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THE AWARE CONSUMER

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NATIONAL CONSUMER DAY 2023

Theme: 'Consumer Protection in the Era of E-Commerce and Digital Trade'

BE A WISE CONSUMER:

INSURANCE

is Your Safety Net, Not an Expense

OPINION

Integrative Healthcare Practices to Achieve Universal Health Coverage

INTERVIEW

B P ACHARYA
IAS, (Retd)
Chairperson of IRDAI's Advisory Committee on Insurance Ombudsmen

MY MARKET

When Will Integrative Healthcare Find its Rightful Place in Health Insurance?

PLUS ROUND UP • RESEARCH FEATURE

NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES

AT A GLANCE

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VIEW  POINT

MESSAGE FROM PUBLISHER & EDITOR

Consumers Cover Your Risks with Insurance!

Each one of us needs to invest in adequate insurance plans that will provide us with the necessary coverage when the need arises!

INSURANCE IS A safety net that provides financial support in times when we need it the most – be it an accident, disease or death. Backed by proper insurance, you can get the right treatment without having to worry about the expenses; senior citizens can live life with comfort and dignity; your loved ones will be taken care of even when you are snatched away from them and so on.

Indeed, insurance has your back in the most unforeseen of circumstances. Alas, getting insurance coverage is mostly at the bottom of our priorities. Indian consumers are either largely unaware of the importance of insurance, or expect their families and the government to take care of them in times of need. Living in this blissful oblivion, most of us neglect to buy any kind of insurance. No wonder India ranks among the lowest in terms of insurance penetration!

The problem here is that we tend to consider insurance as an expenditure – fact of the matter is that insurance is an investment, and a very good one at that. With insurance, you are investing in a safe and happy future for your health, business, property, life and more. The small premiums you pay on a regular basis will become a helping hand when you need it the most. Especially, health insurance is your shield in distress situations; **most of the premium is offset by claim settlement,** besides giving tax rebate against premium. In fact, why can't babies be insured at the time of birth for a nominal premium?

I call on each one of you - Do not wait till your middle age to start thinking about buying insurance. We need to inculcate the habit of getting insurance coverage right from the first day of employment. You will thank your foresight later!

We are aspiring to make insurance coverage a mass movement across sectors and communities. Ask yourself why don't you have insurance from cradle to grave? Can anything be a better partner than insurance? Then go out and do the needful!

Prof. Bejon Kumar Misra
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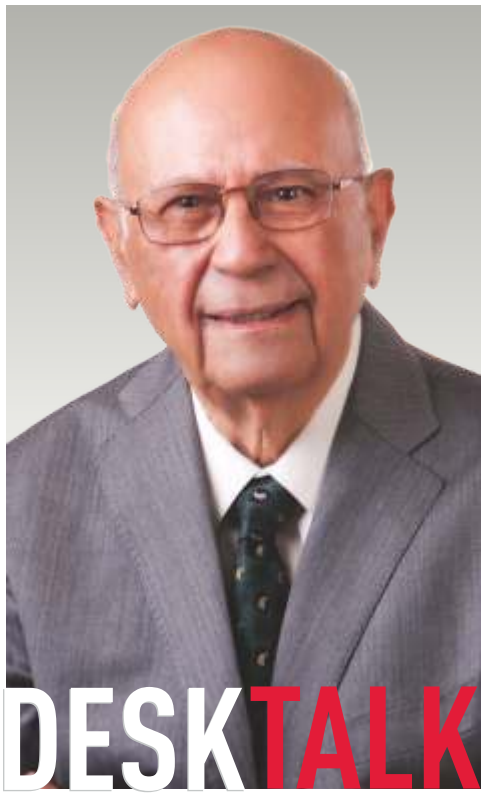

INSURANCE
COVERAGE FOR TRADITIONAL HEALTHCARE SYSTEM

DESKTALK

THE TWO PRIMARY talking points of insurance are health and life. While a lot has been said about the need, importance and utility of both medical and life insurance, I want to shine the light on Ayush coverage in health insurance!

I am thrilled to see that the demand for Ayurveda, Homeopathy and other recognised systems of medicine and treatments continues to grow. While some insurance providers do cover these under specific plans or to a limited extent, we are seeking a more holistic integration of Ayush in medical insurance.

Our ask is based on the fact that Ayush practitioners around the country are quietly delivering affordable healthcare services to the masses. Unfortunately, Ayush is still not streamlined into the healthcare ecosystem. In the bargain, modern medicine continues to remain overpowering and all-prevailing. While we have nothing against allopathic treatments, promoting insurance coverage for Ayush will enable traditional healthcare to get its rightful place as a viable option for consumers. This will also shift the focus on preventive care, rather than just being limited to curative treatments!

Therefore, for India to meet its health goals, including the UN SDG 3.0 overarching goal by 2030 - To ensure healthy lives and promote wellbeing for all at all ages - Ayurveda and Yoga is mandatory to be mainstreamed and leveraged.

Interestingly, a new term 'Quaternary Prevention' has emerged, “action taken to identify the patient at risk of over-medicalization, to protect him from new medical invasion, and to suggest him interventions ethically acceptable.”

On a broader canvas, a lot of work is being done in the insurance space, both by the regulator and the insurance providers. Many innovative insurance products and initiatives are entering the market. But the average consumer remains oblivious to them and is unable to reap the benefits thereof.

In this regard, we are also conducting a nationwide survey on the 'Status of Health Insurance Adoption in India' to understand the enabling/hindering factors across demographics (in association with BIMTECH). We will be grateful if you can take out a few minutes to share your responses at **http://tinyurl.com/survey-health-insurance.** Your valuable inputs will go a long way in shaping the future of accessible and affordable healthcare!

INSIDE

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UNLOCKING CONSUMER POTENTIAL
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RAJIV VASUDEVAN
FOUNDER & MD OF APOLLO AYURVAID HOSPITALS

"While 70% of the Indian population is covered under one or the other payer-backed insurance schemes, it is quite intriguing that out-of-pocket expenditure accounts for 47% of total health expenditure. This is attributed to the fragmentation of service provision and lower levels of risk pooling."

ROUNDUP

Bima Lokpal Day - Silver Jubilee Celebrations

THE 25TH BIMA Lokpal Day was celebrated with much fanfare and enthusiasm across the country. 11th November marks the foundation day of the Institution of 'Insurance Ombudsman'. This is the silver jubilee year of the establishment of this alternate grievance redressal platform for resolving grievances related to insurance sector.

Starting from 11th November, 2023, the Bima Lokpal week celebrations extended across the 17 ombudsman centres in India.

Our editor and publisher, Prof Bejon Kumar Misra was a part of the 'Bima Lokpal Day' event at Guwahati.

DATA BRIEFING

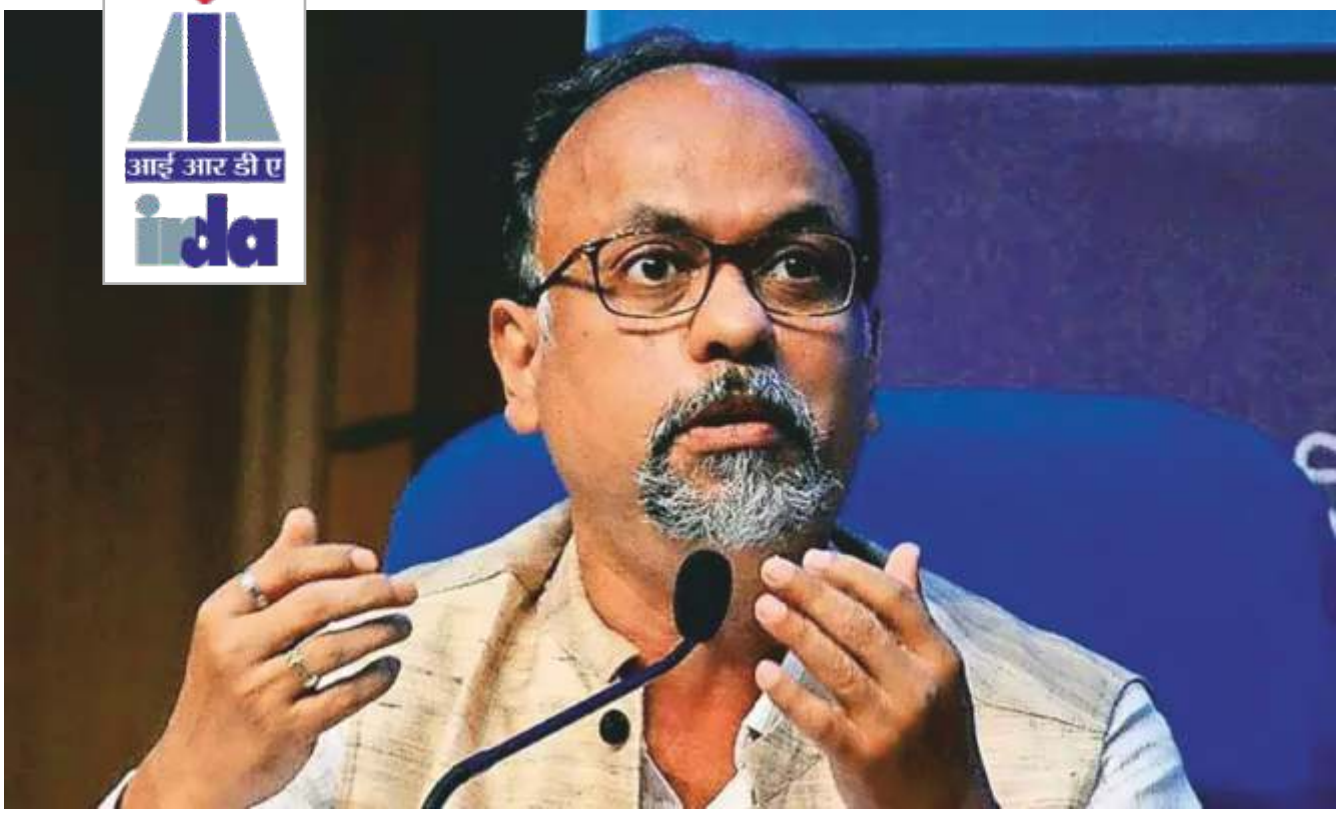
Several foreign countries offer universal health coverage, with no restriction on the choice of medical system, for every citizen/ resident. UAE is a case in point.

The Hyderabad Centre of Office of Insurance Ombudsman organised 'Bima Lokpal Day,' in Hyderabad

At the 'Bima Lokpal Day' organised by the Hyderabad centre of Office of Insurance Ombudsmanon on 14th November, 2023 the Chief Guest, Mr. B P Acharya - Chairperson of Insurance Ombudsman Advisory Committee of IRDAI - emphasised that the need of the hour is 'awareness' about the options available to the policyholders for approaching Insurance Ombudsman in matters relating to insurance disputes on rejection by insurers. He also complimented the Insurance Ombudsmen performance across the country in serving prompt and timely resolution of the grievances filed by the complainants.

The Government of India created the Insurance Ombudsman scheme in 1998 as a quasi-judicial grievance redressal machinery to redress complaints of insured persons against life, non-life and standalone health insurance companies and brokers. The main objective is out-of-court resolution of insurance complaints of individual policyholders in a cost effective, efficient and impartial manner.

Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman (also known as Bima Lokpal) within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. Complaints can also be registered online at www.cioins.co.in.



IRDAI Chairman Mr Debasish Panda's Message on Bima Lokpal Saptah

THE WEEK-LONG CELEBRATION of Bima Lokpal Diwas holds a special significance as it provides us with an opportunity to reflect on the substantial responsibility that has been entrusted to each one of us - **the responsibility of ensuring fair and equitable treatment for all our policyholders!**

Bima Lokpal Diwas is not just a celebration of an institution - It is a symbol of the spirit of assurance and solidarity that resonates within the insurance sector.

At the heart of our industry lies a sacred bond of trust, a promise that we extend to our customers pledging to serve as their steadfast protectors in times of need. Each policy we issue, each claim we process, and each interaction we engage in is a testament to this solemn vow. It is a collective responsibility that we all share, to nurture and fortify this bond of trust and confidence.

Our sector is an intricate web of financial safety and security. Within this web, each thread represents a promise, a commitment to defend, support, and uplift lives. Every policy we underwrite and every claim we settle is a commitment that even in turbulent times, there will be solace, support, and assurance.

As we gather to celebrate Bima Lokpal Saptah, we acknowledge the guiding force it symbolises. Bima Lokpal steers our industry towards ethical practices, transparency, and the highest standards of integrity. It stands not just as an institution but as an embodiment of the principles of fairness and accountability that permeate every facet of our industry. On this day, we remind ourselves that the essence of our work extends beyond policies and premiums. It is about instilling a sense of security that empowers individuals to dream, explore, and build a better future, unfettered by the fear of unforeseen setbacks.

In the face of life's uncertainties, Bima Lokpal stands as a vigilant guardian. It ensures that the faith placed in the insurance industry is not only well-deserved, but well-guarded. By upholding ethical standards and resolving disputes promptly, Bima Lokpal reinforces the belief that insurance is not merely a financial transaction but a relationship built on integrity, trust, and accountability.

Today, we take immense pride in the presence of **17 Bima Lokpal offices** across our vast nation. Their relentless efforts have led to the resolution of an astounding 55,000 complaints in the past year alone. This achievement is a testament to their dedication to upholding the integrity of the insurance sector, providing fair and just solutions for policyholders who perceive any unfair treatment.

Yet, the journey towards absolute trust and transparency is a long one, and Bima Lokpal cannot shoulder this responsibility alone. It requires the active participation of all stakeholders, including insurers, intermediaries, service providers, regulators, and most importantly, the policyholders.

Insurers, being the first touch point for policyholders, have a pivotal role in upholding fairness by adhering to ethical business practices, offering clear and comprehensive policies, and swiftly processing claims. In our pursuit for a Zero Grievance Environment, it is vital for insurers to continuously monitor and improve their grievance management systems. They must delve deep into each complaint, analyse the root causes, and proactively implement corrective measures.

The second set of important stakeholders is the intermediaries. They act as a bridge between insurers and policyholders, and their role is pivotal in maintaining the trust and goodwill of the sector. They are the foot soldiers of our industry, the ones on the frontline. Their interactions with policyholders can significantly shape the perception and trust in the insurance sector. They must conduct a proper need analysis of customers, suggest the right products, assist in servicing policies, and settlement of claims. Empathy and equity should be at the heart of their interactions with policyholders.

Service providers, such as surveyors or Third-Party Administrators (TPAs), also contribute to the fairness of the insurance landscape by delivering quality services and maintaining transparent processes. They form a crucial link in the trust value chain of any insurance transaction.

For the regulator also, the primary goal is consumer protection by setting and enforcing standards, ensuring that the entire industry operates within a framework that promotes fairness and protects consumers. The insights provided by Bima Lokpal to regulators can prove invaluable in shaping policies and regulations. These insights, drawn from real-world experiences and challenges, can guide policy-making, ensuring that it remains dynamic, relevant, and effective in addressing the evolving needs of the policyholders.

And lastly, the most important of all - the policyholders - have responsibilities too. They must act in good faith and demand that the insurers provide them proper information about their policies and the terms and conditions. Honest disclosure of information at the time of policy purchase is essential for maintaining the integrity of the insurance ecosystem.

Collaboration among all these stakeholders is imperative. Regular communication, feedback mechanisms, and continuous improvement are essential components of a fair insurance ecosystem. It's only when each participant in the insurance industry is committed to acting honestly and fairly that the Bima Lokpal can be truly effective in addressing issues and fostering a trustworthy environment for all parties involved.

Not only this, it is equally important that the insurance sector adapts to the 21st century realities. It is undeniable that we live in an era defined by rapid technological advancements. And thus, the seamless integration of technology into the insurance landscape is not a luxury; it is a necessity.

I would like to draw your attention again to an innovative solution that merges the traditional with the

modern – the concept of Bima Adalat. Bima Adalats represent a leap towards faster and more efficient dispute resolution. By incorporating technology into the legal framework, these adalats can address grievances in a manner that is both expeditious and impartial. Digital case management, online submissions, and real-time updates are just a few ways in which Bima Adalats can leverage technology for the benefit of consumers. However, it's not just about embracing technology; it's about harnessing its power to serve the interests of consumers better. Bima Adalats can exemplify this commitment by leveraging technology for a more consumer-centric insurance industry.

In addition to this, I am excited to share with you the vision of **'One Bharat-One Bima Lokpal'.** Under consideration is a concept that allows any policyholder to file a complaint with any of the Bima Lokpals, without being constrained by jurisdictional boundaries. This groundbreaking idea embodies the spirit of a unified and accessible consumer protection system. It promotes inclusivity and accessibility, ensuring that every policyholder, regardless of their location, can avail themselves of the consumer protection services offered by Bima Lokpals, creating a more accessible and efficient system of consumer protection.

However, I firmly believe that we should create an environment where the policyholders are served so well that the need to approach the Bima Lokpal is eliminated. Can we think of having robust internal ombudsman within insurance companies itself? By voluntarily adopting internal ombudsman scheme, insurers can significantly bolster their ability to manage grievances. It would provide a fresh lens for reassessing customer concerns, ensuring an unbiased decision-making process. This method acts as an additional pathway for delivering clear, direct, and effective resolutions and improved policyholder satisfaction.

As we strive towards the ambitious goal of 'Insurance for All by 2047,' the protection of policyholders becomes a fundamental aspect, deeply integrated into wider financial inclusion and financial education strategies. Adherence to fair treatment, transparent disclosure of information,

Under consideration is a concept 'One Bharat-One Bima Lokpal' that allows any policyholder to file a complaint with any of the Bima Lokpals, without being constrained by jurisdictional boundaries.

encouraging responsible business behaviour by insurers and intermediaries, providing unbiased and comprehensive advice to policyholders, protecting assets and data against fraud, building competitive frameworks, and implementing robust complaint handling and redressal mechanisms, are all critical components.

The role of Ombudsmen is pivotal in reinforcing the trust that forms the bedrock of this framework. Ombudsmen, through their swift, effective, and accurate judgements, play a critical role in restoring policyholders' trust in the insurance system. This, in turn, helps cultivate a positive perception of the insurance industry within the country. By delivering real value and serving as a reliable safety net, the Insurance Ombudsman becomes an irreplaceable force in the insurance landscape - A beacon of trust and integrity!

As we observe Bima Lokpal Saptah, let us reiterate our commitment to the principles of consumer protection. This journey towards a consumer-centric insurance industry is marked by the collective efforts of individuals and institutions dedicated to ensuring the well-being and satisfaction of policyholders. The strides we have made, the technological innovations we have embraced, and the collaborative spirit among stakeholders are indicative of the positive direction in which the insurance industry is heading. Let us continue to build on these foundations, creating an industry that not only meets the diverse needs of its participants but also stands as a beacon of trust and reliability.

May the spirit of Bima Lokpal Diwas inspire us all to contribute towards a future where the insurance sector continues to be a pillar of trust, ensuring the well-being and prosperity of our society; where financial well-being is accessible to all, and where the promise of security is upheld with unwavering integrity!

#65YearsOfSuccess

65th Anniversary

Thank you to everyone who has helped make this possible.
We hope to continue serving you for many more years to come.

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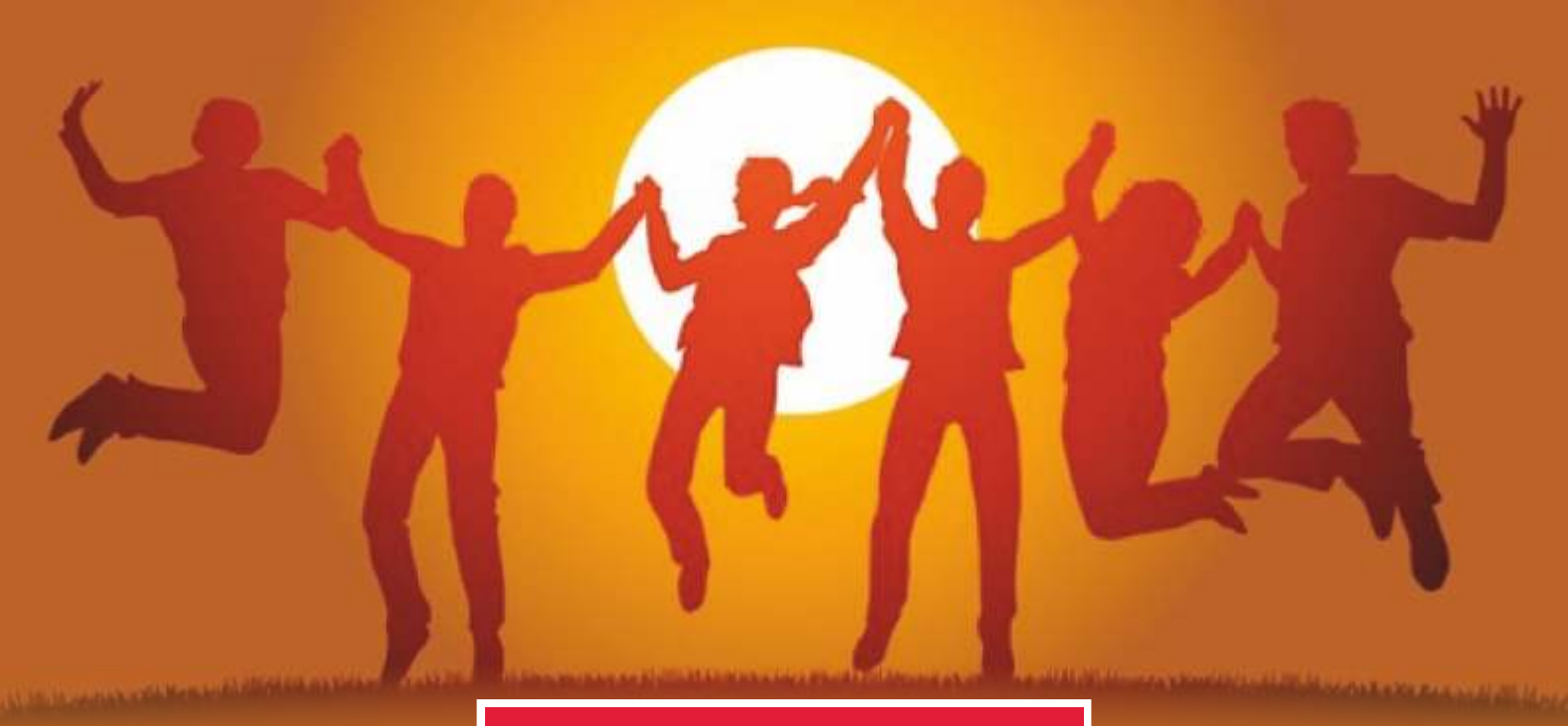


Consumers, Beware

Early Insurance is Paramount for Everyone!

The only way to stitch security into your life is insurance. But how many of us actually think about buying insurance in our youth?

Insurance should be mandatory for everyone – irrespective of income or age!

IF THERE IS one thing that the last couple of years have taught us, it is that life is totally uncertain and unpredictable! Any calamity can strike at any moment and bushwhack all our dreams and plans for the future!

What has your back in the most unforeseen of circumstances is insurance. Unfortunately, this kind of contingency planning is not part of the fabric for us Indians; at least not at an early age.

The last thing on your mind when you start earning is insurance. The common notion is that insurance can wait till you reach a certain age!

Youngsters are more interested in enjoying a carefree lifestyle to the fullest without a thought for the future. Riding on the belief that 'nothing will happen to us now', they cannot be bothered about insuring their health or life.

The core problem is that Indians do not welcome insurance, even though it gives them benefits. The larger consensus is that it is an unnecessary expense!

It is only after people get married, have children and start aging, that worries about securing the future arise. And there is a lot of ground to cover – from life and health insurance for yourself and your family to children's education and your own retirement. Then there is the need to insure your material possessions, your house, property, vehicles, business and more. However, the increased responsibilities and lifestyle demands eat into the income, hardly leaving anything to save or pay the heftier premiums…..

It is prudent to buy
INSURANCE
as early as possible!

The Early Bird Gets the Worm

There is much to be said about investing in insurance right from your first salary itself. The benefits are broad and varied:

- One of the primary benefits of buying both health and life insurance at a young age is that the premiums will be significantly lower. You are in the pink of your health and less likely to develop life-threatening ailments or die a premature death. As the chances of falling sick and developing disorders increase with age, it also increases the financial risk for the insurance company. So, the lower the risk, the lower the premium.

For instance, a health cover of Rs 5 lakh will cost you around Rs. 8000 at 45 years, while the same will be available at Rs. 5000 at 25!

Premium for Term Insurance of ₹ 1 Crore

Age (in years)	Approx. Premium (yearly)
25	₹ 6,564
30	₹ 8,496
35	₹ 11,808
40	₹ 17,136
45	₹ 25,296

Disclaimer: The figures shown are for illustration purposes only.

The more you delay purchasing insurance, the more expensive it becomes!

- Buying insurance early translates into more holistic coverage with a bouquet of benefits as you will mostly be free of any medical conditions. If you wait till you are older and have a health disorder (think: diabetes, hypertension, arthritis or cardiac issues), you run the risk of being denied insurance coverage on account of the pre-existing illness. Even if your application is accepted, there will be a waiting period for sure, not to mention a higher premium. In contrast, when you already have a health insurance policy, any ailments that are diagnosed later will automatically be covered. By then you would have served the requisite waiting periods as well.
- It is easier to get add-on benefits on a policy - like income rider, premium waiver, accidental death benefit, etc. – when you are young and healthy.
- Moreover, older people are required to undergo a complete health checkup prior to buying a policy. There may be a cap on the sum insured as well as sub-limits for various conditions. Certain exclusions may apply as well. On the other hand, younger folks get access to a wide range of plans and can choose the best options by evaluating the varying parameters. They can continue (or even increase) the coverage as they age without having to undergo a medical examination.
- With the rising incidence of lifestyle-related diseases at a young age, it has become all the more imperative to cover your health and life as early as possible. People in their 30s and 40s are getting prone to heart attacks, strokes, cancer and more. Insuring yourself timely will not only shield you from the hefty medical expenses and health emergencies, but also help your family in case of a catastrophic accident or your untimely demise.
- If you pay insurance premiums, you can claim various deductions under Section 80D of the Income Tax Act. Why not avail the tax benefits while planning your finances in the best way possible? To add to this, the no-claim bonuses can accumulate over the unclaimed stage, thus reducing the premium amount in the later years.

Then again, there are various types of insurance policies that enable you to save in a systematic manner for both expected and unanticipated expenses. The

Indeed, the premium amount that you pay over the years comes back to you in one way or the other. Apart from the tax rebate, the insurance claim in case of a health catastrophe, property loss or death of the insured will surely cover what you have paid on the policy.

accumulated fund brings financial stability and security – it can be used during family emergencies, weddings, repaying debts, job loss, etc.

In sum, when it comes to insurance, the earlier you buy it, the better it is! Be smart and arm yourself well in advance with extensive coverage at lower rates. Building a carefully planned insurance portfolio to tide you over makes financial and practical sense!

We call on our dear readers to share your experiences with insurance with us – the good, the bad and the ugly. Let us know what is happening around you in the insurance space – are you able to avail the facilities, what are the challenges you face and what do you feel the authorities can do to improve the insurance sector.

Acute Angle by B P Acharya

Mr. B P Acharya, IAS, (Retd) has been newly inducted as a member of the Editorial Board of The Aware Consumer. He has served as the Special Chief Secretary to Government of Telangana. He is also the Chairperson of IRDAI's Advisory Committee on Insurance Ombudsmen.

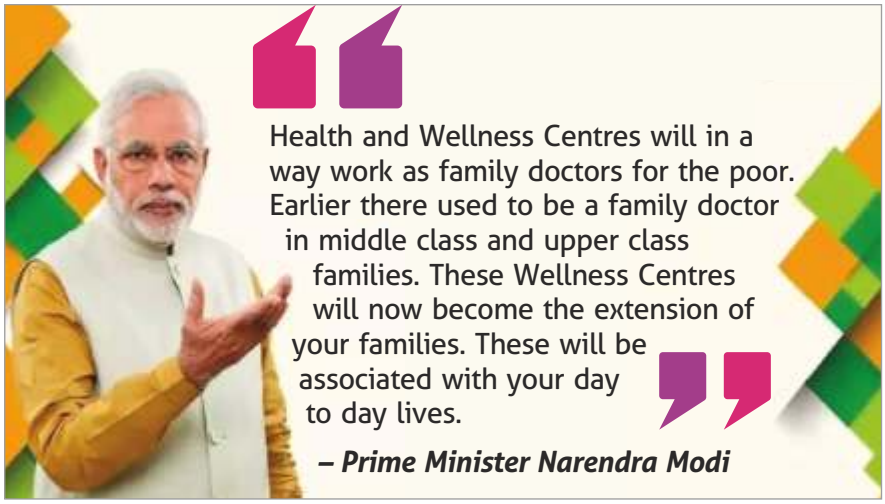
Health & Wellness Centres – A Lost Promise of Comprehensive Health Coverage!

There is a global consensus that a strong primary healthcare system is the foundation for achieving universal health coverage. However, the ambitious Health & Wellness Centres scheme under Ayushman Bharat has failed to live up to the expectations. Alas, a strong health infrastructure still remains a distant dream for India!

The National Health Policy of 2017 envisioned HWCs as the backbone of India's health system!

THE MINISTRY OF Health and Family Welfare (MoHFW), Government of India launched the 'Ayushman Bharat' programme in 2018 with the overarching aim of advancing universal health coverage by delivering preventive, promotive, curative, rehabilitative and palliative healthcare to build a healthy India. It stands on two key pillars –

- The Health & Wellness Centres (HWCs) component aims to deliver free comprehensive primary health-care services closer to people's homes to ensure the highest possible level of health and well-being at all ages. This envisaged the creation of 1.5 lakh HWCs by transforming the existing sub health centres and primary health centres – in rural and urban areas respectively - to address the basic primary healthcare needs of the entire population, thus expanding access, universality and equity in service delivery.



- The Pradhan Mantri Jan Aarogya Yojana (PMJAY) component seeks to provide health insurance cover of Rs. 5 lakh per family per year to the bottom 40% of the population for secondary and tertiary care. Therefore, it covers hospitalisation expenses for over 10 crore poor and vulnerable families.

Delving into HWCs

The focus of the HWCs is on moving from selective primary care – largely restricted to maternal and child health and a few communicable diseases such as malaria, leprosy and tuberculosis – to delivering a comprehensive range of services, including include non-communicable diseases, mental health, first-level care for emergencies and trauma at the grassroots level. It covers both preventive care and continuum of care. The centres provide free essential medicines and diagnostic services, teleconsultation, and health promotion including wellness activities like yoga.

The bouquet of 12 services cover:

- Care in pregnancy and childbirth
- Neonatal and infant healthcare services
- Childhood and adolescent healthcare services
- Family planning, contraceptive services and other reproductive healthcare services
- Management of communicable diseases: National Health Programs
- Management of common communicable diseases and general out-patient care for acute simple illnesses and minor ailments
- Screening, prevention, control and management of non-communicable diseases and chronic communicable diseases like tuberculosis and leprosy
- Basic oral healthcare
- Care for common ophthalmic and ENT problems

An equally important mandate of the Health and Wellness Centre is to ensure an increased focus on health prevention and promotion, so that good health and wellness becomes a Jan Andolan and ushers in collective responsibility and care.

***– J P Nadda,** President, Bharatiya Janata Party*

- Elderly and palliative healthcare services
- Emergency medical services
- Screening and basic management of mental health ailments

Achieving this kind of Comprehensive Primary Health Care (CPHC) through HWCs involves a paradigm shift at all levels of the health systems; the operationalisation itself requires several inputs (see Figure 1). This was planned in a phased manner with the target of 1.5 lakh HWCs to be achieved by December 2022. Even the services were expanded incrementally.

Operational guidelines were issued to the states to use as a framework for transforming the existing health centres into HWCs by upgrading the existing infrastructure and providing additional human resources. New centres are required to be set up wherever needed.

It should be noted that the two arms of Ayushman Bharat are inter-related - continuity of care is ensured through a two-way referral system between the HWCs and the PMJAY, and follow-up support (see Figure 2).

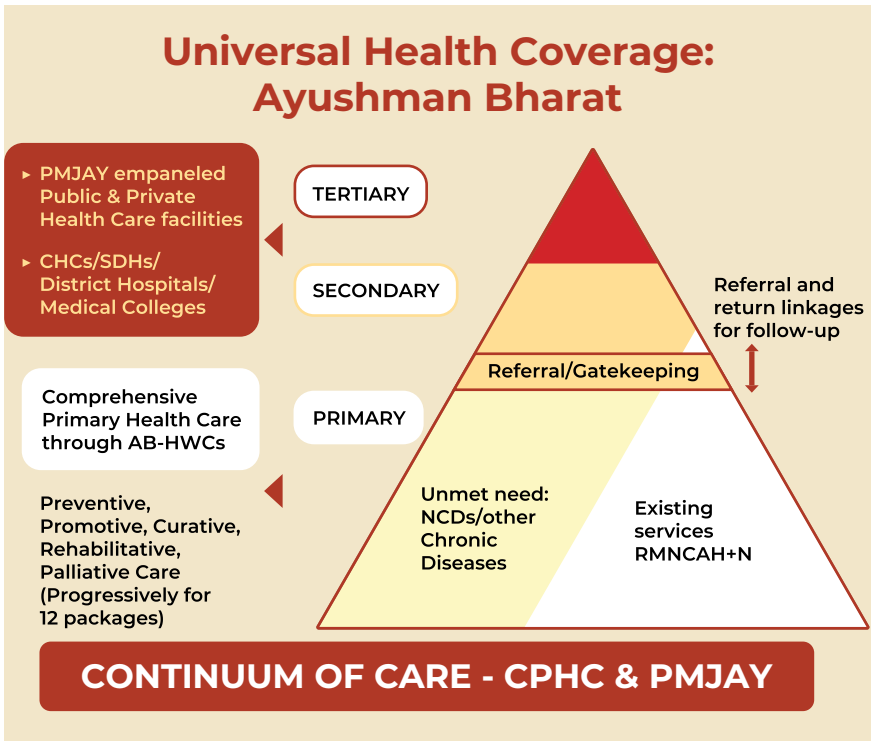
Ayush under Ayushman Bharat HWCs

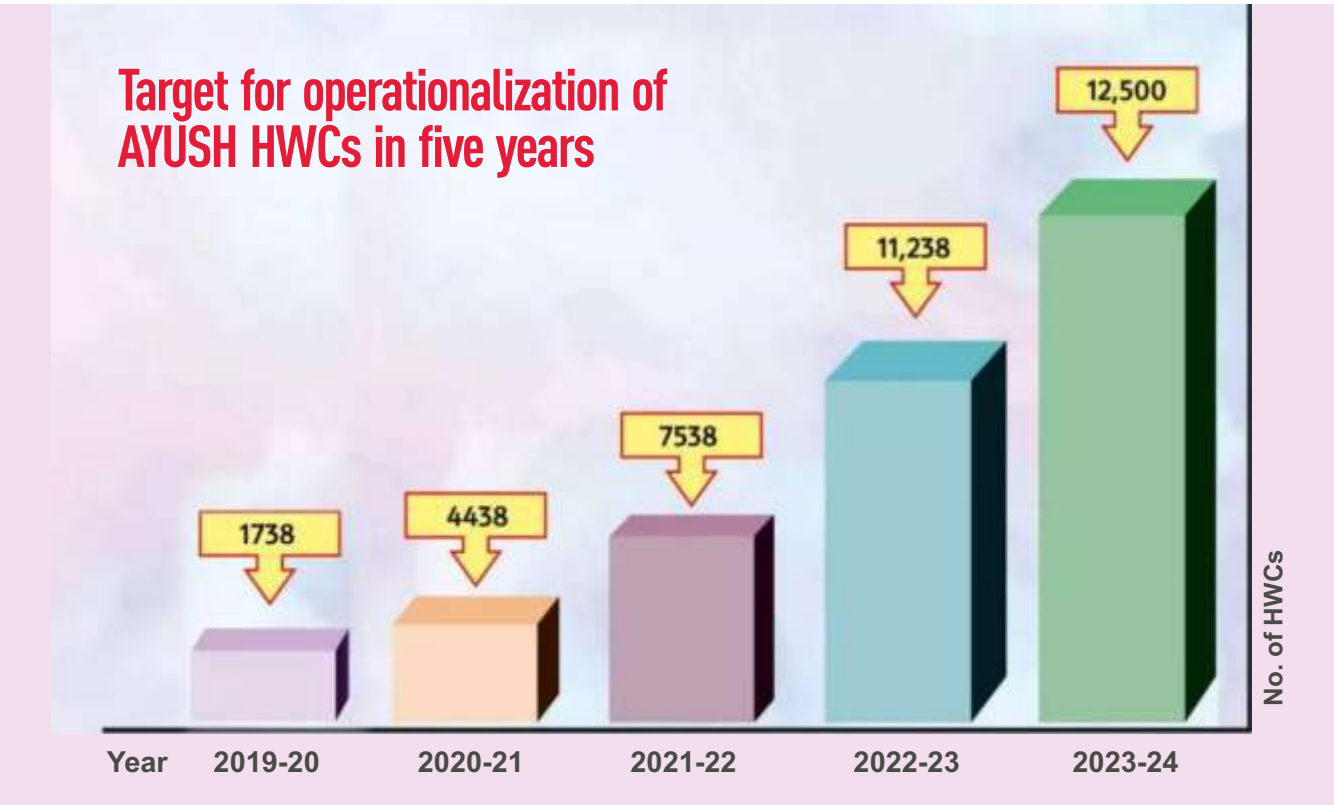
The Ministry of Ayush proposed to operationalise 10% of the total sub health centres under Ayushman Bharat, i.e., 12,500 HWCs in a phased manner from 2019 to 2024 under the National Ayush Mission. This is being done by upgrading Ayush dispensaries and sub health centres.

The vision is to establish a holistic wellness model based on Ayush principles and practices, to empower masses for 'selfcare' to reduce the disease burden and out-of-pocket expenditure, and to provide informed choice to the needy public.

Figure 1: Key Components of HWC Programme

Figure 2: Continuum of Care under Ayushman Bharat





The Ground Reality

Under Ayushman Bharat, two-thirds of the budget was reserved for primary healthcare. It was decided the Centre would provide 60% of the funding and the states would follow its design manual.

The union budget for 2018-19 did allocate Rs.1200 crores for HWCs and a total of 17,149 HWCs (against the target of 15,000) were made functional by 31st March, 2019 across India.

The Health Ministry proudly patted itself on the back when it crossed the milestone of upgrading and operationalising 150,000 HWCs before 31st December, 2022. The authorities proudly lauded the landmark achievements accomplished by 30th June, 2023, like –

- More than 178.87 crore people across the country benefitted from HWCs
- Over 122 crore beneficiaries cumulatively screened for non-communicable diseases
- 12.21 crore teleconsultations conducted through e-Sanjeevani platform with 4 lakh teleconsultations taking place on a daily basis
- More than 2.16 crore wellness sessions conducted with participation of 23.83 crore individuals
- Increase in number of essential medicines to 172 at Primary Health Centre HWCs and 105 at Sub Health Centre HWCs. The essential diagnostics also expanded to 63 and 14 respectively.

"One key gap is the separation of Ayush and conventional HWCs. An integrative approach at the HWC level shall address multiple implementation problems facing the HWCs and also enable a holistic vision for community health. The 12,500 HWCs assigned to the Ministry of Ayush, I am hopeful, shall demonstrate their effectiveness in addressing public health challenges from primal-primary-secondary-tertiary prevention perspective."

– Rajiv Vasudevan, Chairman, CII Ayurveda group and CEO-AyurVAID Hospitals

AYUSHMAN AROGYA MANDIR REPORT CARD

Functional Ayushman Arogya Mandir
1,63,716

SHC	PHC	UPHC	AYUSH	UHWC
1,22,552	23,618	4,966	8,252	4,328

Data as on 28-12-2023 10:44 AM

Translating Prime Minister Narendra Modi's vision into reality, the collected and collaborative efforts of States/UTs and Central Government have catapulted India into a global model for assured comprehensive primary health care services.

– Mansukh Mandaviya, Minister of Health, Government of India

A woman who visited a Sub Health and Wellness Centre at Dhankot village in Gurugram, Haryana for the vaccination of her ten-month-old child, said, "My son has Exstrophy of the bladder (a rare birth defect in which the bladder develops outside the foetus). He is under treatment at some other hospital. I was worried for him, that's why avoiding his vaccination, but after counselling, I started vaccination at this centre".

All Is Not Well!

The achievements are no doubt significant, but, unfortunately, the vision of transforming India's primary healthcare system and delivering comprehensive healthcare closer to the community and reducing financial hardship remains a pipe dream. What was expected to be a gamechanger scheme for keeping people healthy by engaging and empowering them to choose healthy behaviours, has faltered badly in its tracks.

It cannot be denied that HWCs had the potential to become the second wave of primary healthcare reforms in India after the National Rural Health Mission of 2005. They did breathe new life for scores of rural patients, however, the HWCs got lost in the noise surrounding the more popular PMJAY scheme.

Indeed, this universal health insurance scheme has received considerably more traction and resources than the HWCs component of Ayushman Bharat – the fact that comprehensive primary healthcare can take care of up to 80% of health needs notwithstanding. With PMJAY hogging the public and political limelight, there has been low prioritisation for HWCs. This kind of step-brotherly treatment is keeping the HWCs from fulfilling the latent possibilities like:

- Consolidating and strengthening rural primary healthcare
- Bridging infrastructure gaps in rural and urban areas
- Enabling the integration of surveillance and other public health functions into primary healthcare

The fact remains that it is much more difficult to implement HWCs than the insurance-based PMJAY. There are pre-existing weaknesses in the three-tiered public health system in India – primary, secondary and tertiary care services - which have become roadblocks in the success of HWCs.

MR. CHANDRAKANT LAHARIYA, staff member of WHO Country Office for India in New Delhi laid out in the initial stages of the Ayushman Bharat programme, ".....effectiveness and success of HWCs will be dependent upon a rapid transition from policy to accelerated implementation stage; focus on both supply and demand side interventions, dedicated and increased funding by both union and state governments; appropriate use of information and communication technology; engagement of community and civil society and other stakeholders, focus on effective and functional referral linkages; attention on public health services & population health interventions; sustained political will & monitoring and evaluation for the mid-term corrections, amongst other".

Fact of the matter is that the 1.6 lakh+ HWCs are up and running for namesake only. Their functionality is questionable as the health centres remain understaffed and poorly equipped. There is a severe shortage of trained manpower, especially in rural areas, where it is extremely difficult to recruit adequately qualified, full-time doctors – or even primary healthcare workers - due to lack of proper living conditions, low pay scales, etc. The upgrading of facilities and expansion of services calls for more specialists and technicians, which has not been plausible on the ground.

Most of the centres are hardly equipped to offer the designated services – there is lack of screening devices, lack of medications and at times, even lack of furniture for the healthcare professionals. Many of them are lying empty, while some are even being used as store rooms!

To top this, the government has failed to generate utilisation. As a doctor at a HWC noted, "People lack awareness about these centres. Since there are bigger hospitals in the vicinity offering more facilities, they prefer to go there". Getting patients to revisit a HWC when the previous encounters at these facilities has not

The Union Health Ministry study of 317 Ayushman Bharat HWCs in 18 states (released in May 2022) flagged insufficient infrastructure and non-availability of trained doctors, nurses and other healthcare workers as the key bottlenecks in the implementation of the scheme.

The other factors hampering the functioning of these centres were identified as - delayed allocation of funds from the states to the districts, lack of electricity and poor internet infrastructure leading to hampered teleconsultation services and doubling staff workload and delay in payment to staff.

Other operational gaps - from limited supply of medicines to lack of clarity on job responsibilities among the staff and even difficulties in cooperation between different personnel – have also been reported.

More recently, the government conducted a cross-sectional study from January 2021 to December 2022 to assess the functioning of 43 HWCs in two districts of Western Odisha. The report showed that infrastructure, human resources, and 12 service packages of healthcare and drugs should be addressed on a priority basis to achieve the full potential of the HWCs as envisaged under Ayushman Bharat.

MR. T SUNDARARAMAN, a public health expert and former Executive Director of the National Health Systems Resource Centre points a finger at the low budget allocation, "Estimates by the MoHFW show that it will cost about Rs 17 lakh to set up and run a health and wellness centre in the first year and about Rs 7.5 lakhs per year in subsequent years..... If we estimate that running a HWC will cost about Rs 10 lakh per year, the government will have to spend Rs 15,000 crore per year to run 1,50,000 such centres. If we take the more reasonable estimate – including costs of medicines, diagnostics and information systems – of Rs 20 lakh per year per centre, then the annual spend on the scheme will be Rs 30,000 crore.

been pleasant is another huge impediment.

Take the case of the Pune Municipal Corporation (PMC) for instance. The civic body noted in November last year that despite ongoing efforts for seven months, it was unable to find infrastructure and space for the establishment of 78 centres out of the proposed 96 HWCs. Dr Vaishali Jadhav, Assistant Health Chief of PMC said, "We are trying to get space in the market area, schools, community halls, and temples amongst other areas. However, we are unable to get space to start the facility. Health centres in containers will be started in locations in which there is less or no public health care facility available."

It is laudable that despite these substantial constraints, the HWCs have been able to deliver a modicum of improvement in equity in access to primary healthcare!

Yet, the achievements remain a mirage as we hardly see any HWCs around us. Why are the states unequivocally neglecting this crucial component of Ayushman Bharat? Why are they so fixated on curative care and developing hospitals in urban areas? How can they overlook preventive care and remain unconcerned about strengthening the crucial primary healthcare delivery system?

In general, measurement of clinical outcomes and progress at a community level is a key ask across all HWCs. In addition to publishing other relevant data, the focus should be on how many are manned 365 days of the year, what is the profile of medical professionals, how many cases are referred to higher centres, etc.

In November last year, the government again announced that it plans to evaluate the performance, infrastructure, manpower, logistics and teleconsultation aspects of HWCs to assess their effectiveness in providing comprehensive primary healthcare. The third-party study will also measure Ayushman Bharat's performance against the inputs and outputs and assess the processes involved in the effective service delivery by the HWCs.

We have to wait and watch how the results unfold!

The Way Forward

The bone of contention is that the asymmetry between the HWCs and PMJAY pillars of Ayushman Bharat need to be suitably addressed for the growth of holistic healthcare in India. Our public health policy needs to shift the focus on proactive healthcare rather than reactive healthcare, by bringing the attention back on HWCs and making them politically visible through advocacy and evidence.

How can we ignore the fact that comprehensive primary care can, in fact, reduce mortality and morbidity at much lower costs? This will reduce the risks of developing chronic diseases, thus pushing down the need for secondary and tertiary care! Therefore, effective and efficient functioning of HWCs will directly and positively impact PMJAY through the decongestion of secondary care facilities and reduction of healthcare costs.

NEW NAME AND TAGLINE

The government recently renamed the Ayushman Bharat - Health and Wellness Centres (HWCs) as 'Ayushman Arogya Mandir'. They also have a new tagline - 'Arogyam Parmam Dhanam'. The National Health Mission (NHM) logo is retained.

The union Ministry of Health & Family Welfare stated, "These centres have been successful in taking the thinking and healthcare delivery from illness to wellness. Now, going one step ahead and to realise the dream of Ayushman India, the competent authority has decided to rename the Ayushman Bharat - Health and Wellness Centres as 'Ayushman Arogya Mandir' with the tagline 'Arogyam Parmam Dhanam'."

While directing the states and union territories to implement the rebranding exercise across all operationalised HWCs by end of December 2023, it further stated that after the centres complete the rebranding, the states are required to upload new photographs of primary health facilities with the new name on the AB-HWC portal.

Ayushman Arogya Mandir stands as the cornerstone of India's public health system, continually evolving and expanding to ensure "Health for All," guided by the principle of "Antyodaya" – leaving no one behind.

Parameters Driving Health Insurance Choices in India

The pandemic changed the way Indians looked at health insurance - from being a product that was popular only among the financially aware, health insurance today has become a must-have. Yet, medical costs have surged to an all-time high, and the health coverage of most consumers is insufficient compared to the medical expenses.

ACKO, A TECH-FIRST insurance company, surveyed 1000 respondents (in association with YouGov) across six metro cities between the ages of 28 and 55 to understand how Indians evaluate their health insurance choices, the features they prioritise, and the gaps currently existing in the industry.

The ACKO Health Insurance Index report – released in September 2023 - sheds light on how Indians bought health insurance in 2023, focusing on the features and benefits they now expect to be a part of their health insurance policies.

The data about the state of health insurance coverage in the country is surprising, if not alarming.

Around two-thirds, or 68%, of policyholders in India have medical coverage of under Rs 10 lakh, with a staggering 27% having coverage that falls below the Rs 5 lakh mark.

Additionally, 61% of the respondents do not think of buying health insurance with more than Rs 10 lakh coverage, while 65% believe that Rs 10 lakh health coverage is sufficient for them. This shows that consumers do not have adequate coverage and are putting themselves at considerable financial risk in case of medical emergencies.

Then again, 64% of those surveyed said they had not increased the coverage and kept it the same as the previous year. (see Figure 1) This indicates a lack of awareness or urgency regarding enhanced health insurance protection.

That's not all. 61% of potential buyers are not looking at buying health insurance policies with a sum insured greater than Rs 10 lakhs while 65% believe that a coverage of Rs 10 lakhs would be adequate for their health needs.
(see Figure 2)

Reasons for Buying Health Insurance

Although existing and potential customers opt for a low-sum insured, the good news is that they strongly feel that having a health insurance policy is a must.

Consumers are more aware than ever about their health insurance, but serious gaps in coverage awareness remain!

Policyholders – Around half of the respondents (48%) think that health insurance is necessary because it provides timely access, 46% deem it vital because of the pandemic's impact on people's health, and 43% consider it necessary to meet the high medical cost.

Potential Buyers – Of those buying health insurance in the next three months, 48% think it is needed even if they don't have a medical condition, 44% believe it will ensure access to the best medical care, and 41% put it down to inflated costs. (see Figure 3)

Family floater policies are the top favourite among both existing and potential policyholders (71% and 72% respectively) because these plans offer the option of including parents, spouse and children in the same policy.

Understanding the Fine Print

60% of the respondents feel they understand the terms and conditions of their health insurance policy.

Figure 1: Level of Health Insurance Cover of Policyholders

Figure 2: Level of Coverage Sought by Potential Buyers

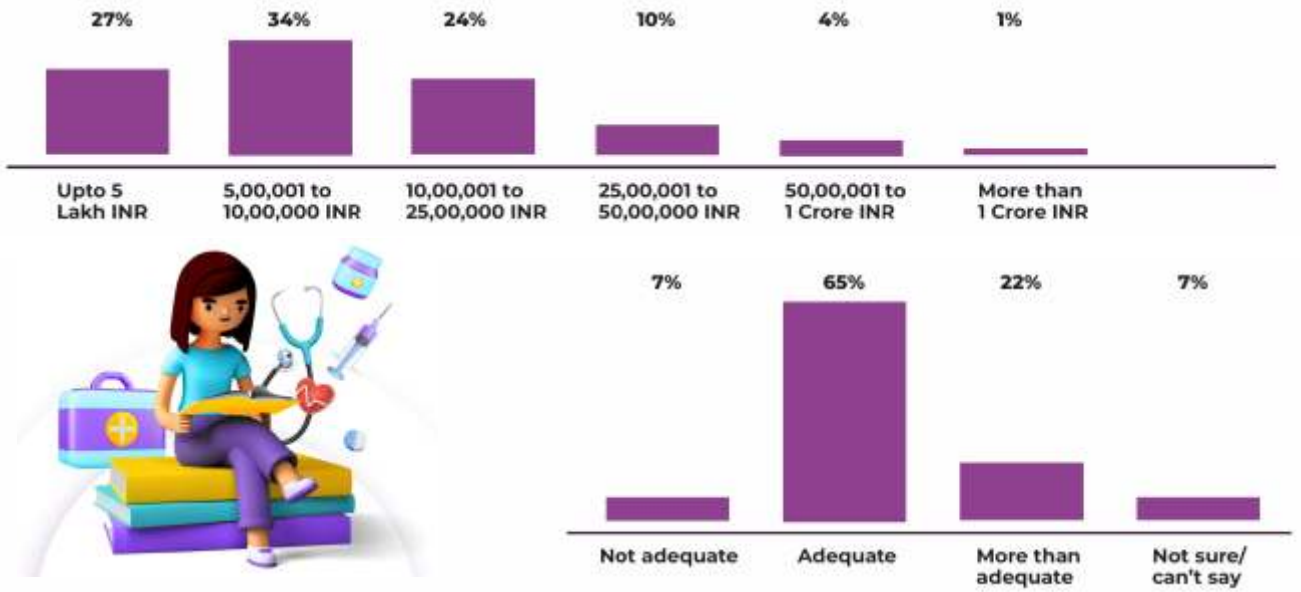
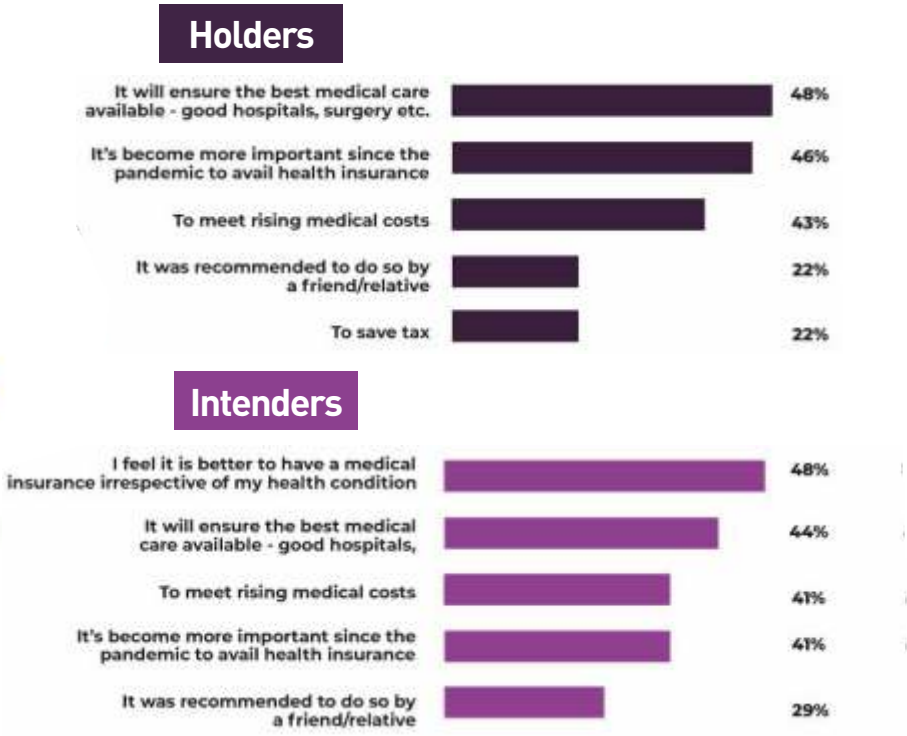
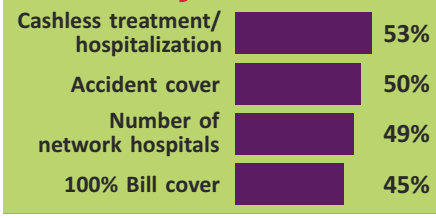


Figure 3: Rationale for Buying Health Insurance



More than 50% of intenders
are evaluating health insurance policy on the recommendation of others - like their parents, friends, relatives and financial advisors.

Figure 4: Level of Awareness of Policy Features



However, further assessment of their level of comprehension highlighted limited awareness of only a few crucial features – like cashless treatment, accident cover, number of network hospitals and 100% bill payment. (see Figure 4)

Furthermore, a number of the policyholders surveyed are unaware of the availability of unlimited coverage, consumables cover and room rent capping. (see Figure 5) This significantly impacts their belief that 100% of their bill will be covered.

Expectations from the Coverage

100% Bill Payment: Over 46% of policyholders believe that their health insurance policy will cover the entire bill of hospitalisation along with consumables. Similarly, 59% of

Figure 5: Low Awareness of Crucial Limitations

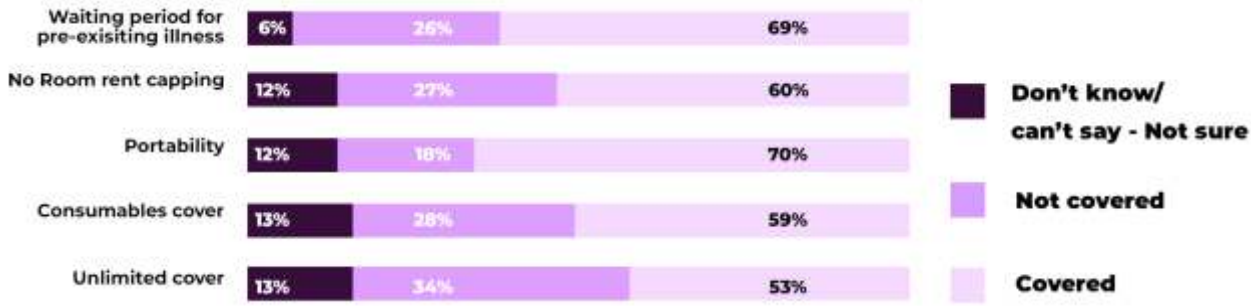
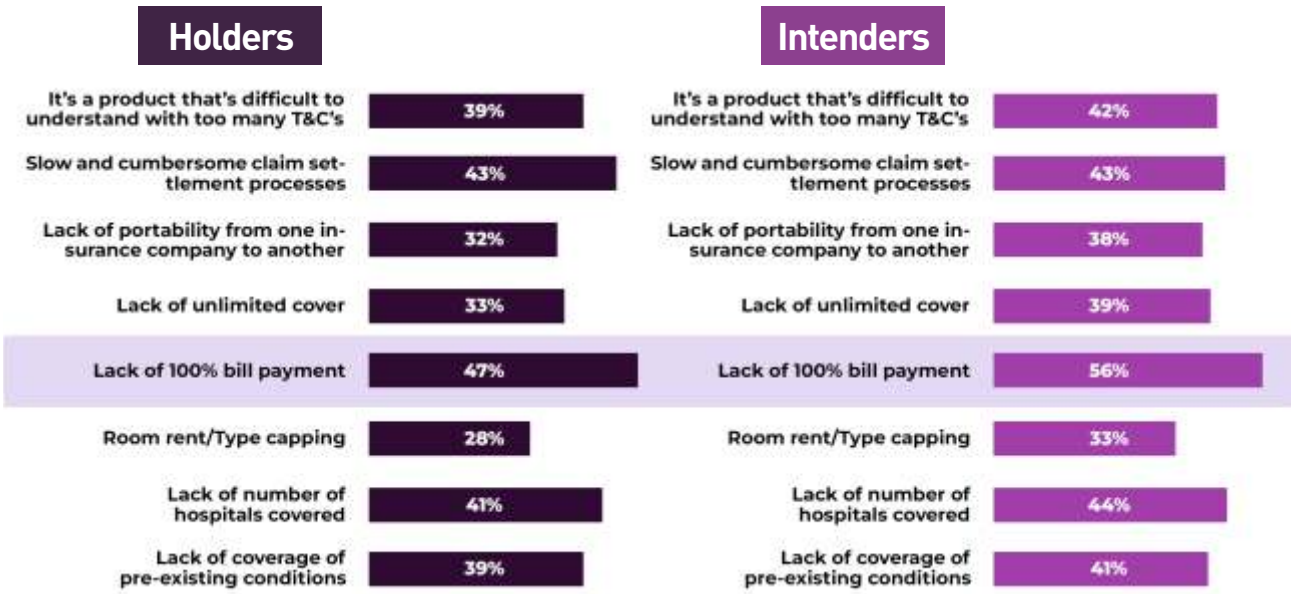


Figure 6: Deterrents for Policyholders and Potential Buyers



potential buyers actively seek a health insurance policy that offers 100% bill payment.

Waiting Periods: 31% of policyholders believe they have been covered by their health insurance policy from day one. In comparison, 27% have stated that there are no waiting periods in their health insurance policies.

This highlights a disturbing lack of clarity about several terms and conditions related to waiting periods and other features.

Deterrents to Buying Health Insurance

Slow claim settlement process, partial bill payment and inadequate network hospitals are working against the health insurance companies. 43% of those surveyed find the claim settlement process cumbersome. 47% of policyholders and 56% of potential buyers are put off by the lack of 100% bill payment facility. Also, inadequate network hospitals make 41% of policyholders and 44% of potential buyers uninterested in health policies. (see Figure 6)

Takeaway

There is a pressing need for increased awareness and education about health insurance options and the importance of adequate coverage in the face of rising healthcare costs. The ultimate goal of the regulator and insurers should be to enable consumers to make better and more informed choices for protecting their and their family's health.

> **Understanding the customer's mindset regarding their health insurance needs is crucial. Knowing how they evaluate their options and what gaps they want their insurers to fill is important. The ACKO Health Insurance Index has identified these gaps in health insurance.**
>
> *– Rupinderjit Singh*
> *Vice President, Retail Health, ACKO*

> The demand for Ayush products and services has grown over 8 times since 2014 and estimated to grow to 24 B. USD in 2024. With a large pool of quality Ayush doctors graduating each year the supply of Ayurveda medical care shall keep pace with the higher demand. It is important that recent proactive steps by IRDA for Ayush insurance coverage particularly since 2020 are translated into an enabling process framework by health insurance companies and TPAs to ensure Ayush care is accessible everywhere and to all.
>
> ***– Padmashree Vaidya Rajesh Kotecha***
> *Secretary, Ministry of Ayush*
> *Government of India*

Expert Panel Focuses on Ayush Insurance

While insurance companies willingly provide insurance coverage benefits for allopathic treatments, they are mostly reluctant when presented with bills for Ayurveda, Siddha, Homeopathy and other recognised systems of medicine. Both the government and patient safety advocates are persevering for Ayush getting adequate coverage under health insurance policies.

THE HEALTH INSURANCE sector is beset with anomalies - Ayurveda, Siddha And Homeopathy hospitals treat patients, but the latter are denied benefits under insurance. The Government of India wants to ensure insurance coverage to policyholders that avail Ayush treatments.

In October this year, the union Ministry of Ayush constituted a core committee of experts to examine the issues related to insurance coverage for Ayush systems. It is tasked with ensuring that all eligible patients get the due benefits under insurance coverage for treatments availed from Ayush hospitals.

A white paper by our editor, international consumer policy expert and Founder Director of Patient Safety and Access Initiative of India Foundation, Prof. Bejon Kumar Misra convinced the government to formulate a panel of experts to inquire about the patients' access to insurance coverage to avoid discrimination against Ayush treatments by insurance companies.

Chaired by Prof. Bejon Misra, the core committee comprises of 8 other panellists - Dr. Kousthubha Upadhyaya (Adviser to the Ministry of Ayush as Member Secretary), Dr. Mukul Patel (Vice Chairman of Gujarat Ayurvedic University, Jamnagar), Prof. Dr. Narayan Gangadhar Shahane (Consulting Ayurvedic Surgeon and Urologist, Medical Director at Brahma Ayurveda), Rajiv Vasudevan (Chairman, CII Ayurveda group and CEO-AyurVAID Hospitals), Dr. Saket Ram (Officer on Special Duty at Ministry of Ayush), a nominated person from IRDAI, a nominated person from General Insurance Public Sector Association (GIPSA) and a nominated person from the Insurance Information Bureau.

The expert committee is working on ensuring that there is no discrimination between allopathic and Ayush treatments. It will become a permanent system to advise the government about insurance related matters and to streamline the insurance coverage for all eligible Ayush treatments.

The Terms of Reference for the committee are:

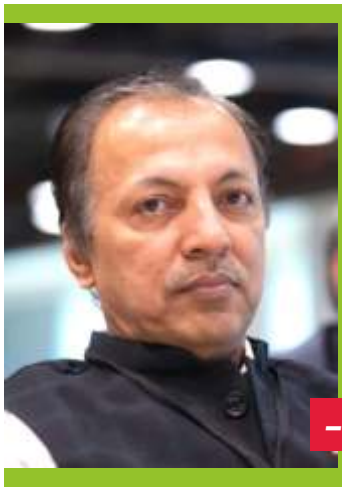
- **To advice and monitor insurance related matters in Ayush sector**
- **To conduct sensitisation programmes involving all stakeholders**
- **To conduct a study of current status of Ayush systems under health insurance and create a white paper**

Consumer-Centric Ayush Initiative

Following this, Prof Misra submitted a proposal to the Ayush ministry to establish a 'Consumer-centric Ayush Initiative' (CAI) for increasing the demand for Ayush medicines and therapies across India as well as across the globe. He highlighted that a dedicated institution like CAI can engage with national and international consumer/patients' organisations for promotion of Ayush remedies and dissemination of knowledge about traditional medicines and treatments among people worldwide.

With the support of the Ayush ministry, the CAI can become a member of the International Alliance of Patients' Organisations (IAPO) and also network with United Nations bodies like WHO, UNDP, UNICEF and others to bring Ayush patients' perspectives and connect them with innovative insurance products as a tool to improve accessibility. The initiative can also conduct research studies on the outcomes of Ayush treatments and the data will aid in providing an assured insurance cover for accessing quality healthcare under Ayush system in an affordable manner, as part of universal health coverage!

Prof Misra's Center of Excellence (CoE) is also working on allaying all concerns of the stakeholders of Ayush systems with regard to insurance coverage



The committee will look into the matter seriously whether those patients who are eligible for coverage of insurance get benefited or not. Although the government of India and the insurance regulator, IRDA have strictly instructed the insurance companies to provide the benefits as soon as possible, as many of the insurance companies are reluctant to reimburse the amount towards the treatments, so several eligible patients are neglected of the benefits. This expert committee under my secretaryship will look into the matter and ensure the eligibility of insurance coverage and speedy release of the benefits.

– Dr. Kousthubha Upadhyaya, Adviser, Ministry of Ayush, Govt. of India

Government Sponsored Social Insurance – Consumers Remain Unaware!

The government devises and implements various social schemes to extend financial protection to the people in times of need. While they are strong on intent, the effectiveness continues to falter on account of both lack of awareness and poor implementation.

The cost of living in India is rising by the day which is worsened by unexpected expenses cropping up on account of health issues, unemployment, retirement or death. The government is extending social welfare – but how many people are actually availing the schemes?

INDIA IS HOME to approximately 1.4 billion people. The government is responsible for assuring the welfare of the citizens – accordingly, it has initiated a number of social welfare, social security and social insurance schemes to resolve the myriad social and economic issues that affect the Indian society. They target the poor and vulnerable population apart from government employees, unemployed and other marginalised sections of the society. Many of the schemes also focus on delivering high-quality and affordable healthcare to the citizens with the aim of achieving universal health coverage

"It is important to protect citizens from risks posed by rainy days, such as health issues, natural disasters, old age, etc. Especially in the wake of the hardships posed by the pandemic, the government invested more resources in social protection programmes and continued to do so in the FY23 with the understanding that strong social protection systems can support the growth process." – Economic Survey 2022-23

Let us take a look at some of the popular schemes that help consumers save for retirement, get pension after retirement, access affordable healthcare and get other forms of insurance protection, all either free or at minimal costs.

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJY): Launched in 2015, this life insurance scheme offers a risk cover of Rs. 2 lakh in case of death of the insured person, due to any reason. The premium payable is only Rs 436 per year!

The scheme is available to all Indian citizens in the age group of 18 to 50 years having an account in a bank/post office. It is valid for a year and is renewable every year with the amount auto debited from the subscriber's account on or before 31st May. The insurance period runs from 1st June to 31st May every year. People who join the scheme before completing 50 years of age continue to have the life cover upto age of 55, subject to payment of premium.

It is administered through both public and private sector insurance companies in tie-up with scheduled commercial banks, regional rural banks and cooperative banks. The target is to provide insurance coverage to larger sections of the populace who did not have access to insurance coverage - especially the poor and underprivileged - to foster inclusive growth.

16.19 crore
people have enrolled cumulatively under PMJJY and Rs. 13,290.40 crore has been paid for 6,64,520 claims till 26th April, 2023 – Government of India

Pradhan Mantri Jeevan Jyoti Bima Yojana

Pradhan Mantri Suraksha Bima Yojana (PMSBY): Launched in 2015, this is a one-year accidental death and disability insurance scheme with an annual premium of just Rs. 20. It provides a risk coverage of Rs 2 lakh in case of accidental death or total permanent disability (like irrecoverable or total loss of both the eyes, or loss of use of both the hands and feet, paralysis, etc). The cover is Rs 1 lakh for partial permanent disability due to accident.

People in the age group of 18 to 70 years having an individual bank or post office account can enrol in the scheme. The scheme is renewable from year to year with auto debit based on a one-time mandate from the account holder.

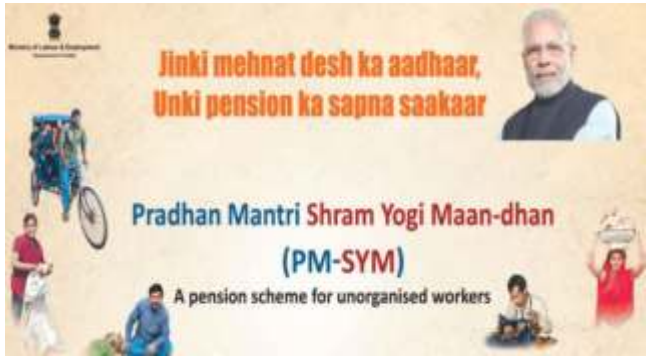
34.18 crore
people have enrolled cumulatively under PMSBY and Rs. 2,302.26 crore has been paid for 1,15,951 claims till 26th April, 2023 – Government of India

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Pradhan Mantri Jan Dhan Yojana (PMJDY): This was launched in 2014 to provide access to banking services to the entire population. Additionally, the bank account comes with a built in accidentinsurance cover of Rs. 1 lakh and Rs. 30,000 life cover. These insurance benefits come at no extra cost and provide financial security to the families of the account holders in case of unexpected events.

Pradhan Mantri Shram Yogi Maan-Dhan Yojana (PM-SYMDY): Launched in March 2019, this is a voluntary and contributory pension scheme for old age protection and social security for unorganised workers. It provides a monthly minimum assured pension of Rs 3,000 upon attaining the age of 60 years. On death of the beneficiary, the spouse is eligible for 50% monthly pension.

Unorganised workers in the age group of 18 to 40 years having a monthly income of Rs 15,000 or less and not a member of EPFO/ESIC/NPS (government funded) can join the scheme. The monthly contribution ranges from Rs 55 to Rs 200 depending upon the entry age of the beneficiary. 50% of the monthly contribution is payable by the beneficiary and an equal matching contribution is made by the Central Government.



Aam Aadmi Bima Yojana (AABY): This is a personal accident micro insurance policy for people living in rural areas that do not own a land and are engaged in 48 occupational groups such as carpentry, fishing, handloom weaving, etc. Only the head of the family or earning member in the age group of 18 to 59 years can get insured under the policy.

The premium is Rs 200 per year and provides a financial benefit of Rs. 30,000 in case of natural death, Rs. 75,000 in case of accidental death or total permanent disability and Rs 37,500 for permanent partial disability due to an accident. An add-on benefit of scholarship for the children of Rs 100 per month per child is also available.

Pravasi Bharatiya Bima Yojana (PBBY): This is a mandatory insurance scheme aimed at safeguarding the interests of Indian emigrant workers falling under Emigration Check Required (ECR) category going for overseas employment to ECR countries. It provides an insurance cover of Rs 10 lakhs in case of accidental death/permanent disability at an insurance premium of Rs 275 and Rs 375 for a period of 2 and 3 years respectively. It includes a medical insurance cover up to Rs 1 lakh as well.

Pradhan Mantri Fasal Bima Yojana (PMFBY): This scheme provides a comprehensive insurance cover against unexpected crop failure (localised risks, post-harvest losses, natural calamities, unseasonal rainfall, pests, crop diseases), thus helping stabilise the income of the farmers. It covers a range of crops with a minimum premium of 2% of the sum insured for all Kharif food and oilseeds crops, 1.5% for Rabi food and oilseeds crops and 5% for annual commercial/horticultural crops.

Similarly, the Revised Weather Based Crop Insurance Scheme (RWBCIS) aims to mitigate the hardship of the insured farmers against the likelihood of financial loss on account of anticipated crop loss resulting from adverse weather conditions relating to rainfall, temperature, wind, humidity, etc. It covers food, commercial and horticultural crops at the same premium rate.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY): Launched in 2018, this is India's flagship national health insurance program for the economically weaker sections of the society. It offers a free health cover of Rs. 5 lakhs per family on an annual basis to the bottom 40% of the population. This translates to 10.74 crore poor and vulnerable families or 50 crore citizens of the country.

Cashless hospitalisation facility is provided on a family floater basis without any limit on the number of family members. It covers around 1400 medical and surgical procedures (even for pre-existing conditions) at empanelled public and private hospitals. Reimbursement is provided for pre-hospitalisation expenses for 3 days and post-hospitalisation for 15 days.

Central Government Health Scheme (CGHS): This extends comprehensive medical care to the central government employees – including both serving and pensioners and their dependent family members. It covers hospitalisation, domiciliary services, maternity, family welfare, dispensary care, specialist consultation, medical tests, Ayush treatments, preventive healthcare, etc. The medical bills can be directly submitted to the concerned department for settlement.

Employees' State Insurance Scheme (ESIS): This provides coverage to workers in non-seasonal factories with at least 10 employees. A financial cover is available in case of illness, disability or death for the insured as well as the dependents. This includes hospitalisation costs and cash benefits in case of sickness and disablements. It has been extended to other businesses as well.

Then there are other specific schemes like Bima Yojana for Handicraft Artisans, Pradhan Mantri Kisan Mandhan Yojana, National Safai Karamcharis Finance and Development Corporation (NSKFDC), Health Insurance Scheme for Weavers (HIS), National Pension Scheme for Traders and the Self-employed Persons (NPS) and more.

Additionally, many states operate their own social insurance programmes like - Mahatma Jyotiba Phule Jan Arogya Yojana in Maharashtra, Chief Minister's Comprehensive Insurance Scheme in Tamil Nadu, Yeshasvini Health Insurance Scheme in Karnataka, Awaz

India celebrated the 8th anniversary of the trio of Jan Suraksha (social security) schemes - PMJJY, PMSBY and Atal Pension Yojana (APY is detailed in Out of the Box section).

PRIME MINISTER NARENDRA MODI

Speaking on the landmark occasion, Prime Minister Narendra Modi stated, "Jan Suraksha schemes empower us to face any eventuality that life throws. It has given strength to crores of citizens to win against all odds."

Union Finance Minister Smt. Nirmala Sitharaman said, "These three social security schemes are devoted to the well-being of citizens, acknowledging the importance of safeguarding human life against unforeseen risks, losses and financial uncertainties. These schemes aim to provide essential financial services to individuals from underprivileged backgrounds, thereby reducing their financial vulnerability."

Union Minister of State for Finance, Dr Bhagwat Kisanrao Karad said, "The government has adopted a targeted approach for covering people in the rural areas and campaigns are being organised throughout the country at each Gram Panchayat for providing coverage to eligible beneficiaries under the scheme."

Health Insurance Scheme in Kerala, Mukhyamantri Amrutum Yojana in Gujarat, BhamashahSwasthya Bima Yojana in Rajasthan, Biju Swasthya Kalyan Yojana in Odisha, etc.

All to Hardly Any Avail!

It is clear that the government is doing everything possible to ensure that the low-income groups, the needy and other sections of society are covered by life, health and other insurance.

However, the good intentions go for a complete toss as people have to actually enrol for the scheme (and pay a small premium, if applicable) to be able to avail the benefits when the time or need arises!

The numbers may appear impressive, but they make up only a miniscule percentage of the population. Most of the people are largely unaware of the policies available for them. They continue to borrow heavily or sell their assets to cover health expenses, crop losses and the like. The irony is that there are multiple schemes that can provide them coverage without having to pay even a single penny out of their pocket. They are still left on the brink of financial disaster without any clue of the financial assistance they could have availed so easily!

Awareness programmes should be built into the social schemes itself. While many schemes do try to reach out to the people and inform them of the benefits, ignorance continues to reign supreme. Illiteracy becomes another major roadblock in the outreach programs.

In contrast, account holders of various banks like State Bank of India and Canara Bank have complained on social media that their accounts were registered for PMJJY, PMSBY and other schemes without their permission. The annual premiums are being debited from their account without their prior consent.

This is compounded by the sheer ill-will of insurance companies that try their best to deny the coverage, reject the claims or delay the settlement.

The Insurance Regulatory Development and Authority of India (IRDAI) runs programmes to bridge the gap and build awareness among the masses. Recently, the Finance Minister also issued guidelines to the insurers to settle the claims against the schemes within seven days.

The educated consumers should also come forward and do their bit by educating and guiding the needy individuals around them – talk to your house help, watchman, gardener, driver, etc, about the eligibility and entitlement of various schemes and help them in enrolling for the same!

INTERVIEW

Mr. B P ACHARYA IAS (Retd.)

is the Chairperson of IRDAI's Advisory Committee on Insurance Ombudsmen.

Earlier, he was the Special Chief Secretary to Government of Telangana & Director General, Dr. Marri Channa Reddy Human Resource Development Institute of Telangana. Over a long and distinguished career, he has held a number of important positions and conceived and launched many new innovative initiatives – like Genome Valley and Biotech Sector (in united Andhra Pradesh), Financial District and Mindspace IT Cluster in Hyderabad, APSEZ in Vishakapatnam, etc. Currently, he is also the Chief Advisor, Federation of Telangana Chambers of Commerce and Industry (FTCCI).

Q What is the importance of an effective grievance redressal mechanism in the insurance sector? What are the primary challenges faced in addressing consumer grievances and how can they be resolved?

Timely and prompt redressal of grievances holds great significance for the growth of the Insurance sector in our country. As trust is the key element on which the sector rests, unless we inspire confidence among policyholders regarding this and demonstrate it tangibly, it would be difficult to attract new customers to this sector. Both the internal and external mechanism for grievance redressal need to be streamlined to reduce the trust deficit among the consumers. Towards this end, Insurance Ombudsmen along with Grievance Redressal Officers of Insurance companies need to work in tandem and not as adversaries.

Q The IRDAI has taken several steps to improve grievance redressal. Unfortunately, the consumers are not aware of them and do not access the services. What are your views on this conundrum?

In order to streamline the grievance redressal mechanis,m IRDAI has taken several steps, *inter alia,* appointment of an Advisory Committee under Rule 19 of Insurance Ombudsman Rules, 2017 to suggest ways and means to revamp the offices of Insurance Ombudsmen (also known as Bima Lokpal) located at present, at 17 centres in the country.

However, unlike the banking ombudsmen of RBI, a lot needs to be done to create awareness about the institution among the consumers. Last year, as many as 51,000 complaints were received by insurance ombudsmen, though this is only the tip of the iceberg. We are acutely aware that most of these complaints emanate from the headquarters where the Bima Lokpals are located. Hence, there is a need to create an awareness in other cities/towns of the states under its jurisdiction.

For instance, the Guwahati ombudsman covers all the six north-eastern states and therefore, a concerted drive is launched to hold camp hearings in Meghalaya, Manipur, Tripura, Nagaland, Arunachal, etc. As of now, on an average, less than 1000 complaints are received by the IO Guwahati, which is too meagre and reflects the poor insurance penetration in the area, that needs to be addressed urgently.

Q As Chairperson of Insurance Ombudsman Advisory Committee of IRDAI, can you explain the role and significance of the Insurance Ombudsman in the Indian insurance sector?

As the Chairperson of this Advisory committee, along with other expert members, we have visited all 17 Ombudsman centres and tried to identify centre specific gaps to be addressed to make these more effective. We have no doubt that Lokpals have to play a significant role to create confidence among the policyholders to redress their grievances.

For example, as an aftermath of COVID pandemic, consumers prefer virtual hearings and therefore, proper internet connectivity and video conferencing facilities had to be created, IT infrastructure which had become obsolete had to be upgraded, based on the recommendations of expert from IIIT, Hyderabad, which is also a member of our Advisory committee.

Q How does the Insurance Ombudsman differ from other grievance redressal mechanisms for insurance?

The policyholders need to approach the insurance companies first to redress their grievances through the respective grievance redressal officers, and only if they are not satisfied with response after a period of 30 days, they are expected to approach the insurance ombudsmen. So, there is no overlap between both in this regard and the respective roles are clearly spelt out.

However, there is a need to simplify the procedure and documents and also to use regional language, so as to ensure wider reach among rural customers particularly. For example, a tribal customer in Koraput in Odisha will be more at ease if the documents are in simple Odia rather than legal English! Hence, the need for simplification.

Q How have Bima Lokpal and Bima Bharosa transformed the grievance redressal process?

Based on our recommendations, the Bima Bharosa portal was revamped to make it more accessible to consumers and the helpline 155255 can be used to reach the Bima Lokpals for redressal of grievances. What was earlier called Integrated Grievance Management System (IGMS) was renamed as Bima Bharosa based our recommendations and steps were taken to make it more user friendly.

Q Can you discuss some limitations or constraints faced by the Insurance Ombudsman while handling complaints?

There were several constraints on the effectiveness of insurance ombudsmen, some which were based in the existing rules and also partly physical/IT infrastructure available with them. Based on the recommendations of

"I am sure, in the attempt to achieve the ambitious goal of Insurance for All by 2047, Bima Lokpal will play a critical role in instilling confidence and trust among policy holders in order to help in enhancing insurance penetration."

– *Mr. B P ACHARYA*

Need to create awareness about INSURANCE Ombudsman's role

– Mr. B P ACHARYA
Chairperson of
IRDAI's Advisory Committee on
Insurance Ombudsmen

the Advisory committee headed by me, some of these constraints were removed and as regards others, it's a work in progress. Some of these changes need amendment to the Rules which require approval by the Government of India. For instance, the monetary limit for Awards passed by IOs was recently enhanced from ₹30 lakhs to ₹50 lakhs, by amending the relevant rules. This will enable many more consumers to approach Bima Lokpals to redress their grievances free of cost, without any advocates etc.

Some more improvements involve action by insurers concerned by prominent display of details of Bima Lokpal in the policy documents and display boards at each of their branches and offices. The Council of Insurance Ombudsmen, which is the nodal agency handling the offices of IOs, is taking necessary action in this regard.

The offices of Insurance Ombudsmen (created by a notification issued 25 years ago on 11.11.1998) are ready for a revamp in its silver jubilee year, as highlighted during the Bima Lokpal week celebrations held recently. We need to avail this opportunity to achieve the full potential of this institution, by removal of operational constraints and enhancing its powers. Consumers need to perceive it as a free/cost effective method to resolve their issues, rather than engaging advocates to approach consumer forum/courts etc, that can be used as a last resort, if Lokpal is not able to find a solution.

Q How does the Insurance Ombudsman ensure fairness and impartiality in resolving disputes between policyholders and insurers?

Insurance ombudsmen are increasingly relying on mediation as a preferred method for settling disputes, that helps in amicable resolution of disputes in an impartial and transparent manner. A conscious attempt is being made by the Bima Lokpals to make the insurers appreciate the point of view of the policyholder and vice versa, so that the Award becomes a formality and readily accepted by both sides. From about 15-18 per cent of complaints resolution through mediation (pre award discussion), has gone up to above 40 per cent in the current year, and is likely to increase in the future.

Q Do you think we can achieve 'Insurance for All by 2047'? What are your views on the plans to launch the Bima Trinity of Bima Sugam, Bima Vistar and Bima Vahaks?

I am sure, in the attempt to achieve the ambitious goal of Insurance for All by 2047, Bima Lokpal will play a critical role in instilling confidence and trust among policy holders in order to help in enhancing insurance penetration. A robust grievance redressal mechanism will encourage more and more consumers to opt for insurance, especially in the growing health insurance sector, where new areas - like treatment under Ayush - are now covered. As and when made fully operational, Bima Sugam and Bima Vahak too will become important instruments in this strategy to improve awareness among consumers.

All in all, the insurance sector is poised for a take off in the country and we are excited to work towards this ambitious goal of Insurance for All by 2047!

Payal Agarwal
Editorial Consultant

When Will Integrative Healthcare Find its Rightful Place in Health Insurance?

"Health insurance will truly be inclusive and comprehensive only when Integrative Healthcare is covered across the board – our traditional systems of Medicine continue to thrive and are trusted and opted by many!"

– Payal Agarwal

MODERN MEDICAL SCIENCE has made great progress over the past few decades – fatal diseases are now curable and early diagnosis of critical illnesses is ensuring a long and comfortable life for the people.

While conventional allopathic treatment is the go-to for majority of the population, our traditional system of medicine continues to thrive. In fact, there is growing awareness about our age-old integrative healthcare treatments like Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (Ayush) - both Indians and people around the world are catching up on the benefits of treating illnesses and diseases with natural substances. Scores of consumers trust ancient wisdom and traditional restorative practices for leading a healthy lifestyle.

Many individuals have a firm belief in Ayurveda, Homeopathy and other recognised systems of medicine and consider them to be the basis of the healthcare system. Ayush treatments have proved to have a great impact on the prevention of illnesses and have gained popularity in western culture too. With the government pushing traditional medicine, the uptake of these treatments has picked up considerably in the recent years.

Will Insurance Back You in Protecting Your Health the Traditional Way?

Around a decade ago, only a couple of health insurance providers covered homeopathy treatments, that too, only under group health insurance schemes and not individual plans.

It was in 2013 that the Insurance Regulatory Development Authority of India (IRDAI) asked health insurance companies to provide cover for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (Ayush) treatments. Insurance buyers wholeheartedly welcomed this and the demand for health insurance for these recognised systems of medicine has been increasing steadily. However, this remains an advisory and has not been made compulsory.

While many insurance providers – Star Health, Bajaj Allianz, Future Generali, HDFC ERGO, Liberty, Max Bupa, Apollo Munich, SBI Health, Kotak Mahindra, IFFCO Tokio, ACKO, etc – offer coverage for Ayush treatments, the terms tend to differ a lot.

Despite the IRDAI guidelines, not all health insurance providers are offering coverage for Ayush treatments. The Ministry of Ayush estimated that about 27 insurance companies have health insurance policies for Ayush treatment.

Only a few plans include traditional medicine coverage by default. Most of them offer an Ayush cover as an add-on, for an extra premium. Then again, the coverage for Ayurveda, Homeopathy and other recognised systems of medicine is often capped up to a certain limit – say Rs. 5,000 to Rs. 50,000 or only 5% to 10% of the sum assured (depending on the plan). Co-pay or sub-limits may also be applicable. This can restrict the amount received when an insured patient makes a claim.

At the onset of the COVID-19 pandemic, on 1st April 2020, IRDAI strictly instructed all insurance providers to mandatorily offer 'Arogya Sanjeevani', a standard health insurance product that will cover Ayush treatments up to the sum insured. This is a comprehensive health plan with an affordable premium for a sum insured ranging from Rs. 5,00,000 to Rs. 10,00,000. The coverage includes costs for in-patient treatment, pre- and post-hospitalisation, room rent, Intensive Care Unit (ICU) and Ayush treatments.

"This is the first step towards recognition of Ayush treatment. In Arogya Sanjeevani, the product features are uniform across the industry and the companies are mandated that they should cover Ayush," said Dr S. Prakash, former Managing Director, Star Health and Allied Insurance Co. Ltd.

During this time, other health insurance schemes like Corona Kavach Policy and Corona Rakshak Policy were also launched that cover Ayush treatments.

Why You Should Opt for an Ayush Cover

It pays to get expressly covered for Ayush treatments in your health insurance plan as the holistic and natural approach of traditional health and wellness treatments deliver a range of benefits. Such as:

- The medicines are made of natural ingredients available in the environment that can be easily and efficiently absorbed by the human body. The side effects are negligible.
- While allopathic medicines offer give quick relief from many ailments, traditional treatments take time but are more effective. They provide in–depth resolution with an emphasis on overall wellness of the patient rather than short–term relief from the illness.
- Ayush treatments are more effective for older adults and senior citizens whose bodies are not equipped to absorb harsh allopathic medicines. The lower chances

of harmful side effects make it an excellent option as well. Not to mention that they are saved from the chances of contracting new infections while they are hospitalised for allopathic treatments.

- It is beneficial for young children as they do not have the immunity to handle strong chemical compounds as well as patients who have certain medical allergies.
- The cost is significantly low and proves to be cost-effective. Therefore, it will not exhaust the sum insured amount under the health insurance policy.
- Ayush remedies have proved to be effective for chronic ailments like diabetes, hypertension, etc. and can fill the gaps in allopathy treatments.
- Ayush treatment also helps individuals battling lifestyle issues like tobacco, drug and alcohol addiction.
- Traditional medicine could be the only option in rural and remote areas, where standard medical facilities are not available.
- While the Ayush system is based on natural substances, it can also incorporate drug therapies to cure specific diseases.

An expert opines, "There are some neurological, psychosomatic and chronic dermatological diseases where Ayush has been able to address issues at a lesser cost, particularity in semi-urban and rural areas."

Understanding Ayush Insurance Coverage

Health insurance policies require the policyholder to meet certain conditions before they can claim Ayush benefit. For instance, the Ayush treatment must be availed at a government-recognised medical facility recognised by the Quality Council of India or the National Accreditation Board on Health.

The following are excluded under Ayush cover:

- Out-patient treatments that do not require hospitalisation or are completed within 24 hours
- Treatment or hospitalisation availed at a facility that is not a government-approved hospital/centre
- Pre and post-hospitalisation expenses
- Costs of health check-up, evaluation or investigation, even if they involve hospitalisation
- Preventive or rejuvenation treatments that are not classified as medical treatment

Therefore, policyholders cannot simply assume that their health insurance will cover Ayush as a matter of course. Even if your policy expressly includes Ayush coverage or you have paid an extra premium for the cover, it is advisable to read the terms and conditions carefully before purchasing a health insurance policy. Make it a point to understand the eligibility criteria, inclusions and exclusions before availing an Ayush treatment or making a claim.

POINTER 1:

Choose the practitioner with care - treatment at a healthcare facility that is not a hospital is excluded

POINTER 2:

If you have claimed expenses under Ayush, you will not be able to claim expenses for the same treatment under allopathy

POINTER 3:

Cashless claims may not always be available, especially at non-network hospitals

Wellness, though an important part of health, is generally outside the insurance world with very few successful products to reimburse expenses on wellness.

Ayush is very strong on wellness - Ayurveda, Homeopathy, Unani etc. have medicinal treatments and therapies, but are perceived to be slow, individualistic and suitable for chronic diseases. In this backdrop, we have to discuss various treatments, therapies, medicines, etc. in Ayush that can be standardised or documented for inclusion in insurance policies.

We are wrongly made to believe that surgery and diagnostics are a part of allopathy. If these are covered by insurance, a whole lot of therapies in Ayurveda, Yoga, Naturopathy, etc. can be standardised and brought under insurance. For instance, Homeopathy is a part of insurance coverage in France.

In a nutshell, we have to:

- **Shortlist treatments, therapies, medicines, diagnostics, etc. that can be documented and put as a part of SOP**
- **Identify mechanism of enlisting service providers and facilities in house or as OPD**
- **Evolve methods of verification and third party inspection**
- **Develop pilots and put them into action for correction and further propagation**

Mr S B Dangayach is an ardent supporter of Homoeopathy and is a patron member of Global Homoeopathy Foundation (GHF)

Government Initiatives

The union Ministry of Ayush has issued a set of guidelines for insurance coverage of ayurvedic treatment and settlement of claims on the basis of benchmark rates of various therapies and interventions. This includes a list of eligible hospitals, diseases or disease conditions needing hospitalisation, indicative therapies required as per the condition of the patient and likely duration of hospitalisation.

Taking a cue from the Ministry, the IRDAI also laid down the criteria and clarifications to general and health insurance companies to offer coverage for Ayush therapies. It defined Ayush hospital as a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by Ayush medical practitioner(s) comprising of any of the following:

- Central or state government Ayush hospital
- NABH-accredited Ayush hospital
- Teaching hospital attached to Ayush College recognised by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy
- Ayush hospital (standalone or co-located with in-patient healthcare facility of any recognised system of medicine) registered with the local authorities, wherever applicable, and complying with all the following criteria:
  i. Having at least 5 in-patient beds
  ii. Having a qualified and registered Ayush doctor in charge round the clock
  iii. Having an adequate number of qualified and trained paramedical staff available 24/7
  iv. Having dedicated Ayush therapy sections as required and/or an equipped operation theatre where surgical procedures are to be carried out
  v. Maintaining daily records of the patients and making them accessible to the insurance company's authorised representative.

While addressing the inaugural session of a two-day conference on Ayurveda and the regional review meeting of Ayush in Panchkula, Haryana in November 2023, Union Ayush Minister, Sarbananda Sonowal announced that all AIIMS hospitals across the country will have dedicated Ayush departments.

He said, "All the AIIMS hospitals in the country, besides state hospitals, district level hospitals, Community Health Centres, Primary Health Centres and sub-centres, Health and Wellness Centres, will have a dedicated Ayush department".

The Last Word

With the increased awareness about alternate forms of treatment, more and more people are deviating from conventional medical treatments. So, why don't all insurance companies include Ayush coverage to make their policies more inclusive? This will make traditional therapies an integral part of the healthcare industry, thus rendering holistic healthcare more accessible for everyone!

On 1st December, 2023, the Madurai Bench of the Madras High Court issued directions to the IRDAI to place Ayush treatment on par with allopathic procedures and to direct the insurance companies to reimburse on equal scales.

Justice N. Anand Venkatesh observed that during the COVID-19 pandemic it was traditional medicines that were recommended to affected persons. The hospitals were only attending to emergency cases by providing a support system since allopathy did not have any medicine to treat COVID-19 patients.

Laying out the larger issue while hearing a petition, the bench said that it is not reasonable to have a restricted cap on Ayush treatments and thereby deprive the policyholders of reimbursement of the amount spent by them in Ayush hospitals.

The Court further stated that IRDAI must take into consideration the fact that patients can choose the type of treatment that is required for them, and they have an option to either choose allopathic medicines or go for traditional medicines provided by Ayush. Whatever expenses are incurred for either of these treatments must be placed on equal scales. It would be discriminatory to give preference to allopathy as against Ayush. The Court asked IRDAI to keep this in mind whenever the policies are drafted and sent for approval.

The words of the Honourable Court ring true, "Traditional treatment must also be encouraged, and it must get the same weightage as is given to allopathic treatment!"

AFTERWORD

Pyush Misra
Trustee,
Consumer Online Foundation

AYUSH INSURANCE COVER – An Anomaly of Sorts!

"The traditional system of medicine is more about wellness and preventive care. It usually involves out-patient treatments and natural medications which will restore the health and improve the well-being of the people. This approach is in direct contrast with the principles of health insurance coverage which are centred on hospitalisation and curative care!"

– Pyush Misra

The very fundamentals of Ayush treatments can preclude them from insurance cover! Does such denial of medical insurance to consumers who prefer treatment or getting relief under traditional medical systems make sense?

KARTIK GUPTA, A 42 year old corporate employee was suffering from chronic back pain. He tried different types of treatments and medications but to no avail. When a friend suggested an Ayurvedic practitioner, he decided to give it a try as a last resort. The practitioner examined his condition before advising that seven sittings of Ayurvedic treatments would provide him with considerable relief. The sittings were conducted daily for a week for two hours and costed Rs. 30,000 each.

As Kartik had a health insurance policy of Rs 10 lakh including an Ayush cover, he fully expected the insurance company to cover the treatment. Imagine his shock when his claim was denied as the Ayush treatment did not involve 'hospitalisation'! The treatment was performed as an out-patient procedure with Kartik going back home every day.

His befuddlement further intensified when he was informed that even if he had opted to be hospitalised for the week of treatment, his claim would have still been rejected as the private Ayurvedic clinic was not recognised by the government or approved by the NABH!

Alas, this scenario is repeated across the country in one form or the other. Policyholders with comprehensive health coverage are most often denied insurance reimbursement for other recognised systems of medicine like Ayurveda, Unani, Homeopathy, etc. This happens even if they have paid an additional premium to get the Ayush benefit!

Premiums for policies with Ayush can be up to 10% higher than basic health insurance cover!

The terms of the Ayush cover make it almost impossible to make a valid insurance claim. This is primarily because the coverage is restricted to in-patient treatments in a government-recognised healthcare facility. However, the fact remains that most traditional medicine treatments are performed as daycare procedures in the out-patient setting and do not require hospitalisation. It follows that consultation or evaluation expenses for Ayush treatment will also not be covered……

Then there is the issue of where the Ayurveda, Homeopathy and other recognised systems of treatmentis availed. The government has narrowly defined the characteristics of an 'Ayush hospital'. Hence, your neighbourhood traditional medicine practitioner or even an established clinic may fail to qualify.

And what about the massages, spas and other wellness therapies that are an integral part of Ayush. Indeed,

"In modern medicine, there is a standard system of symptomatic treatment of a disease or ailment, but Ayush treatments have a different system of treating each patient."

– Abhijeet Ghosh, *Head, Health Insurance, Bajaj Allianz General Insurance*

"To claim for the expenses, one needs to be hospitalised for at least 24 hours. Also, any preventive and rejuvenation treatments that are not medically necessary won't be covered under Ayush benefits."

– Adarsh Agarwal, *appointed actuary at Digit General Insurance Ltd*

There is a pressing need for more accredited hospitals to offer integrated holistic therapies so that Ayush insurance actually delivers benefits to the policyholders.

traditional medicine is more focused on preventive care that deliver healing benefits to the human body. Alas, insurance is focused on the curative element of healthcare alone. It follows that massages and other rejuvenation treatments that are not deemed medically essential – or not prescribed by a licenced practitioner - will not be covered under the ambit of insurance.

Lack of Credibility

The major drawback faced by Ayush insurance coverage is the lack of clarity and quality control. In the absence of a scientific and evidence-based system for Ayurveda, Homeopathy and other recognised systems of medicine, they are often dismissed by the scientific and medical community as a pseudoscience, or even worse, quackery. Due to the lack of clinical data to back up the results, the benefits are usually chalked up as placebo.

The fear of misuse and abuse of Ayurveda, Homeopathy and other recognised systems of treatments is what restricts the insurers in providing coverage. Then there is the issue of lack of standardisation of treatment with wide variations in medicines, dosage and course duration. This can create confusion on how to accommodate the claims.

It cannot be denied that almost anybody can open up an Ayush centre and trick people. Furthermore, Ayurveda, Homeopathy and other recognised systems of medicine are proprietary as the composition is based not just on texts, but also on the practitioner's own tweaking of recipes.

"We respect the system and acknowledge the benefits in select areas out of Ayush, but the biggest challenge is to identify the right connect and the right place where an evidence-based treatment is given."

– Dr S. Prakash, *former Managing Director, Star Health and Allied Insurance Co. Ltd.*

> Ayush treatment is acceptable in certain cases, but overall, there is a big question mark on the studies to determine the efficacy and the quality control of its medicines. Unless these issues are addressed, there is a big risk of having such treatments covered under insurance. People will tend to misuse it, as there are no indicators that can be monitored and there is lack of a standard line of treatment.
>
> ***– Dr Bharat Gadhavi,***
> *President of Ahmedabad Hospitals and Nursing Homes Association (AHNA)*

Evidence-based robust studies are essential to bring the much-needed credibility to Ayush and give it its rightful place under the insurance 'sun'!

Does this mean that policyholders will hardly ever be able to actually avail reimbursements for their Ayush treatments? Will the growing awareness of traditional medicine be forced to fade away in the face of lack of insurance coverage?

Food for thought for sure!

Making Ayush a Part of Ayushman Bharat

Ayush experts have been decrying that the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojna (PMJAY) health cover is restricted to modern system of medical treatment and unavailable for Ayurveda, Homeopathy and other recognised systems of medicine. This is the world's largest health assurance scheme – how can it be kept limited to allopathic hospitals and dispensaries, that too in a country like India? In fact, bringing Ayush treatment under the cashless PMJAY scheme will give a huge boost to Ayurveda, Homeopathy and other recognised systems of medicine!

Dr Anand K Chaudhary, Professor and Head of Department of Ayurvedic Pharmaceutics, Faculty of Ayurveda in Banaras Hindu University even wrote to the Prime Minister stating that, "Ayush should be covered under the Ayushman Bharat as more than 70 per cent people in the country directly or indirectly depend on herbs or plants by which medicines are prepared."

The union Ministry of Ayush proposed the inclusion of 19 Ayurveda, Unani And Siddha, 8 Yoga And 6 Naturopathy treatments under PMJAY (for certain ailments including mental illnesses like clinical depression), but it continues to remain pending approval.

The National Health Policy 2017 advocated for mainstreaming the potential of Ayush systems within a pluralistic system of integrative healthcare. Why doesn't it factor in the insurance element that is becoming vital by the day?

However, the union health ministry is of the view that including Ayush under the scheme could lead to fraud, given the trying task of controlling leakages in a scenario where it is "difficult to ascertain that hospitalisation is for correct purposes". The Ayush ministry itself realises that the lack of standardisation is a key limitation for Ayush coverage. Accordingly, it is working with AIIMS to develop protocols for specific treatments, or using findings of scientific research to bolster evidence of efficacy, which will help in the long run. The ministry should also focus on compiling treatment templates and making them available to the National Health Authority, which will enable the proposed treatments to be included under Ayushman Bharat.

> As hospitals are healthcare establishments, all of them should be motivated to offer Ayush treatments by empanelled or employed domain specialists as adjunct, adjuvant or standalone treatment to the patients. It is essential that all insurance products permit inclusion of approved Ayush treatments, medicines, therapies and interventions and allow them in all modes at par with other interventions. By the same logic, Ayush hospitals should also permit conventional treatments by domain specialists.
>
> Ayush is rightly preferred by the geriatric population. As disease burden and financial burden are very high in this segment, greater use of Ayush is a win-win for all stakeholders. PM-JAY should lead the country by integrating Ayush and Allopathy as envisioned in NHP 2017.
>
> ***– Mr. S B DANGAYACH,***
> *an ardent supporter of Homoeopathy and a patron member of Global Homoeopathy Foundation (GHF)*

Following up on a petition seeking inclusion of Ayurveda, Yoga And Naturopathy in the Ayushman Bharat PMJAY scheme, the Delhi High Court recently issued notices to the union ministries of Health and Family Welfare, Ayush, Finance and Home Affairs besides the Delhi government and asked them to file their counter affidavits.

The petitioner, advocate Ashwini Kumar Upadhyay, stated that the central government launched the National Health Protection Mission to achieve universal health coverage (UHC) for economically weaker sections and below poverty line people and to secure the citizens' right to health. However, Indian systems -- Ayurveda, Yoga, Naturopathy - are not covered under it. The PIL further seeks that the scheme should be implemented in every state so that a significant portion of the country's population is able to avail itself of affordable healthcare benefits and wellness in various serious diseases, without any harm and at low rates. This will also provide employment to thousands of people in the field of Ayurveda.

Bina Jain
• Former President, All India Women's Conference (AIWC)
• Chairperson, Healthy You Foundation, New Delhi

LACK OF ACCESS TO INSURANCE FOR SENIOR CITIZENS – IS IT JUSTIFIED?

"Where will the older population turn to meet their growing health needs and other unanticipated expenses? How can they cover themselves against the oddballs that life can throw at them in their 'golden' years? Why don't they have proper access to the shield of insurance for living a better quality of life?"

– Mrs. Bina Jain

The aged need the safeguards of adequate insurance to ensure their well-being!

THE COMMON MAN spends a major chunk of his/her life building a home and providing for the family. The years rush by as we are neck deep in earning a living and bringing up the children. It is the sunset years when we wish to sit back, relax and enjoy a comfortable and peaceful life.

Indeed, senior citizens have paid their dues and deserve to kickback and live with quiet and ease. However, when the retirement age actually rolls around, many of the older people are faced with a new challenge of meeting unforeseen needs. At times, this can snowball into unmanageable worries, stress and burdens. Isn't it inhuman to leave them deprived and struggling with a compromised quality of life at this vulnerable stage?

This is not about a lack of planning for the future. Most people do save and invest throughout their working life, building a nest egg to cushion the years when they no longer have a steady income. However, the accumulated corpus tends to run out sooner than expected on account of inflation, rising medical needs, higher healthcare costs and other unanticipated events.

How can we expect people to be dependent on the next generation once they are past their prime? What if the youngsters neglect their duty? Why doesn't the government and society ensure that the aged can stay independent enough to meet unexpected expenses and other emergencies?

And what if the children are unable to afford the mounting expenses of caring for their parents, no matter how well-intentioned and loving they may be? Where will the older population go? How will they survive? Can they literally be left out in the cold when they are the most fragile and helpless?

Reality Check

As people age, their body becomes weak and immunity is low. This makes them more susceptible to injuries, sickness, infection, disease and even life-threatening risks. Frequency of doctor visits, health checkups, medical care and hospitalisation increases. Critical illnesses and other medical emergencies can pop up abruptly. Many require consistent and long-term treatment. All this can eat up the savings and become a growing financial burden for the family.

Alas, more than 70% of Indians do not invest in health insurance. To add to this, the coverage under most policies lapses at 60 to 65 years of age. Office-provided group insurance cover vanishes at the end of employment. Even in the case of family floater health policies, the sum insured may not be sufficient to manage the growing health demands of aging parents.

Under the IRDAI mandated and standardised Arogya Sanjeevani health insurance policy, the entry age is restricted to 65 and the cover is capped at Rs 5 lakh – both are way too low for senior citizens living in tier-1 and 2 cities!

It is not just about financial assistance for healthcare needs. senior citizens also need to safeguard themselves with life insurance and/or retirement plans. This can replace their income in their retirement years/provide support to the spouse when they are gone. Especially, term insurance serves as a backup to live an independent and secure life without any undue stress.

Rajya Sabha MP, Ms. Jaya Bachchan raised this pertinent issue in Parliament when she vociferously questioned, "Is it a crime to be a senior citizen in India?" Her arguments hold water - Care is not taken to ensure that there is no hardship in the lives of senior citizens. The government spends a lot of money on non-renewable schemes, but never realises that senior citizens also need a scheme. On the contrary, the income of senior citizens is decreasing due to reduction in interest rates of banks. If a meagre pension is received in which it is difficult to support the family, it is also subject to income tax.

Her words sound harsh but epitomise the dire state of scores of older people in our country, "Government should kill all senior citizens after the age of 65 because it is not ready to pay attention to them!"


Ms. Jaya Bachchan

Senior Citizen Insurance Plans – Are They a Helping Hand?

On the face of it, many insurance companies have designed health policies specially for older people. However, the number of health insurance plans for senior citizens is about one-fourth of that offered for young adults! Even those that are available are beset with drawbacks like:

- While the entry age typically starts at 60 to 65 years, many of them cap the entry at 70 to 75 years. Then again, only a few policies can be renewed for the lifetime, most allow renewals only up to a certain age (75, 80 or 85 years). With the increasing life expectancy, how can 75 or 80 year olds be denied the safety net of insurance when they need it the most?
- Many plans require senior citizens to undergo medical tests to assess the health status. Granting coverage is

at the discretion of the insurer, and they often reject applications based on the health condition.

- Even if insurance cover is available, the premium is higher due to the increased health risks. The cost can become prohibitive for people who are already suffering from diabetes, hypertension, cholesterol or other debilitating conditions.
- The coverage usually includes only hospitalisation and surgeries. What about doctor fees, medicine costs and other allied expenses?
- Pre-existing health conditions can become a bone of contention. Some plans cover them only after a waiting period (can be 2 to even 4 years), while others may have limited coverage for these conditions.
- Even critical illnesses like cancer, heart issues, stroke, kidney failure, etc. usually require an add-on coverage.
- While regular health insurance is limited to overnight hospitalisation, plans for seniors often cover certain day care procedures like dialysis, chemotherapy and radiotherapy. However, the premium can be significantly higher.
- Many health insurance policies come with a co-payment rider. The insured may have to contribute 20% to 30%, thus requiring significant out-of-pocket payment at the time of claim.
- There may be a waiting period of 1 to 2 years for certain illnesses. Coverage kicks in only after this period.
- Domiciliary care is offered only in certain policies. This covers home treatments for people who cannot be moved to a hospital.
- Diagnostic and investigative expenses, rest cure, rehabilitation, respite care and end-of-life care is not covered.
- Some insurance providers do not provide cashless treatments, especially at non-network hospitals. Arranging funds for paying a lumpsum upfront can become burdensome. Claims may be denied later or the reimbursement process can become challenging.
- It is better to opt for plans that offer free or discounted regular health check-ups as this will ensure preventive health monitoring. While at it, check for add-ons like ambulance charges, lab tests, teleconsultation, outpatient services, etc.

Low Awareness

The government actually offers some insurance schemes for the elderly citizens so that they can live a healthy, happy, empowered, dignified and self-reliant life.

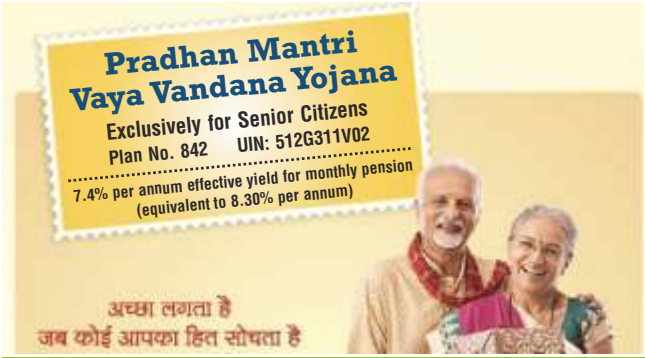
However, most people are simply not aware of the beneficial plans.

- The union Ministry of Health and Family Welfare has the **National Senior Citizen Mediclaim Policy (NSCMP)** specifically for senior citizens. Operated by National Insurance Company, this is an indemnity health insurance policy with maximum entry age of 80 years. Two options are available that cover expenses for inpatient treatment (Allopathy, Ayurveda And Homoeopathy), domiciliary hospitalisation, pre-existing conditions, mental illness, certain daycare procedures, ambulance charges, doctor home visits, nursing and attendant charges during post-hospitalisation, organ donor's medical expenses, regular medical consultation charges, preventive health check-up facility and even funeral expenses.

In 2009, the Insurance Regulatory and Development Authority of India (IRDAI) issued the following instructions to insurers related to health insurance for senior citizens:

- **Individuals should be allowed to buy a new health insurance policy up to the age of 65**
- **Any rejection of a proposal for health insurance of a senior citizen should be given in writing with reasons**
- **A senior citizen policyholder should be given an option to change his TPA wherever practicable**
- **At least 50% of the cost for pre-insurance medical examination may be reimbursed where the risk is accepted by the insurer**
- **Insurance providers cannot refuse renewal of a health insurance policy for senior citizens except on grounds of -**
  - **Fraud**
  - **Misrepresentation**
  - **Moral hazard (intention to claim money on death by committing fraud)**

- The union Ministry of Finance launched the **Pradhan Mantri Vaya Vandana Yojana (PMVVY)** scheme in 2017 (sale closed on March 31, 2023) to provide social security to senior citizens. Operated solely by the Life Insurance Corporation of India (LIC), this insurance cum pension scheme works as an alternative avenue of income. The policyholder can deposit a lumpsum (upto Rs. 15 lakhs) and receive an assured minimum monthly, quarterly, half-yearly or yearly pension for 10 years (interest rate was 7.4% in 2022-23). Apart from enjoying the high interest rate, maturity and death benefits as well as loans are available. The Varishtha Pension Bima Yojana (VPBY) also operates on similar lines.



There are 8,59,708 subscribers under PMVVY with deposits worth Rs 87,081.1 crore under 11,97,159 policies as on 31 December 2022 – Economic Survey 2022-23

- **Atal Pension Yojana (APY)** was launched in May 2015 to create a universal social security system that is open to all citizens of the country between 18 to 40 years who have a bank account and are not income tax payers. Administered by the Pension Fund Regulatory and Development Authority (PFRDA), it has 5 pension slabs (from Rs. 1000 to Rs. 5000 based on the contributions made by the subscriber) guaranteed by the government to the subscriber at the age of 60 years. The monthly pension is available to the subscribers, and after him to the spouse. After their death, the pension corpus, as accumulated at age 60 of the subscriber, would be returned to the nominee ·of the subscriber.

Over 5 crore individuals had subscribed to the scheme as of April 2023 – Government of India

- **Atal Vayo Abhyudaya Yojana (AVYAY)** is an umbrella of current schemes, future plans and strategies to take care of the top four needs of the senior citizens - financial security, food, healthcare and human interaction.
- Then there are various post-retirement pension schemes for government employees (like railways, defence services, etc), apart from the **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)** for people below the poverty line. The Senior Citizens' Welfare Fund is also designed to offer monetary support to poor senior citizens who do not have any other source of income.

Most of the health insurance and pension schemes are either for the poor or government employees. What about the private sector employee who has worked all through his/her life – don't they deserve comfort and security in their fading years? They have sincerely paid all the taxes all through their working life and are not given any work/pension after 60/65 years of age. Why should they need to depend on others? We need to correct this injustice and ensure fair play for the entire elderly population of the country!

Summary

Senior citizens are entitled to both financial protection and high quality healthcare. Only when they can access this security without worrying about the cost, will they be able to live their old age in a protected and stress-free manner!

Elderline for Senior Citizens - The toll-free number 14567 is a national helpline that provides free information, guidance, emotional support and field intervention in cases of abuse and rescues in order to improve the quality of life of senior citizens. Launched on 1st October 2021, it is active in 31 states/UTs from 8 am to 8 pm, all 7 days of the week. (Haryana and West Bengal will be launching the helpline shortly).

Prof Abhijit K. Chattoraj
Chartered Insurer – Dean SW&SS
Professor and Chairperson – Program of Insurance Business Management at BIMTECH

Health Insurance – An Abstruse Product Leading to a Trust Deficit

"The success of an insurance contract depends on flawless and unambiguous policy wording. The policy wordings should inspire confidence and not lend themselves to varied interpretations."

– Prof Abhijit K. Chattoraj

WE LIVE IN an era where every entity tries for a competitive edge. The companies try frantically to intuit the whims of the customers to come out with products that delight them. They launch products that ensure a seamless experience.

Most insurance products, on the other hand, are complex and complicated. Health insurance as a product is even more complex. Insurance products come as policy documents, with one party (proposer/insured) proposing something to insure and the other party – the insurer accepting the same. The policy is a piece of paper evidencing the insurance contract.

Problems with the Policy Document

All health insurance policies carry definitions of various words intended to help customers understand the policies better. Insurance policies are subjected to *contra proferentem*. This implies contract interpretation that states an ambiguous contract term should be construed against the contract's drafter. As a result, much care must be taken to draft the policy wording. A slip here and there can have unprecedented ramifications.

Let me focus on some of the definitions that create different perceptions. But I will start with one definition that the health insurance policies in India choose not to define.

The word is 'Treatment'. The word appears many times in the policy –in fact, the whole policy revolves around this word. But no thoughts were spared to define this most important word.

Take a close look at the definition of a 'Cashless Facility'. The definition mentions, 'Cashless Facility means a facility extended by the Insurer to the Insured where the payments of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions are directly made to the Network Provider by the Insurer to the extent pre-authorisation is approved'. It is clear that an insurance policy pays for the cost of the treatment within the purview of the terms and conditions of the policy. The question pertinent to debate and discussion is the meaning of the word 'Treatment.' The explanation of the gamut of the word as to what constitutes treatment and what doesn't, therefore, assumes importance.

The policy defines the word 'Acute Condition' as a disease, illness or injury that is likely to respond quickly to treatment, which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury, which leads to full recovery.

The policy also defines a 'Chronic Condition' as a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control for the relief of symptoms
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur

Going by these two definitions, a gullible health insurance buyer will presume that expenses for both these types of treatments are paid by an insurance company. The fact is that policies of this nature can pay only for diseases with acute conditions. Paying for chronic diseases would mean paying for the maintenance cost of an old car.

Chronic diseases call for different care management and require policies of a very different nature.

The policies issued in private medical insurance in the UK market trigger only acute illness and not chronic illness. The policy wordings in the UK market define 'Treatment' along with acute and chronic diseases/ illnesses, thus dispelling the doubt from customers' minds about the nature of treatment paid by them.

BCWA Healthcare defines treatment as "surgical or medical procedures, including diagnostic procedure, the immediate purpose of which is the cure of acute illness and not the alleviation or management of long term illness". Norwich Union defines treatment as "Surgical or medical procedures, the sole purpose of which is the cure or relief of acute illness or injury". The ABI Statement of Best Practice for sales of individual and group private medical insurance defines treatment as surgical or medical services (including diagnostic tests) needed to diagnose, relieve or cure a disease, an illness or injury.

All the above definitions emphasise the cure or relief of acute conditions or illnesses. In the Indian market, we are unsure whether we get paid for chronic conditions. Without clarity, many claims are repudiated on the score that the disease doesn't merit hospitalisation.

However, in all leading markets, the treatment of chronic conditions is paid when they become acute and till the time they are acute. Once the disease lapses back to chronic state, the payment for treatment ceases. I am unsure whether the same is true in the Indian market.

Let us look at the definition of 'injury', which is 'accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner'.

The emphasis is on the 'accidental physical bodily harm caused by external, violent, visible and evident means'. **It doesn't talk about the end or the outcome**. There were instances when an injury, though caused by violent or visible means at the time of happening, was not severe enough to warrant notice. As a result, it was not verified by a doctor. But after a year or two, if the same problems trigger a violent outcome, will we not get the claim if a cause-and-effect association is established? Some injuries, like diseases, take a long time to manifest. The causation–occurrence and manifestation cycle can be extended at times.

Let me delve into the definition of 'Cumulative Bonus', which means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium. The standard policy wording states that a company shall apply a Cumulative Bonus in the form of No Claim Bonus at such rates as specified in the Policy Schedule/Product Benefit table of this Policy on the Sum Insured of the expiring Policy as specified in the respective Section in the Policy Schedule on a cumulative basis, provided that the Insured Person(s) has not made any claim under the same Section in a Policy Year and has successfully Renewed the Policy with Us continuously and without any break.

The accumulated No Claim Bonus shall not exceed 50% of the Sum Insured on the Renewed Policy. Suppose a claim impacts the eligibility of a No Claim Bonus. In that case, the accumulated No Claim Bonus shall be reduced by 10% of the Sum Insured at the commencement of the subsequent Policy Year.

The accumulated No Claim Bonus can be utilised for benefits covered under Basic Cover. However, there is a rider that the accumulated No Claim Bonus can be utilised only when the Sum Insured has been completely exhausted. Therefore, the accumulated no-claim bonus has no meaning for the customer if he has not fully used the original sum insured he chose. This is a highly unfair treatment meted out to the customer as he harbours the impression that he would get all benefits due to the accumulated cumulative bonus.

Usually, the room rent and ICU charges are paid as a certain percentage of the sum insured. The so-called increased insured sum resulting from cumulative bonus does not translate into gains for the customer as long as the original insured sum has not been fully utilised.

Let me explain this with an example. A customer takes a health insurance policy with a sum insured of 5 lakh. At the end of two consecutive claim-free years, the sum insured becomes 6lakhs (with the accumulated cumulative bonus, say @ 10% cumulative bonus per claim-free year). Customers typically get 1% room rent and 2% ICU charges per day of approved inpatient hospitalisation. However, the customer will not get Rs 6000 towards room rent or Rs 12000 towards ICU charges as he has not exhausted the original sum insured. **What ostensibly looked like a carrot was more like a stick!**

All health insurance policies carry another term, 'Condition Precedent', which means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon. The effect is that if the policy term or condition is not adhered to, the policy becomes void. There are four implied conditions in an insurance contract/policy. The observance of good faith is one of them, which either misrepresentation or concealment can violate. The effect is such a violation renders the contract void. In fire policy, this provision is lifted from the implied condition and made an expressed condition by diluting its effect. Misrepresentation is made a condition precedent to liability. The condition precedent to liability only affects that particular liability or claim. It doesn't affect policy. The policy doesn't become void. It is voidable at the discretion of the aggrieved party.

In health insurance, it is categorically mentioned that the Policy shall be void, and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact. One fails to understand why it is so in health insurance. The fire and motor policy carries the term 'Condition precedent to liability.' The apparent purpose is not to penalise a customer for a misrepresentation or concealment which is not substantial. One should be punished for fraudulent or even negligent misrepresentation but, in no case, should be punished for innocent misrepresentation. The above condition is too harsh to be tolerated. It undermines and shakes customers' faith when their claims are repudiated for frivolous misrepresentation and concealment. There can be plenty of examples of innocent misrepresentations in health insurance policies. Is it not diabolical to reject a claim on such flimsy instances?

Unfortunately, the customer doesn't read the finer terms of the policy, and even if he reads, he cannot comprehend the meaning of such terms.

Policy wording should be made more straightforward and easier to understand. Nobody loves to buy a complex product that is capable of weird interpretation. The time has come to set things right and win customers' trust!

Safeguard Your Assets with Insurance

Living without insurance is a big gamble. Make the smart choice by insuring your property and other assets for a secure future. This will ensure that you are prepared for any situation!

Buying a property is one of the biggest milestones of a person's life. It brings a sense of achievement, satisfaction and security. Can you leave the safety of such a precious asset to chance?

IT IS NOT just your health and life that need to be insured against unforeseen events. Even property like your house, office, business, vehicles and other belongings are prone to risks which come unannounced. Fire is the most common hazard, not to mention theft and burglary. Natural calamities strike without warning – like floods, cyclones and earthquakes. And what if a giant tree on the street suddenly happens to fall on your house or car?

Around 60% of India is vulnerable to earthquakes and other natural catastrophes; at least 38 Indian cities lie in high-risk seismic zone.

You may think your area is secure from flooding and other such disasters; but with relentless climate change, unexpected climatic events are popping up anytime anywhere with devastating effects. We are witnessing unpredicted cloudbursts, flash floods, landslides, etc. that flood basements, mutilate vehicles, collapse houses and more. The horrifying glacier burst in Uttarakhand is a prime example.

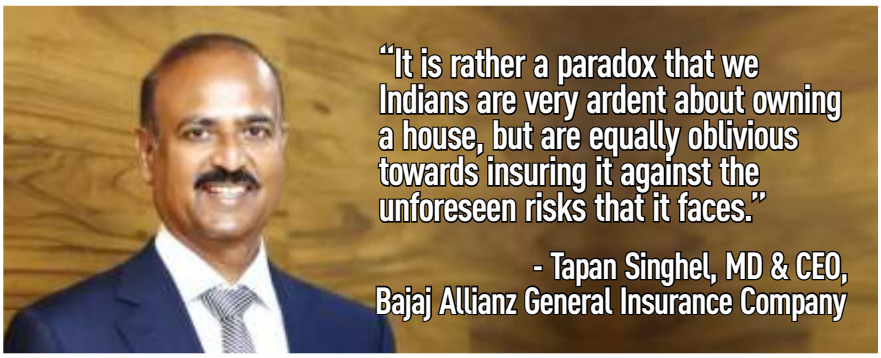
The destruction can leave you reeling – not only is the damage traumatic, but the repairs or reconstruction work will be very costly. The expenses can wipe out your savings, even requiring you to take a loan for reparation. This is not limited to the physical structure alone – what about loss or damage of valuable possessions – like furniture, jewellery, artefacts, electronic gadgets and appliances and clothes – that you have slowly accumulated throughout your life and need to replace now? Not to mention machinery, equipment, inventory and other items, replacing which can cause a significant financial setback.

Take Action

Property insurance works as a safety net against irreversible damage or other losses to the house, office, factory and its contents. The premium seems negligible in the face of the value of the property and the level of risk involved. In case of an unforeseen event, it is the insurance provider that will bear the brunt of the loss and provide compensation for the damages.

There are a variety of property insurance coverage offered by different insurance companies. You can opt for a comprehensive (umbrella) policy or separate covers like fire insurance, burglary insurance, home content insurance, all risks insurance, etc. Some home insurance policies offer add-on covers for electronic equipment, jewellery, man-made hazards, public liability, accidental damages and so on. Certain policies may even cover the costs of alternate accommodation when the home is damaged and unsafe to use.

Home insurance is not mandatory in India. However, it is prudent to insure your property against fire accidents, electrical breakdown, theft, burglary, natural calamities and even man-made hazards. Consider damage to belongings while at it.



The premium will depend on various factors like size and location of the property, security measures in place, value of belongings, extent of coverage, etc.

It is not just homeowners; even tenants can purchase insurance to cover the contents of their home while they are living in a rented property.

From April, 2021, the Insurance Regulatory and Development Authority of India (IRDAI) has made it mandatory for every insurer to offer Bharat Griha Raksha. This standard home insurance policy provides coverage against loss, damage or destruction of the home building and its contents due to unforeseen circumstances.

Keep in Mind

You may think you are secure with the property insurance you have purchased. But what if what you thought was adequate insurance, turns out to be insufficient or ineffective?

For instance, some policies do not cover damages due to earthquakes, atomic/nuclear events, riots, terrorism or acts of war. Mold damage, water leaks and pest infestation are also not covered. Some insurers refuse to provide coverage if the house has been left vacant beyond a certain period. Wilful misconduct or even gross negligence that can cause a fire or other consequential losses are also denied.

While all policies cover 'Act of God' perils which includes all kinds of

Another case in point are the terrifying cracks in the roads and buildings in Joshimath where the ground actually started 'sinking' due to unplanned construction!

natural disasters, the definition can vary from insurer to insurer. Some may deliberately exclude certain events – like snowstorms or forest fires - in the 'fine print'. As Sanjay Datta, chief-underwriting, claims and reinsurance, ICICI Lombard General Insurance points out, "Acts of God have to be clearly defined in the policy, as certain perils might not be covered. For example, damage due to volcano eruption is not covered under policies in India, but is covered in Indonesia, as it is a volcanic country." Even the extent of coverage can differ in some cases.

It is advisable to assess the potential risks to your property and purchase an insurance cover accordingly. Also read the policy document with care and understand what is covered and what is not.

Similarly, there is Business Interruption insurance that will compensate for lost income due to halt of operations resulting from a natural disaster or other event that is insured. It can also help a business stay operational, continue to serve its customers and generate an income in the face of the calamity.

Cyber Liability insurance is vital for financial losses, legal liabilities or reputational damage from data breaches, cyberattacks and other security incidents. It will protect digital assets like customer data, proprietary information, financial records, etc. Even other intangible assets like intellectual property - including patents, trademarks, copyrights, proprietary software applications and even methodologies and processes – need the cover of insurance.

Liability Protection – This usually has to be purchased as an add-on to cover accidental damage to another person or property caused by you in your property – like an unattended burner in your house leading to a fire in the neighbour's house or a bystander getting injured due to renovation work being done in your home.

Word of Caution

Cheap insurance can actually work out to be very expensive! Look for quality coverage – if an insurance provider offers incredibly low rates or the broker makes tall claims, it is definitely a red flag. Steer clear of unknown insurers and research the company's reputation rather than blindly setting store by an 'unbelievable promise'! You are not likely to get proper financial compensation when needed.

Similarly, some insurance providers try to mislead policyholders by denying claims for events like water entering the house, that should actually be covered by the policy. They may claim that the coverage is selective and refuse valid claims.

In such cases, you can file a complaint with the Grievance Redressal Officer (GRO) of the insurance company, IRDAI's Bima Bharosa portal (https://bimabharosa.irdai.gov.in/), helpline number 155255 or the insurance ombudsman of your region.

In sum, make an informed decision to achieve true peace of mind.

Integrative Healthcare Practices will Enable to Achieve Universal Health Coverage

Mr. RAJIV VASUDEVAN is the Founder & MD of Apollo AyurVAID Hospitals – the first and only National Quality Award (QCI-DL Shah) winner from the Ayurveda sector, with 3 hospitals that are NABH accredited and 1 that is JCI (American Standards) accredited. Apollo AyurVAID has effectively demonstrated a pioneering and breakthrough model of integrative care in partnership with leading quaternary care hospitals across the country for integrative adjuvant care and rehabilitation across neurology, oncology, nephrology, gynaecology and metabolic disorders.

Mr. Rajiv is a member of Ministry of Ayush's National Advisory Committee and Expert Group on Insurance. He is also the Founder-Chair for the Ayush Forum at the Confederation of Indian Industry (CII). He has served on many other national councils and is a member of several other expert committees of the Ayush ministry, state governments and industry in India.

SEVERAL LEADING TERTIARY/QUATERNARY care hospitals including Apollo, Medanta, Aster, Sri Shankara, KIMS, Rajagiri, etc. have opened Ayurveda Departments within their facilities that provide pure Ayurveda as well as integrative medical care for a host of serious medical conditions.

Pure Ayurveda inpatient medical care focuses on systemic, non-communicable, chronic diseases across all medical specialties in addition to rehabilitation post-acute-emergency care. In addition, integrative care is provided for highly vulnerable cases such as road-traffic-accident cases with poly-trauma, brain-damage cases, chronic-kidney disease cases, cancer patients during and post-chemotherapy/surgery/radiotherapy, etc. In the latter instance, specialists from both Allopathy and Ayurveda work seamlessly across stages of patient care-recovery complementing each other.

In such cases, modern medicine is required to stabilise the patient and to keep the patient alive while Ayurveda perfectly complements in improving functional capabilities and qualityoflife. Currently, for such integrative cases, insurance cover is available only for care under one system, although care is provided simultaneously by two systems under one roof. In all such cases- it is important that integrative care be covered by insurance as long as medical justification is robust and the Pre-Auth and Discharge Summary is signed off by consultants from respective specialties.

A specific provision for the same needs to be included in all policies to prevent out-of-pocket expenditure by patients. This is a progressive step that IRDAI must take, and must enjoin all health insurance companies to take, in the best interests of the consumer.

Ms. SHILPA ARORA, Co-Founder and Chief Operating Officer of Insurance Samadhan, a web portal/mobile app for resolving insurance queries and complaints of consumers, writes, “Through preventive care, policyholders not only safeguard their health but also reduce the likelihood of incurring expensive treatments or extended hospital stays in the future. For insurers, this translates to a decrease in claims, leading to reduced payouts, enhancing their sustainability and profitability.”

Why Preventive Care Health Insurance is a Win-Win for Individuals and Insurers

THE ADAGE 'PREVENTION is better than cure' has great relevance in the realm of health insurance. Coverage for preventive care, a crucial component of many health insurance plans, is changing the way we approach healthcare.

Preventive care in health insurance refers to measures taken to prevent diseases or injuries rather than curing them or treating their symptoms. This includes regular check-ups, screenings, vaccines, and patient counselling. By focusing on prevention, individuals can detect potential health issues early, thereby reducing the risk of more severe complications later.

For instance, regular mammograms can detect breast cancer at an early stage, making treatment more effective. Similarly, vaccinations can prevent certain diseases altogether. Preventive care not only ensures better health outcomes but also reduces the overall cost of healthcare. When potential health issues are detected and addressed early, it can prevent the need for more expensive treatments or hospitalisations later on.

This article delves into the importance of preventivecare coverage in health insurance and navigates its benefits for both individuals and insurers.

What Does Preventive Care Coverage Entail?

Preventive-care coverage encompasses a wide range of services aimed at preventing illnesses or detecting them at an early stage. These services include vaccinations, screenings for various diseases, wellness check-ups, and health education. The primary goal is to ensure that potential health problems are identified and addressed before they develop into more severe conditions.

Advantages for Individuals

Detection of diseases at an early stage: Regular screenings can detect conditions like cancer, diabetes, and cardiovascular issues in their initial stages, leading to more effective treatments. Additionally, proactively maintaining one's health offers individuals peace of mind, alleviating anxiety about their well-being.

Promotion of a healthier lifestyle: Vaccinations protect individuals from various contagious diseases. Health check-ups provide information about one's well-being, empowering individuals to make informed choices regarding their lifestyle and habits.

Financial savings: Investing in preventive services offers a multitude of benefits, both financially and health-wise. Early detection not only proves to be cost-effective but also minimises the need for extensive hospital stays. Additionally, individuals can enjoy an enhanced quality of life by addressing health concerns promptly. Furthermore, a focus on prevention ensures the sustainability and efficiency of the healthcare system. Thus, the initial costs of preventive measures are dwarfed by the long-term advantages they bring.

Advantages for Insurers

Data collection and risk evaluation: Regular check-ups and screenings offer insurers valuable data that can be used to more accurately evaluate risks and tailor policies.

Cost efficiency through preventive care: Both individuals and insurers reap substantial benefits from preventive healthcare measures. When policyholders prioritise regular screenings and early detection, they not only safeguard their health but also reduce the likelihood of incurring expensive treatments or extended hospital stays in the future. For insurance companies, this proactive approach translates to a decrease in claims, leading to reduced payouts. This not only optimises their financial health but also enhances their sustainability and profitability.

Improved customer loyalty: Including comprehensive coverage for preventive care can greatly enhance customer satisfaction. Satisfied policyholders are more likely to renew their policies and recommend the insurer to others.

Although the advantages of preventive care are clear, there are obstacles to its implementation. It is crucial to determine the appropriate frequency and nature of exams, striking a delicate balance between excessive testing and potentially overlooking early signs of diseases. Socio-economic factors can affect access to preventive care.

Not all individuals have the same level of awareness or the financial means to receive regular check-ups. To address this issue, insurers can offer tiered plans that cater to different economic segments, ensuring that preventive care is accessible to all.

Additionally, technology can be used to improve preventive care. Digital health platforms, telemedicine, and health apps can make screenings and consultations more attainable, particularly in remote areas. These digital interventions can also provide personalised health insights and reminders, helping individuals stay proactive about their well-being.

Proactive measures are the key to the future of healthcare, requiring collaboration between individuals, insurers, and healthcare providers. This approach benefits both individuals and insurers, setting a positive example for future healthcare models and creating a mutually beneficial outcome for all parties involved.

The article is sourced from https://www.moneycontrol.com/news/business/personal-finance/why-preventive-care-health-insurance-is-a-win-win-for-individuals-and-insurers-11694461.html

IRDAI Firing on All Cylinders to Increase Insurance Adoption

The insurance regulator is committed to enabling a new landscape for the insurance sector. It is going the extra mile with a spew of progressive and customer-centric rules and regulations. The target is to boost insurance reach and achieve a fully insured India!

THE INDIAN INSURANCE sector has a grossly low adoption rate; it is characterised by huge protection gaps in almost all lines of insurance! Over the past few years, the IRDAI has literally been rewriting the rulebook to make insurance more accessible, consumer-centric and inclusive. The focus is on pushing proactive reforms that will both foster innovation and increase insurance penetration across the country.

Insurance Regulatory and Development Authority of India (IRDAI) is the regulatory body responsible for protecting the interests of insurance customers along with overall supervision and growth of the insurance sector in India.

Reforms on the Table

One of the notable changes is the easing of approval norms which allows most of the insurance products to be launched without prior approval of the regulator. This has laid the foundation for the introduction of customised and innovative products at a faster rate, thus expanding the choices available to the policyholders.

TAPAN SINGHEL

Mr. Tapan Singhel, Managing Director & CEO, Bajaj Allianz General Insurance Co. Ltd. lauded the move, “Steps like introducing Use and File is a pivotal step and will usher in an age of product innovation in the industry. We will see a rise in unique insurance products that address the specific needs of the customers”.

Apart from this, the regulatory body has undertaken various beneficial initiatives such as permitting insurers to conduct video-based Know Your Customer (KYC), launching standardised insurance products and allowing insurers to offer rewards for low-risk behaviour.

The IRDAI is also working on optimising the insurance redressal management to ensure speedy and effective resolution of customer grievances. It has developed a well-defined and comprehensive Bima Bharosa platform (upgraded from the erstwhile Integrated Grievance Management System - IGMS) that provides centralised and online access to the policyholders. They can use this portal to register their complaints regarding anything from unfair terms and conditions or non-disclosure of important

There is a lot happening in the insurance space in the interests of consumers, but how many of us are aware of the developments?

> This new move by IRDAI will empower customers to customise their own coverage as per their needs and encourage insurers to address those requirements quickly. No more 'fit for all' product solutions; the power of choice will now lie with the customers.

– Rakesh Jain
CEO of Reliance General Insurance

information to delays in claim settlements, unsatisfactory customer service, etc. and get timely resolutions.

Then there is the national network of Ombudsmen who are responsible for handling consumer grievances of mis-selling, claim rejection etc. A number of schemes are being formulated to improve the functioning and efficiency of the ombudsmen to facilitate cost-effective and proficient measures to resolve insurance-centric grievances.

The IRDAI enhanced the adjudication limit for ombudsmen. From 10th November, 2023, policyholders can register complaints related to compensation claims up to Rs 50 lakh with insurance ombudsman offices (the earlier cap was Rs 30 lakh)

This change is due to the fact that many policyholders purchase term insurance, health insurance, critical insurance and personal accident policies with sums assured exceeding Rs 1 crore.

IRDAI is also playing a prominent role in increasing public awareness about insurance.

Making Insurance Policies Easy to Understand

The IRDAI issued the directive to all insurance companies to mandatorily list all the relevant policy details in a revised customer information sheet (CIS) so that policyholders can see the key policy details at a glance in a summarised form. The pre-defined format includes the name of the insurance product, policy number, type of insurance product, sum insured, policy coverage, exclusions, waiting period, financial limits of coverage, claims procedure, policy servicing, grievances, things to remember and obligations. The revised format will also promote transparency and enhance awareness among the policyholders.

The regulator directed all the insurers, intermediaries and agents to forward the concise and updated CIS bearing all the relevant information to all policyholders and obtain the acknowledgment in a physical or digital form. It also requires that the CIS should be made available in a local language, if desired by the policyholder.

From 1st January, 2024, all the primary information about an insurance policy will be listed in a simple form on one single page for the ease of the consumers.

Currently, insurance companies provide the relevant information on their policies in legal language and in a scattered form. Customers find it difficult to understand the features and conditions of the policy they are purchasing and tend to skip reading the entire document.

The IRDAI upholds, “It is important for a policyholder to understand the terms and conditions of the policy that has been purchased. Since a policy document may be fraught with legalese, it is imperative to have a document that explains in simple words the basic features with regard to the policy and provides necessary information.”.

It further stated, “It is observed that several complaints are still emanating as a result of the asymmetry of information between the insurer and the policyholder. In this backdrop, the existing customer information sheet has been improved and now seeks to convey basic information about the policy purchased in a manner that is easily understood."

Earlier in October 2023, the regulator set up a 'Committee for Plain Language for Policy Wordings' to simplify the wording of insurance policies to ensure that consumers can make an informed decision before buying a cover. The panel was asked to examine the existing insurance policy wording and suggest 'simple and plain' wording that is legally correct and enforceable within 8 to 10 weeks..

One of the Terms of Reference given to the committee is "Suggest simple policy wordings that clearly specify obligations and responsibilities of each of the parties to the contract". It has also been asked to suggest specifications like typefaces for written material and presentation thereof, for both print/electronic records that are easily readable and comprehendible.

Insurance 2.0 in the Offing

The regulator is planning to launch a Bima Trinity of Bima Sugam, Bima Vistar and Bima Vahaks – in collaboration with general and life insurance firms - to make insurance activities hassle free. This is focused on “creating a transformative 'UPI-like moment' in the insurance industry”!

Bima Sugam – It is envisioned as a unified platform that brings together insurers and distributors to facilitate a centralised approach to insurance processes for the policyholders. This one-stop-shop of insurance-related services will simplify policy purchases, service requests and claims settlements in one convenient portal, making the transactions seamless and accessible.

Rescheduled for a June 2024 launch, Bima Sugam will go a long way in improving transparency and administrative flexibility too.

Bima Vistaar – This is an all-in-one policy that aims to provide comprehensive protection against a wide range of risks – covering health, life, property and accidents – at

IRDAI's 'Insurance for All by 2047' mission aims that every citizen should have an appropriate life, health and property insurance cover and every enterprise should be supported by appropriate insurance solutions by the time India attains 100 years of independence.

an affordable price. There will be defined benefits for each risk category. The comprehensive bundled risk cover will also ensure swift claim settlement for policyholders without surveyors (through initiatives like linking death registries onto a common industry platform) so that claims can be settled within hours.

Scheduled to be launched on 1st January, 2024, the Bima Vistaar policy premium will be between Rs 800 to Rs 1200 per annum with a life and accident coverage of Rs 2 lakh, property Rs 1 lakh and Rs 500 per day for hospitalisation. It has been stated that the claim will be auto credited in the bank accounts of beneficiaries' depending on the intensity of the damage caused to their properties.

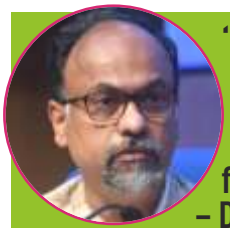
Bima Vahak – This plan relates to drafting a women-centric workforce operating at the Gram Sabha level. It will create a distribution channel of empowered women by educating and convincing them about the benefits of comprehensive insurance (particularly Bima Vistar), addressing their concerns and emphasising the advantages, thus enhancing their financial security.

IRDAI believes that women 'Vahaks' will be better positioned to convince women members of the rural households on the need for affordable social security and to take cover through Bima Vistaar.

According to Bima Vahak norms – issued in October 2023 - every insurer should engage individual Bima Vahaks and/or Corporate Bima to progressively achieve coverage of every gram panchayat. The scope of activities of Bima Vahaks will include filling of proposal forms, KYC requirements through hand held electronic communication devices and issuance of insurance policies, coordination and support in policy and claims related servicing.

The guidelines for Bima Vahaks will come into force with the launch of Bima Vistaar.

In addition to spearheading this ambitious project, the IRDAI is also contemplating dematerialisation of



"The regulator is working on a three-pronged approach - availability, accessibility and affordability - to ensure Insurance for All by 2047!"
– Debasish Panda, Chairman, IRDAI
while speaking about the Bima Trinity

"This initiative stands as a pivotal effort to make insurance accessible to every citizen of the nation. We extend our unwavering support to all such endeavours and firmly believe that the industry will realise the vision, 'Insurance for all by 2047', well ahead of schedule."
– Sharad Mathur, MD & CEO, Universal Sompo General Insurance

insurance policies. This will elevate the customer experience and boost the overall satisfaction with insurance.

Then there is the proposal of bringing 100% cashless claim settlement in health insurance, against the current practice of deducting 10% or more during claims.

Point to Ponder

It is noted that the banks are profiting from 'selling' insurance. The brokers also hard-sell the policies and make tough negotiations with the consumers. Ultimately, the consumers are shortchanged and have to shell out more money on the hefty premium payments.

Why don't policyholders get a wider choice here? Why can't they deal directly with the insurance companies to get a lower premium?

We propose that the insurance companies should focus on providing coverage for preventive healthcare as well. For instance, regular health checkups can be made mandatory under the medical insurance policies.

Conclusion

The IRDAI is maintaining a laser-sharp focus on transforming India's insurance space with a range of progressive measures that will facilitate wider access to insurance and strengthen the consumer experience. The visionary leadership combined with the striking initiatives have definitely enhanced the functioning of the sector and is addressing the dynamic needs of the market. Yet, a lot remains to be done and all the stakeholders have to play an active role in crafting a user-friendly insurance ecosystem!

NATIONAL CONSUMER DAY, 2023

THE GOVERNMENT OF India announced the theme for the National Consumer Day on 24th December, 2023 as 'Consumer Protection in the Era of E-Commerce and Digital Trade'. Since this was finalised at the last moment, we could not cover it in our December edition.

India celebrates National Consumer Day on 24th December every year to commemorate the date when the first Consumer Protection Act received the assent of the President of India way back in 1986.The enactment of this Act is considered a historic milestone in the consumer movement in the country.

The Government of Odisha organised a mega event in Bhubaneshwar – to mark the National Consumer Day.

Our founder and editor, Prof. Bejon Misra attended the National Consumer Day celebrations in Bhubaneshwar

UPDATE ...

Moving a Step Ahead

Update on the November edition

WEBINAR ON 'Consumers Demand Exclusive Law for Medical Devices in India'

THE MAGAZINE EDITION was a starting point for creating awareness about the need for an exclusive law for medical devices. We followed up on this by organising a webinar - in association with RJS Positive Media - on 26th November, Sunday at 11 am. It was well-attended by notable national and international personalities like Dr. Ramaiah, Dr. Jagashetty, Dr. P L Sahu, Mr. Somnath Basu, Mr. Anil Jauhri, Dr. Mrinal Kanti, Mr. Satender Tyagi, Mr. Sudeep Sahu, Mr. Suhale Nadeeem, Mr. Kuldeep Rai, Mr. Nawal Anand and more.
RJS Positive Media organises regular webinars every Sunday morning on topical themes. They have conducted around 175 webinars till date.

Our editor and publisher, Prof. Bejon Misra moderated the event. While rendering the welcome address, Mr. Prafull D Sheth, Chairman, Consumer Online Foundation (COF), pointed out that while we are sticking to an outdated definition of medical devices crafted in 1940, the FIP (International Federation of Pharmaceuticals) has formulated a starkly different definition which is out for review and will be adopted in 2024.

Mr. Rajiv Nath - Forum Coordinator, AiMeD (Association of Indian Medical Devices Industry) and MD of Hindustan Syringe & Medical Device Ltd was the keynote speaker on the panel. Through an interesting PowerPoint presentation, he highlighted why medical devices need a separate law and regulator from drugs. The attendees listened raptly as he outlined that while the industry usually tends to avoid regulation, they themselves are seeking regulation in the interests of harmonisation, access to international markets and patient safety. He called on all stakeholders to work together at this critical juncture and urge the government to create separate laws for drugs and medical devices. Mr. Nath also requested the consumers to be active contributors in post-market surveillance by reporting errors, defects and other issues.

As Chief Guest, Mr. K L Sharma – ex-Joint Secretary in the Ministry of Health & Family Welfare and author of the book 'Healing the Pharmacy of the World' – spoke about how a weak law erodes the trust of consumers and loses legitimacy. He stressed on medical devices being a distinct category right from development to use and the legal framework should take these differences into account. He touched on his experience in coordinating the creation of the Medical Devices Rules, 2017 in MoHFW, the need for delayering in the legislation and also the menace of fake certifications. Mr. Sharma even suggested that the consultations should not be restricted to the government and involve external sources thar can provide rich inputs that will make the law more comprehensive.

The attendees raised pertinent questions that sparked a healthy debate across stakeholders and generated interesting opinions and insights. For instance, Dr. Jagashetty proposed having a Plan B as the government appears to shy away from creating new organisations. He proposed three different verticals for drugs, cosmetics and medical devices with a separate DCGI-level regulator for each.

Dr. Mrinal Kanti, who teaches medical device regulations to graduate students including medical/dental students and engineers and industry partners at the National University of Singapore, pointed out that he seldom touches on India due to lack of clarity. He emphasised the need to further develop and implement a well devised and more relevant regulatory strategy for medical devices in India which is already well established in many other countries.

The attendees appreciated the eye-opening information shared in the webinar. Pravin Neel, Chief operations Officer, Diasys Diagnostics India said, “This is a beautiful webinar which has enlightened the medical device domain!” Dr. G.S. Bhuvaneshwar, independent consultant for the development and testing of medical devices commented, “I do hope these meetings will have some effect on the government. As long as MoHFW holds on to a 'Dog in the Manger' policy, I don't see any change happening. The only way is for an initiative of the PMO's office — but they seem to be engaged in bigger matters now.”

Ms. Bina Jain, Chairperson, Healthy You Foundation and Former President, All India Women's Conference (AIWC) gave a rousing Vote of Thanks before closing the webinar.

The webinar can be viewed on YouTube at https://youtube.com/live/VHOuhXDM28o?feature=share

SOURCES / REFERENCES

https://en.wikipedia.org/
https://www.india.gov.in/
https://pib.gov.in/
https://main.mohfw.gov.in/
https://namayush.gov.in/
https://transformingindia.mygov.in/
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YOUR OPINION MATTERS

letters to the editor

We are truly humbled by the praise and acknowledgment that is flowing in from varied sources. Please feel free to send in your comments, views or feedback on The Aware Consumer magazine at bejonmisra@theawareconsumer.in – we will publish your opinions and implement your feedback while ensuring that your voice is heard on the right platforms.

(November issue: Consumers Demand Exclusive Law for Medical Devices in India)

I have been a subscriber to the Aware Consumer magazine for four years. The topics covered in these monthly issues are significant to consumers, if one considers patients to be consumers.

I congratulate The Aware Consumer for bringing a dedicated issue for medical devices. Medical devices play an essential role in the healthcare system –screening, diagnosis, treatment restoration, monitoring, etc. and contribute to improved health outcomes such as reduced length of hospital stay, accurate diagnosis and treatment, reduced burden on medical resources, and increased access to care.

The article's title often speaks a thousand words/images! This concept is reflected in the Editor's message, 'Medical devices are not drugs', which sets the stage for 'medical devices should have a dedicated policy'. The Desk Talk by Sri PD Sheth argues with the comment that if patient safety is compromised, 'Make in India' is only a pretend.

I agree with the author of - The Last Mile –Malini Aisola, whose organization has been working to increase access to health service products, about her views on the 2023 Medical device Bill "lacks a genuine consumer/patient interest."

The November issue resounded in almost all articles. Medical device bills underserve the consumers if they are combined with drug bills. I agree with this sentiment; there are common entities besides safety, such as efficacy, clinical studies, post-surveillance, etc. but have to be looked at much differently for medical devices from the drug approval process.

During the device's approval process, the expert committee should include a patient representative who plays a vital role in designing clinical studies and deciding clinical endpoints. Unfortunately, the drug bill does not include the patient in any committee, although the patient is the ultimate user!

The November issue is limited to discussing manufacturing policy and regulations. One that is missing is the innovation in the medical device industry. Just like the generic drugs industry was four or five decades ago, a similar situation exists today in the medical device industry. The Indian drug industry is still dependent on the discovery of someone else and not willing to develop indigenous discoveries to make it truly "Atmanirbhar Bharat." Indian Medical device industry should invest in basic research by encouraging innovation, collaborations, and partnerships from private and public sources and the government's infrastructure. Non-traditional efforts on patient/family-led device development and the role of open source/ crowdsourcing should be encouraged.

There are many opportunities for medical devices in rare diseases. No new common diseases have been discovered in the last 4-5 decades. However, at this time, 7000 diseases are known to humanity, and only 5% have treatments, not cures.

– Dr. Ramaiah Muthyala
Professor, University of Minnesota,
President & CEO, Indian Organization for Rare Diseases
muthy003@umn.edu

Medical devices are subject to a different set of regulations than drugs, and as such, cannot be governed in the same manner. The regulatory framework for medical devices is quite complex, involving multiple government agencies. The Ministry of Health is the primary regulatory body, but the Ministry of Chemicals and Fertilizers is also involved in certain aspects. Additionally, devices containing electronics or batteries require approval from the Ministry of Electronics and Information Technology, while those containing radioactive elements require approval from the Atomic Energy Regulatory Board. In some cases, approval from the Department of Animal Husbandry and Dairy may also be necessary. Integration of these should come up and address the larger issue.

Given the distinct differences between medical devices and drugs, regulatory authorities need to take a unique approach to the regulation of devices, one that focuses on balancing the evaluation of safety and efficacy with innovation, rather than adopting the models of rigorous assessment that are used for drugs.

It is imperative that our country implements a modern and comprehensive regulatory paradigm for medical devices that is in line with international standards and the rapid pace of technological advancements. The responsibility of driving this effort falls on the authorities and regulatory bodies in charge of overseeing healthcare and medical device development.

As the medical device industry continues to grow and evolve, it is crucial that regulatory frameworks keep pace with these advancements to ensure the safety and efficacy of these devices. Clear and comprehensive regulations will not only benefit patients, but also manufacturers, investors, and other stakeholders in the industry.

The question of who will take the lead in driving this initiative remains unanswered. However, it is essential that all stakeholders work together to establish a regulatory system that fosters innovation while prioritising patient safety and efficacy.

Overall, very good perspective has been raised. Kudos to the entire team of The AwareConsumer.

– Pravin Neel, Mumbai • *pravin.neel@diasys.in*

I agree that educating relevant people, including government officials, on the importance of separate regulatory strategies for medical devices away from Medicinals is of pivotal importance. Having taught medical device regulations to both doctors and engineers and also industry people over the last 10 years at NUS, I feel this is high time that we focus on developing such platforms in India.

*– **Dr. Mrinal Kanti***
National University of Singapore
biemkm@nus.edu.sg

The Aware Consumer, Nov. 2023 edition is outstanding in the area of Medical Devices. The most knowledgeable persons views have been incorporated. Shri K. L. Sharma Ji and Shri Rajiv Nath has given great insight into what is needed in the country.

The demand of consumers for exclusive law for medical devices has been explained and summarised in excellent manner. I am sure that the impact of this great work would be fruitful for the national cause. I appreciate the excellent team work for bringing out a such important issue.

*– **Prof. (Dr.) P. L. Sahu,** Director and CEO,*
National Dope Testing Laboratory (NDTL)
drsahu_ipc@yahoo.com

India being a self-reliant country, has its own huge domestic market of medical equipment. With the government's decision to import medical equipment, our Indian market is facing a huge financial crunch and so this decision is definitely not in our favour. Let us not be hypocrites and continue to be Atmanirbhar Bharat focusing on 'Make in India' .

I am so pleased to read this masterpiece, The Aware Consumer, specially the articles shared by Prof Misra and Dr Anamika Wadhera. I want to congratulate the whole team for continued effort and standing for consumer awareness and empowerment.

*– **Dr Ruchi,** Facial Aesthetic Specialist, Delhi*
nsykindia@gmail.com

Thanks to the Aware Consumer's exemplary team for sharing the insights with respect to the dire need for an exclusive law for medical devices in our country. All the articles are very well researched and very informative. Many congratulations to the editor and publisher for such a master piece for informing consumers.

– Naina Mago
New Delhi • *nainamago@gmail.com*

Watch out for the next issue in February –
'Consumer's Manifesto for the Upcoming General Elections'

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