

and standard template for costing of medical procedures and shared the same with the States and Union Territories for appropriate action by them.

At present, the Clinical Establishments Act is applicable in 11 States *viz.* Arunachal Pradesh, Himachal Pradesh, Sikkim, Mizoram, Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Rajasthan, Assam and Haryana and all Union Territories (except Delhi).

Cashless facility under PMJAY

†996. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the objective of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana is to bring more than 10 crore poor and weak families under this scheme by providing the coverage upto ₹5 lakh to each family every year for admission to secondary and tertiary hospitals;

(b) if so, the details thereof;

(c) whether Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana provides the paperless and cashless access to the beneficiaries during the services taken by them in the empanelled hospitals (both Government and private) throughout the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Yes. The details of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) are given in the Statement (*See below*).

(c) and (d) Yes. Any beneficiary of PMJAY can approach any empanelled hospital in the country under PMJAY to avail the benefits. It is an entitlement based scheme and does not involve enrolment, or issue of plastic cards. On establishment of the beneficiary's identity, services are rendered to him/her in a cashless manner.

Statement

Details of the Pradhan Mantri Jan Arogya Yojana (PMJAY)

1. Government of India has launched Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) on 23.09.2018. PMJAY is Centrally sponsored scheme. It is

†Original notice of the question was received in Hindi.

entirely funded by Government and the funding is shared between Centre and State Governments as per prevailing guidelines of Ministry of Finance.

2. PMJAY provides health coverage up to ₹ 5 lakh per family per year for secondary and tertiary hospitalization to around 10.74 crore poor and vulnerable families (approx. 50 crore beneficiaries).
3. PMJAY is an entitlement based scheme. This scheme covers poor and vulnerable families based on deprivation and occupational criteria as per SECC data.
4. PMJAY provides cashless and paperless access to services for the beneficiary at the point of service in any (both public and private) empanelled hospitals across India. In other words, a beneficiary from one State can avail benefits from an empanelled hospital anywhere in the country.
5. Under PMAJY, the States are free to choose the modalities for implementation. They can implement the scheme through insurance company or directly through the Trust/ Society or mixed model.
6. There is no restriction on family size, ensuring all members of designated families specifically girl child and senior citizens get coverage.
7. At national level, National Health Authority (NHA) has been set up to implement the scheme.
8. MoU has been signed between National Health Agency (now National Health Authority) and 33 States/UTs to implement PMJAY.
9. About 1393 treatment packages are available for the beneficiaries under PMJAY.
10. The details of package, operational guidelines and key features are available at www.pmjay.gov.in.

Non-implementation of reservation norms in UG medical college admissions

997. SHRI V. VIJAYASAI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it has come to the notice of Government that the State Government of Andhra Pradesh is not implementing reservations for SCs, STs and OBCs in undergraduate medical college admissions conducted by NTR University of Health Sciences by violating GO. No. 550 of 2001;