

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 1010  
TO BE ANSWERED ON 25<sup>TH</sup> JULY, 2025**

**MEDICAL TREATMENTS COVERED UNDER AYUSHMAN BHARAT**

**1010. SHRI G KUMAR NAIK:**

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of specific diseases and medical treatments currently included from coverage under Ayushman Bharat;
- (b) whether there is a mechanism put in place for reviewing and potentially expanding the coverage list to include treatments for diseases that significantly impact the population, if so, the details thereof;
- (c) whether the Government has data of the number of cases where patients are denied coverage under Ayushman Bharat due to exclusions, along with an outline of alternative support measures available for such affected patients, if so, the details thereof;
- (d) whether the Government has any consideration of including high-cost treatments, such as advanced cancer therapies or organ transplants, to ensure that financially vulnerable patients can access life-saving care, if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to make the scheme more inclusive and responsive to evolving healthcare needs in the country?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI PRATAPRAO JADHAV)**

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government of India that provides health coverage of ₹5 lakh per eligible family per year for secondary and tertiary care hospitalizations. Latest Health Benefit Package, HBP 2022 Package Master includes 1,961 procedures across 27 medical and surgical specialties, to deliver comprehensive secondary and tertiary level healthcare services.

The details of the packages currently included under AB PM-JAY can be accessed from <https://pmjay.gov.in/hospital/hbc>

(b): AB-PMJAY reviews and revises the Health Benefit Packages (HBPs), from time to time, to include treatments for diseases that significantly impact the population.

(c): As per the terms and conditions of empanelment, hospitals cannot deny treatment to eligible beneficiaries of the scheme. In instances other than treatment denial due to exclusion by the empaneled hospital, beneficiaries can lodge grievances. Under AB-PMJAY, a three-tier grievance redressal system at District, State and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare services. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can file their grievances using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers (14555), email, letter to State Health Agencies (SHAs) etc. Based on the nature of grievance, necessary action including providing of support to the beneficiaries in availing treatment under the scheme, is taken.

(d): Under the AB-PMJAY, the Government provides financial protection for secondary and tertiary care hospitalizations to eligible beneficiaries. Health Benefit Package (HBP) 2022 includes coverage for high-cost treatments such as cancer care (medical, radiation, and surgical oncology), as well as renal and bone marrow transplants.

(e): In January 2022, Government of India revised the beneficiary base of the scheme from 10.74 crore to 12 crore families, covering the bottom 40% of India's population. Further, in March 2024, the eligibility criteria were expanded to include 37 lakh Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs), and their families. Recently, the scheme has been further extended to cover 6 crore senior citizens aged 70 years and above, representing 4.5 crore families, through Vay Vandana Card, irrespective of their socio-economic status.

Further, the number of Health Benefit Packages have been increased from 1,393 to 1,961 procedures to expand coverage and address unmet healthcare needs.

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