



Health Care of the Citizens: Role of the Government

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Introduction:

Good Health and well-being are highly important in the life of any individual. However, the unpredictable and uncertainty associated with one's health are uncontrollable factors. Whether it is a viral infection, a critical illness, or an accident, we are all vulnerable to a wide gamut of risks related to health. This is one of the several reasons why it is important to have a suitable health insurance plan for yourself and your family members.

The constitution of India obliges the government to ensure the “right to health” for all. Each state is required to provide free universal access to health care services. However, health care in India has been chronically underfunded.

Right to health and access to health-care are the basic human rights required to fulfill the right to life guaranteed by Universal Declaration of Human Rights, International Covenant of Civil and Political Rights, International Covenant of Social, Economic and Cultural Rights and Other Covenants of United Nations and World Health Organization. They are adopted by

majority constitutions of the world as fundamental rights for their citizens.

Quality care through health systems has become a priority of care in many countries. Since quality is important in health services, quality initiatives in health services have become a global phenomenon. Many countries are exploring different ways and methods to improve the quality, efficiency, affordability, accountability, convenience and availability of healthcare services

The government health insurance scheme that is designed to offer adequate health cover benefits at a low-priced insurance cover to the people.

All Indian citizens can get free outpatient and inpatient care at government facilities. Under India's decentralized approach to health care delivery, the states are primarily responsible for organizing health services. Because of severe shortages of staff and supplies at government facilities, many households seek care from private providers and pay out-of-pocket. For low-income people, the government recently launched the tax-financed National Health Protection Scheme (Ayushman Bharat-

Pradhan Mantri Jan Arogya Yojana, or PM-JAY), which allows them to also get cashless secondary and tertiary care at private facilities. There are also a handful of health insurance arrangements for specific population groups like government employees and factory workers. Private voluntary insurance is available, but uptake is limited.

Historically, there have been several government-funded health insurance schemes intended to improve coverage for specific population groups, with variations across states. One important scheme aimed at reducing financial catastrophe and vulnerability for lower-income populations is the National Health Insurance Program (Rashtriya Swasthya Bima Yojana, or RSBY), launched in 2008. As of 2016, some 41 million families were enrolled in RSBY.² However, evidence indicates that the scheme has not significantly reduced out-of-pocket spending. It is now being subsumed under the PM-JAY.

With ineffective public insurance schemes and the low uptake of commercial insurance, only around 37 percent of the population were covered by any form of health coverage in 2017–2018.³ Further systemic barriers to access include long wait times in hospitals, the perceived low quality of public health services, and substantial workforce and infrastructure shortfalls.⁴

In March 2018, the central government approved the implementation of PM-JAY. This flagship public health initiative has been internationally

recognized as a significant step toward achieving universal coverage in India.⁵ The initiative offers hospital coverage for the 40 percent of the country's population that is poor or low-income. The other important initiative is to bolster preventive and promotive health care services by revamping existing primary health facilities into Health and Wellness Centres (see "Primary care," below).

Role of government: Responsibility for the governance, financing, and operation of the health system is divided between the central and state governments.

At the federal level, the Ministry of Health and Family Welfare has regulatory power over the majority of health policy decisions but is not directly involved in health care delivery. The ministry comprises two departments:

- The Department of Health and Family Welfare is responsible for organizing and delivering all national health programs, with each program headed by its own administrative body.
- The Department of Health Research is responsible for promotion of health and clinical research, development of health research and ethics guidelines, outbreak investigations, and provision of advanced research training and grants for such training.

In 2014, the government established the federal Ministry of Ayurveda, Yoga and Naturopathy, Unani,

Siddha, and Homeopathy. It develops and promotes research in alternative medicine practices.

At the state level, the Directorates of Health Services and the Departments of Health and Family Welfare are responsible for organizing and delivering health care services to their populations. These include all medical care, from primary care and pharmacies to secondary and tertiary hospital care. These state bodies are also responsible for the following:

- management and monitoring of the health care workforce
- provision of federally funded national health program
- collection of health information and statistics
- control of food and drug quality
- supervision of local health care entities and organizations
- promotion of alternative medicine practices.

Given that states are independently responsible for health care activities, there is significant nationwide variation in service delivery models, insurance coverage, availability, and access.

Some initiatives are governed and/or financed jointly by the central and state governments, such as the National Health Mission, a family welfare and population control initiative.

At the district level, Panchayati Raj (local governance) institutions are responsible for grassroots governance and administration in rural villages. These government bodies play a significant role in establishing primary health centers, and

contribute to various social policies in such areas as education, agriculture, and transportation.

In a nation as diverse and dynamic as India, ensuring accessible and affordable healthcare remains a monumental challenge. Various government health insurance schemes in India, launched by the state as well as the central governments, have emerged as powerful tools in addressing this challenge, aiming to provide financial protection and medical support to millions across the country.

The Term “Government Health Insurance Scheme”:

A **government health insurance scheme** refers to a program established and operated by a governmental body to provide citizens with healthcare coverage. These schemes aim to ensure that individuals can receive medical treatment and services without facing excessive financial burdens.

Typically, the beneficiaries are entitled to various healthcare services, such as doctor visits, hospital stays, prescription medications, and preventive care. **Government health insurance schemes** play a crucial role in promoting universal healthcare access, especially for those who might not have access to private insurance options. Such initiatives vary widely in scope, design, and eligibility criteria, often reflecting the priorities and resources of the governing administration.

The Difference between Government Health Insurance Schemes from Private Health Insurance Schemes:

Government and private health insurance schemes differ in various ways, including their sources of funding, coverage options, eligibility criteria, costs, and management. Here are some key differences between these two kinds of health insurance schemes:

1. Source of Funding

- **Government Health Insurance Schemes:** These are funded by the government through taxpayer contributions.
- **Private Health Insurance Schemes:** These are funded by individuals or organisations who purchase insurance plans.

2. Coverage Options

- **Government Health Insurance Schemes:** These schemes often aim to provide basic healthcare coverage, essential medications, and preventive care to a broader population, especially those who may not be able to afford private insurance.
- **Private Health Insurance Schemes:** They often offer a range of plans with different levels of coverage, including more comprehensive options and access to a wider range of medical services.

3. Eligibility Criteria

- **Government Health Insurance Schemes:** Eligibility for government schemes is often determined by factors such as income level, employment status, age, and other

demographic criteria. These schemes may prioritise vulnerable populations and those without access to private insurance.

- **Private Health Insurance Schemes:** Eligibility for private insurance is generally open to anyone willing to pay the premiums, regardless of income or employment status. Some plans may have certain medical underwriting or restrictions based on pre-existing conditions.

4. Costs

- **Government Health Insurance Schemes:** The costs of government schemes are often subsidised to a bare minimum by the government, making them accessible to the lower-income group.
- **Private Health Insurance Schemes:** The costs of private insurance are higher due to the broader range of services covered and the involvement of private companies.

Significance of the Government Insurance Schemes:

- It is the responsibility of government to achieve the Sustainable Development Goals in their country
- It is the role of government to support health and well-being, including to:
- Provide good-quality health services, that are accessible and affordable to all who need them.
- Ensure policies, frameworks and standards for health and well-being are in place and acted on

- Ensure health services are well funded and run by professionals who are well trained
- Ensure roads and infrastructure are in place and in good condition so people can travel to use health and social services
- Make sure the cost of using services do not put people at risk of financial harm
- Give benefits to people who need them as this can help to protect against financial harm
- Enforce laws to protect people from violence and other unfair treatment
- Make sure people have the opportunity to be part of making decisions, such as about health services
- Related health tips and information

Government Health Insurance Schemes in India

- The Governments around the world are working towards providing good quality healthcare to the people. The authorities take measures for the welfare of the people from time-to-time. It includes awareness about medical issues, ensuring adequate infrastructure, and promoting health insurance facilities. Such measures are also taken by the Indian Government from time-to-time.
- What is a Government Health Insurance Scheme
- It is a Central or State Government powered scheme that is designed to provide adequate health cover at a low-priced insurance cover. Such health insurance policies are usually offered on a yearly basis.
- Regular Health Insurance Plans vs Government Health Insurance Scheme

| Features | Basic Health Insurance | Government Health Insurance Scheme |
|-----------------------|--|--|
| Eligibility | Available to all sections of society | Available to lower-income groups only |
| Sum Insured | Maximum sum insured of up to Rs 1 crore | Maximum sum insured of up to Rs 5 lakh |
| Premium | Rs 200 per month onwards (depending on the plan) | Rs 100 per month onwards or fully paid by the government (depending on the plan) |
| Coverage | Offers a broader coverage | Offers a narrow coverage |
| Private Hospital Room | Available (depending on the plan) | May or may not be available |

| | | |
|-------------------------------------|---|--|
| Policy Purchase | Policy can be purchased instantly | Policy purchase may take time |
| Network Hospitals | Wide network of empanelled private hospitals | A large number of public and private network hospitals |
| Maternity Benefits | Available(depending on the plan) | Available(Only for a single child under some cases) |
| Ambulance Charges | Available under most plans | Available under a few plans |
| Domiciliary Hospitalization Cover | Available(depending on the plan) | Not available |
| Online Renewal | Can be renewed online | May or may not be renewed online |
| Cumulative Bonus | Available if no claim was filed in the previous policy year | Not available |
| Health Check-up | Covered under some plans | Not covered |
| Monthly Premium Instalment Facility | Available under some plans | Not available |
| Tax Benefits | Available under Income Tax Act 1961 | Not available |

Types of Government Health Insurance Scheme:

1. Ayushman Bharat Yojana:

- Ayushman Bharat is a universal health insurance scheme of the Ministry of Health and Family Welfare, Government of India. PMJAY was launched to provide free healthcare services to more than 40% population of the country. The scheme offers a health cover of Rs 5 Lakh.
- In this scheme, it covers medicines, diagnostic expenses, medical

treatment, and pre-hospitalization costs. The poorest families of India can benefit from this healthcare scheme.

2. Pradhan Mantri Suraksha Bima Yojana:

- Pradhan Mantri Suraksha Bima Yojana aims to provide accident insurance cover to the people of India. People in the age group of 18 years to 70 years who have an account in a bank can avail benefit from this scheme.

- This policy provides an annual cover of Rs 2 lakh for total disability and death cover and Rs 1 lakh for partial disability. The policy premium gets automatically debited from the policyholder's bank account.

3. Aam Aadmi Bima Yojana (AABY):

- This is one of the latest National Health Insurance schemes having been established in the year 2007, October. It basically covers individuals from the age of 18 years-59 years. AABY insurance scheme is tailored for all those citizens living in the upcountry and in the rural areas.
- It also covers the landless citizens who are tenants living both in urban and rural areas. It also includes giving scholarships to underprivileged children.
- Basically, the head of the family or the earning member is the one protected by this scheme. The premium of 200 rupees per annum is shared equally by the state and the central government. Upon a natural death, the family is compensated at 30000 rupees. However, upon death caused by a permanent disability, the family is compensated at 75,000 rupees.

4. Central Government Health Scheme (CGHS):

- This scheme was started in the year 1954 and provides comprehensive health care facilities for central government officials and pensioners residing in cities. Operations of this scheme take place in cities such as

Kolkata, Mumbai, Lucknow, Delhi, Nagpur, and Pune.

- The people covered by this scheme are required to be residing in India. This is a National Health Company Online Renewal program that includes the privilege of health education to the beneficiaries.
- This scheme has the following main components: All dispensary related services including domiciliary care. In addition, the beneficiaries of this scheme have the privilege of being hospitalized each and every time they fall ill.
- On the other hand, whenever you have an X-ray or laboratory examination requirements, they would be provided free under this particular scheme. The most important advantage of this National Health Insurance scheme is that it provides free specialists consultations both at hospital level and dispensaries.

5. Employment State Insurance Scheme:

- This is a multidimensional National Health insurance scheme due to the fact that it provides social security as well as socio-economic protection to all workers in India. In addition, it provides the same privileges those who depend on workers protected under this scheme.
- This insurance scheme commences upon the first day of insurable employment to each and every worker. They are provided with full

medical care insurance for themselves and their families as well.

- On the other hand, those covered under this scheme (which is basically workers) are also entitled to a wide range of cash benefits. They include cash in times of physical distress such as sickness or even when one might become disabled may it be temporal or permanent.
- In addition, for any woman who would lose the capacity to earn or dependents of persons injured during occupational accidents, they are entitled to a monthly pension commonly referred to as dependents benefits.
- This scheme is not applicable to each and every person or company. It is only applicable to all permanent factories employing more than ten employees. Recently, the scheme has been extended to various businesses including shops, restaurants, road and motor transports and newspaper entities that employ more than 20 people.

6. Janshree Bima Yojana:

- Janshree Bima Yojana is designed for individuals in the poor category who are within the age group of 18-59 years. The scheme includes special features like Women SHG Groups and Shiksha Sahyog Yojana. At present there are 45 occupational groups under this scheme.

7. Chief Minister's Comprehensive Insurance Scheme:

- Chief Minister's Comprehensive Insurance Scheme is a Tamil Nadu state government scheme. It was launched in association with the United India Insurance Company Ltd. It is a family floater policy that was designed to provide quality health care services to people. This scheme covers more than a thousand medical procedures.
- In this policy, you can claim for hospitalization expenses up to Rs 5 lakh. The beneficiary can select from both private and government hospitals under this scheme. Tamil Nadu residents with an annual income of lesser than Rs 75000 per year are eligible to enroll under this scheme.

8. Universal Health Insurance Scheme (UHIS):

- This type of scheme was implemented to help the families who live below the poverty line. It covers the medical expenses of each and every member of the family. In case of death due to an accident, there is a cover that is provided.
- The main drivers of the Universal Health Insurance Scheme are basically the four public sector general insurance companies who have been doing this with an aim of improving healthcare to the underprivileged and especially the economically disabled citizen in India.
- Once a family member is hospitalized, this scheme may facilitate the medical expenses of up

to 30,000 rupees. However, when the earning head of the family is admitted to the hospital, the Universal health insurance scheme compensates a total of 50 rupees daily for a maximum of 15 days.

- We can therefore say that this insurance scheme is designed for families below the poverty line.

9. West Bengal Health Scheme:

- The Government of West Bengal launched this scheme for its employees in the year 2008. It is also available for the pensioners. This coverage is provided on both individual and family floater basis up to a sum insured of Rs 1 lakh. The policy covers OPD treatment and medical surgeries as per the policy terms and conditions.

10. Yeshasvini Health Insurance Scheme:

- The Karnataka State Government promotes the Yeshasvini Health Insurance Scheme. This scheme is useful for peasants and farmers and who are associated with a co-operative society. This health insurance scheme covers more than 800 medical procedures such as Neurology, Orthopaedic, Angioplasty, etc.
- Co-operative societies help the farmers to get enrolled in the Yeshasvini Health Insurance Scheme. The beneficiaries can avail of health care services through network hospitals, and coverage benefits are

extendible to the beneficiary's family members.

11. Mahatma Jyotiba Phule Jan Arogya Yojana

- The Government of Maharashtra introduced this health insurance policy for the benefit of people in the state around. The scheme is going to be helpful for below the poverty line and was targeted at the farmers in Maharashtra.
- The policy offers a family health cover of up to Rs 1.5 lakh for specified illnesses. The best part about this policy is that there is no waiting period, and it is claimable after the first day itself, unless it is specifically mentioned in the policy terms.

12. Mukhyamantri Amrutam Yojana

- Mukhyamantri Amrutam Yojana was initiated by the Gujarat government in the year 2012 for the benefit of the poor people living in Gujarat. People who are in the lower middle-income group and below the poverty line are eligible to enroll under the scheme.
- It is family floater health insurance policy that provides coverage up to Rs 3 lakh per family. The policyholder can avail of medical treatment from private and government hospitals, as well as trust-run hospitals.

13. Karunya Health Scheme:

- In 2012, the Kerala Government had launched this scheme to provide health cover for listed chronic illnesses. It is a Critical Illness plan for the poor and covers major diseases

such as Kidney, Cancer, cardiovascular illnesses, etc.

- People who are below the poverty line can enroll themselves in this scheme. The beneficiary needs to provide a copy of the Income Certificate and Aadhaar Card for the same.

14. Telangana State Government Employees and Journalists Health Scheme:

- Telangana Government launched this scheme for its journalists and employees. It is beneficial for the employed, retired, and pensioners. In this scheme, the beneficiary can avail of cashless treatment in the hospitals that are registered. The beneficiaries do not have to rush to arrange funds for emergency medical expenses.

15. Dr YSR Aarogyasri Health Care Trust:

- Four health welfare schemes were launched by the Andhra Pradesh Government along with the Dr YSR Aarogyasri Trust. These schemes offer medical cover to different people and help them at the time of a medical emergency. The schemes are given below:
- Dr YSR Aarogyasri scheme for the welfare of the poor
- Arogya Raksha scheme is for Above the Poverty Line (APL)
- Working Journalist Health Scheme that provides cashless treatment cover for specified procedures
- Employee Health Scheme provides health cover to the state government employees

- Features and Benefits of Government Health Insurance Schemes
- The features and benefits of government health insurance schemes are given below:
- Government health insurance schemes are offered at a low price
- With this policy, BPL families can also avail of insurance benefits
- The policy ensures coverage for the poor people
- The policy includes treatment in both private and government hospitals for better healthcare

Conclusion:

Implementing a universal health protection scheme in India needs a thorough look into the economic implications of the scheme which is out of the scope of this discussion. It will require further government investments both at the state and central levels given the current minimal investments. However, it will also offer protection from inefficient administrative spending on fragmented population coverage. Additionally, there is ample evidence of enhanced financial protection and health outcomes in neighbouring countries after implementing universal health protection schemes.

Above all we can say that various nations have their own healthcare system but they should have the provision for health care which would give, easy access, affordable, availability and quality of health care. Therefore the government should make the provision for the people

to attain the aim of right to health and health care, and the provisions of UDHR

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