed the solemn duty of discharging its functions as sincere stewards of the Welfare-State of India.