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Bridges to Equality and Access in Health Insurance for Vulnerable Populations

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ABSTRACT

Healthcare accessibility remains a paramount concern globally, with a particular emphasis on addressing the needs of vulnerable populations. In the Indian context, the intersection of socio-economic disparities, diverse cultural landscapes, and varying health statuses accentuates the challenges faced by vulnerable groups in accessing adequate health insurance coverage. This abstract encapsulates the essence of a comprehensive research study that seeks to unravel the intricacies of health insurance within the context of vulnerable populations in India.
Through the adoption of evidence-based policies, improved community involvement, and the promotion of inclusive healthcare practices, society can make noteworthy progress in realizing a healthcare system that puts the needs of every person first, irrespective of their financial situation or demographic background. The government should try to offer medical facilities to its citizens free of cost as it is the duty of the government to protects its citizens from any problems.

Keywords: Healthcare, Vulnerable, Health Insurance, Constitution, Judiciary.

1. INTRODUCTION

Life is unpredictable and uncertain; it is necessary for everyone to plan ahead for future safety and security. Health insurance represents an essential tool to reduce uncertainty, protect future incomes and contribute to overall growth. In a middle-income nation like India, we deal with a plenty of problems such as economic and social inequality that have been ingrained over many generations of misdeeds such as the exclusion of minorities and ethnic groups, caste-based discrimination, and patriarchal societal division. These social dimensions of exclusion get magnified in the wake of low levels of literacy, malnourishment and widespread poverty. As a result, a growing percentage of people cannot afford to meet their basic needs, which include food, water, and shelter. Additionally, this segment of the population continues to be especially vulnerable to recurrent illnesses, poor physical health, and poor conditions of mental health facilities. They cannot provide for future dangers because of their hand-to-mouth existence, yet they remain the most vulnerable.
According to the N.I.T.I. Aayog, association of people which are vulnerable terms as Schedule Caste (S.C.), Schedule Tribes (S.T.), Other Backward Class (O.B.Cs), Economically Backward Class (E.B.Cs). Minorities and denotified groups (NT, SNT & DNTs) that work for sanitation called as Safai- Karamchari as well as those who are associated with begging.[1] Government gives preferences to these groups or associations of people for the various government schemes and incentives. The vulnerable groups struggle with a variety of health issues and are unable to access quality healthcare**.** Health Insurance is an instrument through which these vulnerable groups can mitigate the health problems. However, new strategies and policies that truly address the concerns of this group must be developed immediately. Since, a large group of Indian Population is not able to afford the cost of health insurance, now it becomes obligatory for the Central and State governments to make provisions for vulnerable groups. For almost four millennia, women who have been imprisoned or persecuted have been the most and most frequently exploited groups in the nation, with the SC, ST, OBC, and Minorities being forced to continue as India's Weaker Sections. This unfortunate state of affairs cannot and ought not to persist. Certainly not in the third millennium, the twenty-first century, with its rapid mass transit and communication. The Government must take decisive and meaningful action to empower the Weaker Sections and eliminate the barriers of oppression, marginalization, and backwardness they face. They must be elevated to the status of the world's average human beings.

[1] https://www.niti.gov.in/sites/default/files/2019-08/Role-of-SJE-Division-in-NITI.pdf accessed 2 December 2024.

Human development is neglected in the current era of rapid development across all domains, including economic, commercial, intellectual, and technical development. A healthy body supports a healthy brain, and brain health is crucial for overall growth. In order to give the impoverished access to free health insurance, several wealthy nations have implemented universal health insurance. They successfully implemented all plans and established certain laws and regulations pertaining to health security. A developed nation has embraced the idea of social security. It is also necessary to develop this idea and meet the fundamental needs of the disadvantaged population in India. Health insurance is a useful tool for reducing any health-related issues, but new policies and programmes are required, particularly for vulnerable populations. It is essential to expand on this concept and address the critical needs of the underserved communities in India. Health insurance is a useful tool for reducing any health-related issues, but new policies and programmes are required, particularly for vulnerable populations.

2. MEANING AND CONCEPT OF VULNERABLE GROUPS

Some social groups require extra attention to prevent exploitation since they are subjected to unfair treatment on a regular basis. This population is known as Vulnerable Groups. The term "vulnerable" originated from the Latin term "*vulnerare*", which means, "to wound". **Vulnerability** is "proneness to injury or damage resulting from external causes." The dictionary meaning of vulnerable is to be "exposed to being attacked or harmed, either physically or emotionally". Discriminated groups include women, individuals living with HIV/AIDS, migrants facing poverty, children, members of Scheduled Castes (SC) and Scheduled Tribes (ST), the elderly, people with disabilities, and sexual minorities.

All people are equal, yet some are more vulnerable to exploitation than others due to their age, fragility, or misfortune. Human rights protection is also necessary for certain vulnerable groups of people, such as women, children, the elderly, refugees, migrant workers, and people with disabilities.[2] Many Indians belong to vulnerable groups; in addition to being economically disadvantaged, these individuals also belong to other classes. They truly need health insurance, because they don't care about their rights to health, they are unaware of the significance of health insurance programmes. Health security is considered as being integral part to any poverty reduction strategy.[3]

All people are concerned about social security. Its primary concerns are social inequality, hunger, and poverty. It has an impact on day-to-day living and safeguards our jobs, families, health, and old age. Widely acknowledged as an essential human necessity, it plays an important role in achieving more social justice, without which enduring peace would be unattainable.[4]

3. PRINCIPAL HEALTH-RELATED CLASSIFICATION OF VULNERABLE GROUPS IN INDIA

Members of specific Indian communities face several economic challenges that limit their access to healthcare and overall well-being. Identifying vulnerable groups is complex, as various interrelated factors contribute to their vulnerability, making isolated analysis difficult. Additionally, there are numerous intricate levels to vulnerability elements, making it impossible to analyse them separately almost all the time. Women, people living with HIV/AIDS, children, the elderly, people with disabilities, poor migrants, people from Scheduled Castes and Tribes, and sexual minorities are among the vulnerable groups that are subjected to discrimination. Every group frequently encounters multiple challenges stemming from their distinct identities. For instance, Disabled women face compounded discrimination in patriarchal societies due to their status as women and their disability.[5] Vulnerability has many intricate levels and complex contributing elements and additionally, it cannot be examined separately.[6] Consequently, it is essential to carefully examine each of the constituent parts that constitute the layers of the most vulnerable groups. It is impossible to differentiate health insurance based on a person's gender, social standing, or religious beliefs. Regardless of gender status, everyone needs health insurance. Health insurance is commonly known as Mediclaim policy in India. Health insurance programmes are becoming more widely acknowledged as the best ways to finance for the provision of healthcare.[7]

Women and Health Insurance

In India, health and access to healthcare are significantly influenced by structural discrimination tied to gender, class, caste, and ethnic identity, with women facing compounded challenges due to their specific social group affiliations. Being

[2] K. C. Joshi, *International Law and Human Rights* 4th edition, (Eastern Book Company, Lucknow, 2006).

[3] Rajeev Ahuja and Indranil De, "Health Insurance for the Poor: Need to Strengthen Healthcare Provision" 39(41) *Economic and Political Weekly*4501-4503 (2004) *available at*: http://www.jstor.org/stable/4415637 accessed 2 December 2024.

[4] N. J. Kurian and Vimal Khawas. "Financing a national minimum social security" 37(1) *Social Change* (2007), *available at*: www.sch.sagepub.com/content/37/1/17.abstract

[5] Meenakshi Agarwal, "Vulnerable Groups in India- Status, Schemes, Constitution of India, 2012", *available at*: www.legalservicesindia.com/.../vulnerable-groups-in-india-status-scheme.

[6] Chandrima B. Chatterjee and Gunjan Sheoran, *Vulnerable Groups in India* (Centre for Enquiry into Health and Allied Themes, Mumbai, 2007), *available at*: www.cehat.org/humanrights/ vulnerable.pdf

[7] R. Bhat and N. Jain, *Factoring affecting the demand for health insurance in a micro insurance scheme* (2006).

a part of specific caste, class, or ethnic group subject women to double discrimination in addition to gender-specific vulnerabilities. In Indian society, women are often viewed as inferior to men. They are helpless over the resources available to them and the essential decisions for their survival. The most exploited and downtrodden group in the nation are women who are either confined or persecuted.

After independence, all types of bias and unfair treatment directed at women were outlawed by the Indian Constitution, which was ratified on January 26, 1950. The Government of India adopted several special laws and changed several civil, criminal, and family laws in order to fulfil its international duties to improve the rights of women and to accomplish the goals outlined in the Constitution. In addition to the aforesaid laws, the Indian government created the National Commission for Women to address the diverse needs of women in various sectors.

The Indian Constitution[8] provides for all laws and regulations.[9] The influence of all the laws and regulations provided in the Indian Constitution has been noteworthy. Upon further study, we observe that all offences against women are mental or physical in nature. Thus, giving women physical and mental security is the answer to this. It is essential that if we want to develop both their physical and mental strength than we educate them about health. Besides, health insurance could act as a useful means of providing them with physical protection.

Children

Due to their young age, children are always vulnerable to abuse. Several issues affect children in developing nations, including poverty, malnourishment, and other forms of abuse related to society, economy, and culture. Several societies around the world violate child rights for a variety of reasons, particularly in developing nations where they are still young. A child is entitled to several natural rights, including the safeguarding of rights includes the prevention of illegal abortion, access to nutritious food and basic health care, the nurturing support of family and society, the protection of minors from abuse, the right to basic education, community development, and the fostering of social identity and life.

All forms of discrimination against people, including children, are prohibited by the Indian Constitution.[10] Additionally, it instructs the state to use the Directive principles of State Policy to formulate the required policies and implement laws in order to enhance the rights of children.[11]

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[8] Constitutional provisions for women;

15(3): It allows the state to make special provisions for women and children. Several acts such as Dowry Prevention Act have been passed including The Protection of women from domestic violence Act 2005 and The Sexual Harassment of Women at Work Place (Prevention, Protection and) Act, 2013. Art. 23: Under the fundamental right against exploitation, flesh trade has been banned. Art. 39: Ensures equal pay to women for equal work. In the case of *Randhir Singh* v. *Union of India*, SC held that the concept of equal pay for equal work is indeed a constitutional goal and is capable of being enforced through constitutional remedies under Art. 32. Art. 40: Provides 1/3 reservation in panchayat. Art. 42: Provides free pregnancy care and delivery. Art. 44: It urges the state to implement uniform civil code, which will help improve the condition of women across all religions. It has, however, not been implemented due to politics. In the case of *Sarla Mudgal* v. *Union of India*, SC has held that in Indian Republic there is to be only one nation i.e. Indian nation and no community could claim to be a separate entity on the basis of religion. There is a plan to provide reservation to women in parliament as well.

[9] Some of the important statutory legislations to improve the positioning of women are: The Hindu Widow Re-Marriage Act of 1856, The Child Marriage Restraint Act of 1929, The Hindu Marriage Act of 1955, The Hindu Succession Act of 1956, The Suppression of Immoral Traffic in Women and Girls Act of 1956-57, and The Dowry Prohibition Act of 1961.

[10] The major provisions of Indian constitution that are relating to the rights of children are:

- Article 14 recognizes the equal rights. It empowers the State to make special provisions for the development of women and children Article 15 (3). Article 15(4) authorizes the state to make special provisions for the advancement of any social or backward people of India including the Scheduled Castes and Tribes. Article 17 prohibits untouchability in any form. Article 19 confers freedom of speech, expression, to reside any part of the country, and move freely. Article 21 guarantees free life and liberty, and make it obligatory that free and compulsory education be provided to every child in the age group of six to fourteen years. Article 23 prohibits traffic in human beings and abolishes bonded labour. Article 24 bans the employment or recruitment of children below 14 years in any factory or mine or heavy and harmful industries to the health and growth of children.

Several PILs have been filed in the benefit of children. For example, ***MC Mehta* v. *State of TN***, SC has held that children cannot be employed in match factories or which are directly connected with the process as it hazardous for the children. Apart from these rights, it confers the remedial measures through judiciary for the violation of any of the rights conferred on its citizens through judicial intervention under Articles 32 and 226 of the constitution.

[11] The relevant provisions of Directive Principles of State Policy, which deal with children, are:

- Article 39 Clause (e) directs the state to evolve policy formulations not to abuse the tender age of children, and economic incapacity should not adversely result in their employment in any avocation, especially below the age of fourteen years in no circumstances. Clause (f) of the above Article imposes an obligation on the state to provide opportunities and facilities for children to develop in a healthy environment. It further directs the state that life, liberty, and childhood be protected from any kind of exploitation, which includes moral or material negligence. Article 45 provides

According to the Indian Constitution, the State has a responsibility to enhance nutrition, living standards, and public health. Millions of people are still killed by the causes of TB, malaria, childhood illnesses, and diseases connected to pregnancy. There are numerous causes for this, one of which being the government's inadequate funding of the health sector.[12] They must have access to government-funded healthcare facility. In this way, we can make better use of health insurance and offer them high-quality health facilities.

Children are primarily affected by asthma, allergies, cancer, diabetes, heart murmurs, sleep difficulties, and other illnesses. In India, the two main causes of death of children from low-income families are malnutrition and chronic hunger. Other causes of death in children include diarrhoea, acute respiratory infections, malaria, and measles Both the parents and the children have to endure expensive and distressing therapies for these illnesses. In this case, health insurance becomes important in guaranteeing children's access to affordable and high-quality medical care. For support, government should provide some special schemes for child welfare and health.

The Indian government administers the Rashtiya Swasthiya Bima Yojana (RSBY), Employment State Insurance Scheme (ESIS), Central Government Health Scheme (CGHS), and Universal Health Insurance Scheme (UHIS). In India, children are indirectly covered by this scheme. The government of India's Ministry of Labour and Employment launched the Rashtriya Swasthiya Bima Yojana (RSBY) to give families below the poverty line (BPL) access to health insurance. The Universal Health Insurance Scheme has been implemented by the four public sector general insurance companies to increase the accessibility of healthcare for poor families. Private health insurance companies covered children in some health insurance policy.

One of the most preferred ways to cover medical expenses in case the child becomes unwell, is sick, or catches a disease is through health insurance policies for children. One of the most preferred ways to cover medical expenses in case a child becomes unwell, is sick, or catches a disease is through health insurance policies for children. In the event of any health-related emergency, these policies protect the child against a number of costs, including as roaming ambulance costs, in-patient hospitalisation costs, pre-hospitalization costs, post-hospitalization costs, etc. Both parents and children can be covered as part of a family floater. These plans often provide coverage for the spouse, the self, and up to 4 children. However, the maximum number of individuals covered by health insurance may differ among plans and insurers.[13]

Senior Citizens

In today's world, the idea of a joint family system becomes older. Nuclear setup is preferred by people over combined setup. In today's world, the idea of a joint family system is becoming dated. Nuclear setup is preferred by people over combined setup. Senior citizens are considered as unproductive and a liability within the family. The elderly poor health as one of the biggest concerns, as ageing is a time of serious illnesses. The health programme needs more additional attention. For this reason, health insurance is important.

Article 41 of the Constitution of India, which states that "*the state shall, within the limits of its economic capacity and development, make effective provisions for securing the right to public assistance in cases of old age*," mandates the well-being of old age people. The Constitution guarantees the right to equality as a fundamental right. The central and state governments share joint responsibility for social security.[14] The health issues that affect the elderly can be broadly

for care of early childhood, and compulsory education for all children until the child attains the age of six years. Article 46 further directs the state to take special efforts to promote the rights and interests of children belonging to social, educationally backward classes. In no way their economic and social status, adversely affect their rights. Article 47 imposes an obligation to raise the nutritional standards of living and provide easy public access to health facilities. Article 51(c) imposes a duty on the state to promote and respect international commitments and obligations. As signatory to a number of conventions, covenants and other documents on international human rights law, it is the duty of the state to discharge its obligations in the promotion of childrens' rights through national legal framework. According to Article 51(A) sub clause (k) imposes the fundamental duty on the parents or wards to provide education to their children between the age group of six to fourteen years compulsorily.

[12] Devadasan, Narayanan, et al. "The landscape of community health insurance in India: an overview based on case studies" 78(2) *Health Policy* 224-234.

[13] https://www.insurancedekho.com/health-insurance/plans/children. (accessed 5 December 2024)

[14] https://www.drishtiias.com/daily-updates/daily-news-analysis/national-policy-on-older-persons in India (accessed 3 January 2025).

classified into three categories: issues related to the ageing process,[15] issues related to chronic illnesses,[16] and psychological issues.[17]

The Indian Constitution's Schedule VII, specifically Serial 24 in List III, encompasses the welfare of labor, covering aspects like working conditions and various benefits, while Articles related to social security, pensions, and parental support have been established in various laws to ensure assistance for the elderly and underprivileged parents. Item No. 9 of the State list and items 20, 23, and 24 of Concurrent list relate to old-age pension, social security and social insurance, and economic and social planning. Sections (1) (d) of the Criminal Procedure Code (CPC) 1973 and Section 20 (3) of the Hindu Adoption and Maintenance Act 1956; Maintenance and Welfare of Parents and Senior Citizens Act 2007 have recognised the right of parents without means to be supported by their children who have sufficient means.

Some conditions that typically affect seniors include hypertension, heart issues, diabetes, joint pain, kidney infections, cardiovascular, cancer, osteoporosis,[18] tuberculosis, and problems with vision. These disorders require proper and, in some cases, prolonged treatment. The leading cause of death in India is heart disease. With an estimated medical treatment cost of 2 to 2.5 lakh, the majority of heart diseases are directly linked to stress, poor eating habits, and a lack of physical exercise. Another serious illness that affects the elderly is cancer. The most prevalent cancers among males are colon and prostate cancers. Cancer treatment cost involve ranging from ~ 2 to 8 lakhs. Kidney treatment cost is 18000/ per month. For senior citizens, health insurance becomes important in these situations.

Health insurance plans for senior citizens

The Senior Citizens Unit Plan (SCUP) was introduced by the Unit Trust of India (UTI), a public-sector enterprise, in April 1993 to provide investors' hospitalisation costs up to ~ 500,000 once they turned 58. Anyone between the age of 18 and 54 can participate in the scheme with a single investment, and their spouse may also be eligible to receive benefits from the medical insurance plan.

Most of the Indian health insurance companies provide a range of plans that cover medical expenses up to age 75. Comprehensive senior citizen plans that cover a range of medical expenses are available to people over the designated age categories. [19]

The vast majority of people unable to pay for expensive medical care is the target audience for the Jan Arogya scheme. The coverage reimburses medical expenses for hospital stays or at-home care for any illness or injury incurred during the insurance period, with an age limit of 70 years.

As per recent released of IRDAI standards, all health insurance companies must cover individuals until they reach 65 years of age**.** These new guidelines will enable people to change health insurance providers if they are not satisfied with their present one in addition to helping them in obtaining coverage later in life. Senior citizens insurance providers are in plentiful supply. But selecting the best one is a challenge. Individuals between the age of 65 and 80 years are eligible for these senior citizen health insurance plans. For instance, hospitalisation and domiciliary hospitalisation costs are covered by the Varistha Mediclaim policy, along with, if desired, expenses for treating serious illnesses. Stroke, cancer, renal failure, and coronary artery surgery are among the critical illnesses covered. Up to the age of 90 years, senior citizen Mediclaim policies can be renewed.[20]

The IRDAI Committee's Senior Citizens' Recommendation

Seniors should have access to health insurance in line with the principles set forth by the National Policy on older persons**.** supported by the National Policy on older persons. Older person must have access to health insurance in accordance with the philosophy supported by the National Policy on Older Persons. It is recommended that insurers should offer separate policies for senior citizens, with an entry age of approximately 50 years, or an all-inclusive policy that covers all ages without any age restrictions. It is recommended that insurance companies set a "base" price at the age of 50 and then add

[15] Problems due to the aging process Osteoporosis, senile cataract, glaucoma, nerve deafness, failure of special senses, changes in mental outlook, etc.

[16] Problems associated with long-term illness-

- Degenerative diseases of heart and blood vessels
- Cancer, e.g., cancer prostate, cervical cancer
- Accidents, e.g., fracture neck of femur
- Diabetes mellitus
- Diseases of locomotor system, such as spondylitis and arthritis
- Respiratory illness, asthma, chronic bronchitis, emphysema

Genitourinary problems, enlargement of prostrate, urinary incontinence

[17] Psychological problems-Impaired memory, depression, social maladjustment, suicidal tendencies.

[18] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732407/ (Accessed 3 January 2025).

[19]https://www.policybazaar.com/health-insurance/general-info/articles/is-there-an-upper-age-limit-on-health-insurance (Accessed 3 January 2025).

[20] "Health Insurance", *available at*: http://www.Policybazaar.Com/Health-Insurance/Senior-Citizen-Health-Insurance/#Ixzz3gnesjvlr (Accessed 3 January 2025).

"loading" and "loyalty discounts" based on the number of years the insured has been enrolled in the health insurance programme rather than the specific product.[21]
Senior citizens' needs and ability to pay should be taken into considerations when designing health insurance plans. Offering a wide range of products with various features as well as insurance levels of sum assured. Cost-control techniques should be able to be creatively combined to come up with products at reasonable costs.
The health insurance plan for senior citizen should acknowledge and include certain treatments received under alternative medical systems such as homoeopathy, Ayurveda, and Unani. Insurance Companies and TPAs should have a dedicated channel or setup for quick handling of all issues, including the resolution of senior citizen claims. For this reason, the photo ID card should have a special code that allows them to be identified. It is now clear that health insurance has become essential for senior citizens because the probability of developing various diseases arises rapidly with age. For this, Insurance companies should bring some special policies for senior citizens that may meet their needs for hassle-free claim settlement and health insurance.

Schedule Caste/ Schedule Tribes
A number of special provisions are included in the Constitution of India[22] to support the educational and economic goals of Schedule Caste/ Scheduled Tribes and to safeguard them against social injustice and exploitation in all its manifestations. At the beginning of the Fifth Five-year Plan, a strategy known as the Tribal Sub-Plan approach was adopted with the goal of achieving these objectives. Over the years, special attention has been paid to socially disadvantaged groups of Scheduled Castes and Scheduled Tribes in order to support their social and economic growth. The government has taken a number of steps to establish the proper policies required to plan and carry out a range of welfare programmes in order to accomplish the goal of establishing an environment that would promote the socioeconomic development of SCs and STs as quickly as possible. Special target-oriented activities are being undertaken for the benefit of these communities, including the earmarking of funding, the provision of subsidies, the availability of reservations in employment and educational institutions, etc.
When compared to Scheduled Castes, the health outcomes for Scheduled Tribes are even worse. The estimated infant mortality rates are 59.7 for the SC population and 67.7 for the ST population (per 1,000 live births), while the under-five mortality rates are 85.8 for SC and 97.0 for ST population.[23] The most vulnerable members of the Scheduled Castes and Scheduled Tribes are women, children, the elderly, people living with HIV/AIDS, people with mental illnesses, and people with disabilities. Severe discrimination against these groups keeps them away from receiving treatment and improving their health. There are also reports of an increased rate of forced prostitution, child marriage, human trafficking, and various forms of among them. In this scenario, Scheduled caste/ Scheduled tribes need specific health insurance scheme.

4. HEALTH INSURANCE FOR POOR

One of the main factors contributing to India's poverty is health care spending. Despite possessing more than 17.76% of the world's population, the nation's public health spending approximately 2.96% of global health spending.[24] Nearly 70% of family health expenses are paid for out of pocket, which places a significant financial burden on low-income households and frequently pushes them more into poverty.
In many situations, an illness could put a family in debt trap in addition to posing a lifelong threat to their ability of earning an income for those who are below the poverty line. Poor families commonly wait until it's too late to seek treatment when the need arises due to a lack of resources or a fear of losing their jobs. Even if they do choose to receive the necessary medical care, it drains their resources, pushes them to sell their property and assets, or causes them to skip other essential expenses like their children's education. If they ignore the treatments, it may result into unnecessary suffering and death. By sharing the risk of a significant health shock across numerous households, health insurance can prevent these tragic outcomes. In addition to increasing access to healthcare, a well - designed and executed health insurance plan may eventually raise the standard of care. In the past, the government has attempted, either at the state or national levels, to offer health insurance coverage to selected beneficiaries. However, the majority of these schemes failed to meet their defined objectives. Frequently, there were problems with these plans' execution and/or execution.

[21]file:///C:/Users/91999/Downloads/Report%20of%20the%20Committee%20on%20Health%20Insurance%20for%20Senior%20Citizens.pdf (Accessed 7 January 2025).
[22] Art. 15(4): Clause 4 of article 15 is the fountain head of all provisions regarding compensatory discrimination for SCs/STs. This clause was added in the first amendment to the constitution in 1951 after the SC judgement in the case of *Champakam Dorairajan* v. *State of Madras*. It says thus, "Nothing in this article or in article 29(2) shall prevent the state from making any provisions for the advancement of any socially and economically backward classes of citizens or for Scheduled Castes and Scheduled Tribes."
[23]https://mpra.ub.unimuenchen.de/103049/#:~:text=The%20Infant%20mortality%20rates%20of,97.0%20for%20the%20ST%20population. (Accessed 3 September 2024)
[24] https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=IN (Accessed 7 January 2025).

In light of this history, the Indian government decided to design a health insurance scheme that not only avoids mistakes made by previous schemes, but also goes above and above by offering an exemplary model of excellence. A critical analysis of previous and current health insurance schemes was conducted in order to identify best practices and seeks lessons from mistakes. All rural landless households in the nation are to receive life and disability coverage through the Universal Health Insurance Scheme, Rashtriya Swasthya Bima Yojna, and Aam Aadmi Bima Yojana, after these factors have been taken into consideration and after reviewing other effective health insurance models in the world in comparable settings.

5. INSURANCE SCHEME FOR VULNERABLE GROUP

Universal Health Insurance Scheme (UHIS)

The insurance companies in the public sector were given tasked to promote the scheme, which was aimed at the poorer section of society. [25] The policy's first-year goal was to provide coverage to 10 million low-income individuals. However, the target was not able to cover such a huge number of people; just 4 lakhs people were served, with 48% of those covered coming from rural areas. The targeted population count was not reached, and the underprivileged, or those living in poverty, were not insured. Along with it, the claim was made by less than 1% people only. After a year of its launched, several modifications were made to this policy. Several modifications were made to this policy after a year of its launch. Only poor people were eligible for the higher subsidy level. Some positive outcomes were seen after this modification, but the plan did not work.

Aam Aadmi Bima Yojana

All unorganised sector workers who are below poverty line are eligible for a health insurance plan that the Indian government has publicly introduced. An estimated 400 million workers in the unorganised sector who did not previously have health insurance are anticipated to receive coverage under the Aam Aadmi Bima Yojana.[26] On October 2007, local beneficiaries of the historic welfare scheme received smart cards for the programme from Finance Minister P Chidambaram and Union Minister of State for Labour and Employment Oscar Fernandes, marking the scheme's official launch in Shimla, the capital of Himachal Pradesh. The scheme intends to give all rural landless households in the nation life and disability insurance. Workers and families in the unorganised sector who are below the poverty line (BPL) will benefit from the health insurance coverage, and an official from the labour ministry in New Delhi stated that the government has already requested this project to be developed. Under the plan, the family of a beneficiary will receive Rs. 75,000 in case the beneficiary dies or becomes permanently disabled as a result of a workplace accident. If an accident results in partial disability, the insurance coverage will be around Rs. 37,500.[27] If the insured person passes away before the termination date, the nearest family member will receive approximately Rs. 30,000 as assurance money. The monthly premium for each recipient under the scheme was fixed at Rs.200. The central government and the state governments will split the cost 75:25

Rashtriya Swasthya Bima Yojana (RSBY)

The Unorganised Workers' Social Security Act of 2008 authorised the Rashtriya Swasthya Bima Yojana (RSBY), a centrally sponsored programme run by the Ministry of Labour & Employment (MOLE), the health insurance coverage for Below Poverty Line (BPL) families and 11 other types of Unorganised Workers—including MGNREGA, construction, domestic, sanitation, mine, licensed railway porters, street vendors, beedi workers, rickshaw pullers, and rag pickers—was transferred unchanged to the Ministry of Health & Family Welfare[28] effective April 1, 2015.

Under this scheme, every family was eligible for annual hospitalisation benefits of up to INR 30,000 at both government and empanelled private hospitals. The beneficiary family also received payment for transportation costs, up to a maximum of Rs. 1000/-per year. This amount was given at the rate of Rs. 100 each visit.

A contractual agreement between insurance companies and the State Government, via the State Nodal Agency (SNA), enabled the scheme's implementation at the state level. The scheme's funding is on sharing basis of 60:40 between the Centre and the state government, and 90:10 in the case of the Himalayan and North-eastern states. The Central Government shares 100% of Union Territories without legislatures, whereas the sharing arrangement is 60:40 for Union Territories with legislatures. Under RSBY, 1516 treatment plans were covered. During the 2018–19, the RSBY scheme aimed to reach about 4.19 crore families, successfully covering approximately 2.74 crore families (65.45% of the target) across 12 States/UTs and 204 Districts.

[25] N. Devadasan and Sunil Nandraj, "Health insurance in India", Planning and Implementing Health Insurance Programs in India: An Operational Guide, Institute of Public Health, New Concept International Systems Pvt. Ltd., Bangalore (2006)

[26] https://labour.gov.in/schemes/aam-admi-beema-yojana (Accessed 7 January 2025).

[27] https://vikaspedia.in/social-welfare/unorganised-sector-1/schemes-unorganised-sector/aam-admi-bima-yojana (Accessed 7 January 2025)

[28] https://main.mohfw.gov.in/sites/default/files/12%20ChapterAN2018-19.pdf (Accessed 7 January 2025)

Senior Citizen Health Insurance Scheme (SCHIS)

SCHIS, which offered senior citizens insurance coverage as an additional benefit to the current RSBY Scheme, went into effect on April 1, 2016. An additional annual coverage of Rs. 30,000/-per senior citizen in the qualified family of an RSBY beneficiary was provided by this scheme. Senior citizens were able to utilise the Rs. 30,000/- health insurance cover offered by RSBY once they opted for the Rs. 30,000 under SCHIS coverage. If in a family with multiple senior citizens was enrolled in the RSBY, each extra senior citizen would receive coverage up to Rs. 30,000.

In addition to 1516 packages under RSBY, 211 treatment packages (Medical Oncology–49, Cardio Vascular Surgery–18, Polytrauma & Repair–7, Burns–8, Cardiology–17, Cardio Thoracic Surgery–18, Neuro Surgery–5) were covered under SCHIS. Eight States—Assam, Gujarat, Karnataka, Kerala, Meghalaya, Nagaland, Tripura, and West Bengal—were given permission to implement SCHIS.

Pradhan Mantri- Jan Arogya Yojana

To achieve Universal Health Coverage, the Government of India launched Ayushman Bharat, a key initiative outlined in the National Health Policy of 2017. The primary goal of the Sustainable Development Goals (SDGs), which is to *"leave no one behind,"* has been addressed in the design of this programme. On September 23, 2018, Prime Minister Narendra Modi launched the Jan Arogya Yojana (PM-JAY)[29] in Ranchi, Jharkhand, establishing it as the world's largest government-funded health insurance scheme. According to the most recent Socio-Economic Caste Census (SECC) data, it will offer financial security (Swasthya Suraksha) to 10.74 crore poor, rural families and identified occupational categories of urban workers' families (about 50 crore beneficiaries). It provides a coverage of maximum sum assured amount of Rs. 5 lakhs. The majority of medical treatment expenditures, prescription drugs, diagnostic fees, and pre-hospitalization expenses are covered by the government health insurance scheme. Also, the scheme provides cashless hospitalisation services via the Ayushman Bharat Yojana e-card, which can be used to receive medical care at any hospital in the nation that has been empanelled.[30] The others benefit of PM-JAY includes expenses for diagnostics and medications are covered from day one for 3 days prior to hospitalization and 15 days after, with no restrictions on family size, age, gender, or pre-existing conditions. As on 22, December, 2023, the number of hospital admissions is 6,14,16,034 and the number of cards issued is 28,51,15,734.[31] Due to a 60:40 cost-sharing between the state and the centre, the entire hospitalisation and treatment procedure is cashless.

Health is still a major concern in a nation like India, where over 70% of the population lives in rural regions and there are many diverse vulnerable groups. Most people's socioeconomic circumstances prevent them from being able to pay for their treatment costs. In many cases, the person is either permitted to die slowly without any care, or the cost of treatment is paid by selling properties that include means of livelihood.

On a regular basis the Centre and the States released innovative health insurance plans. However, the study shows that nearly all of these schemes were unable to meet their goals for several different reasons, including public ignorance, corruption, a lack of will on the part of the central or state governments, and most importantly, the way in which they were put into action.

6. CONCLUSION

"Health Insurance and Vulnerable Groups: Bridging Gaps in Access and Equality" is a strong call to action for improving health equity and resolving differences in health insurance coverage. Through the adoption of evidence-based policies, improved community involvement, and the promotion of inclusive healthcare practices, society can make noteworthy progress in creating a healthcare system that prioritizes the needs of all individuals, irrespective of their financial situation or demographic background. Vulnerable group is one of the most important groups of our country and for that group, Government and Private Hospitals should bring more and more insurance schemes so that they can get the best possible treatment in case of hospitalisation with low cost.

At the end, guaranteeing fair access to healthcare is essential to constructing happier and more resilient communities as well as being a question of social justice. Policymakers and healthcare stakeholders may build a fairer society in which everyone has the opportunity to achieve good health and full life by placing a higher priority on the health and well-being of vulnerable groups.

[29] https://nha.gov.in/PM-JAY (Accessed 7 January 2025)

[30] https://www.acko.com/health-insurance/ayushman-bharat-yojana-scheme/ (Accessed 8 January 2025).

[31] https://nha.gov.in/ (Accessed 8 January 2025).