PERSPECTIVE

Expanding AB-PMJAY For the Elderly: A Policy Shift Toward Universal Health Coverage in India

Kiruba Sankar G[1*], Rajalakshmi Mahendran[2]

[1,2]Department of Community Medicine, Sri Manakula Vinayagar Medical College, Puducherry, India

DOI: 10.55489/njcm.160620255287

ABSTRACT

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's flagship health insurance scheme with the aim of Universal Health Coverage (UHC). With its recent expansion to all senior citizens above the age of 70, the scheme will have a greater impact on elderly health care and financial security. This review examines the effect of AB-PMJAY on access to healthcare, catastrophic health expenditure (CHE), and the infrastructure for geriatric care in India. The elderly population normally suffers from not only a high burden of non-communicable diseases but also several chronic health issues along with financial instability arising from low-income sources. The pool of reserves traditionally used to provide up to ₹5 lakh per person is expected to reduce out-of-pocket health expenses, increased hospital utilization, and improves overall health outcomes; however, issues relating to access, enrolment difficulties, lack of hospital infrastructure, and financial sustainability still linger. For policymakers, recommendations must be made in relation to improving enrolment processes, strengthening geriatric services, and being on guard against fraud, all in an effort to ensure the effectiveness of the scheme. Targeting these will be critical in enabling equitable access to healthcare and financial protection for the rapidly growing elderly population in India.

Keywords: Universal Health Coverage, Elderly Healthcare in India, Preventive Healthcare for Elderly, Geriatric Disease Burden, Health Insurance for Senior Citizens

ARTICLE INFO

Financial Support: None declared

Conflict of Interest: The authors have declared that no conflicts of interest exist.

Received: 04-03-2025, **Accepted**: 24-04-2025, **Published**: 01-06-2025

***Correspondence:** Dr. Kiruba Sankar (Email: shankarkiruba97@gmail.com)

How to cite this article: Sankar GK, Mahendran R. Expanding AB-PMJAY For the Elderly: A Policy Shift Toward Universal Health Coverage in India. Natl J Community Med 2025;16(6):646-649. DOI: 10.55489/njcm.160620255287

www.njcmindia.com | pISSN: 0976-3325 | eISSN: 2229-6816 | Published by Medsci Publications

INTRODUCTION

UHC's primary objective is to make sure that every person, anywhere in the world, has access to necessary healthcare without suffering economically. Achieving UHC is one such goal target that comprehensively incorporates health policies and outcomes and remains to be one of the prominent UN Sustainable Development Goals.[1] Policies and institutional efforts meant to increase the coverage and access to health services structurally indicate India's acceptance of the challenge to accomplish UHC. Ayushman Bharat was the one of the most ambitious health initiatives launched in India to meet UHC objectives.[2] The vulnerability-based subsidy program was first introduced in 2018 under Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), also popularly known as the 'Ayushman Bharat Initiative'.[3] Prior to this, it was successful in expanding its support to over 10.8 crore families. In January 2022, the Indian government increased its coverage target to 12 crore families considering the population growth of 11.7 percent post 2011 census.[4] According to a study by NITI Aayog called "Senior Care Reforms in India," the country is experiencing a significant rise in its aging population, coupled with a drop in fertility rates (below 2.0%) and an increase in life expectancy (over 70 years). The study predicts that by 2050, senior citizens will account for 19.5% of India's total population, which translates to just over 104 million people, or slightly more than 10% of the current population.[5]

The Union Cabinet on September 11, 2024, took a huge leap by approving the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to be expanded further. According to this move, all senior citizens above 70 years of age will receive health insurance, irrespective of income. An estimated 4.5 crore families along with 6 crore elderly persons will benefit from this expansion by receiving free health insurance of Rs.5 lakh per individual. By this authorization, all senior citizens of this age group, regardless of their economic status become entitled to benefits under the system.[6]

Expanded coverage will also increase access to healthcare, hence increased hospitalizations, improved drug compliance, and better health status. The policy may reduce financial distress and out-of-pocket payments for elderly people and their dependents. Monitoring the patterns of utilization and fiscal burden will enhance understanding of deficiencies in service delivery and policy strengthening. There has been limited analysis of the effectiveness of universal elderly health insurance in India.

While past studies have examined AB-PMJAY's effect on financial protection, no review has specifically evaluated its impact on individuals aged above 70 years following the 2024 policy expansion. This study is timely in analyzing the expected benefits, challenges, and potential gaps in implementation. Unlike general health insurance evaluations, this review addresses unique geriatric health concerns, including multimorbidity and hospitalization patterns, specialized geriatric care infrastructure, long-term financial sustainability of universal elderly health insurance. The study emphasizes how the revised AB-PMJAY scheme could mitigate Catastrophic Health Expenditure among the elderly, a critical yet underexplored area in India's health policy research.

This article supports the expansion of AB-PMJAY to all individuals above 70 years of age as a transformative step toward equitable and inclusive universal health coverage, especially for a population segment with high vulnerability and limited financial resilience.

Healthcare needs of Elderly in India

India's elderly population is estimated to be 19.5% of the total population by the year 2050 (over 104 million people). With rising life expectancy and low fertility, there will be an expanding demand for advanced geriatric services. The elderly face a larger burden of NCDs, multi-morbidity, and disability, and thus need multiple hospitalizations and long-term treatment.[7] Most of the elderly have no regular source of income, hence healthcare costs constitute a heavy economic burden. There is a high likelihood of catastrophic health expenditure (CHE) among the elderly, when out-of-pocket health expenses cross 10%-25% of family income. Without protection, households tend to sell their assets or go into debt to pay for medical treatment.[8] Previously, AB-PMJAY coverage was dependent on Socio-Economic Caste Census (SECC) 2011 data, which left out a large number of elderly not classified as below-poverty-line (BPL) but with financial difficulties. Expanding AB-PMJAY eliminates income-based eligibility barriers, so that all older persons above the age of 70 years get up to ₹5 lakh annually for hospitalization.[9]

AB-PMJAY: Policy and Implementation for the Elderly

Under the AB-PMJAY scheme, senior citizens above 70 years of age will be given a new, separate card to enable their enrolment. They will be given an additional top-up policy of up to ₹5 lakh per year, which will be only for them and not to be shared with family members below 70 years. For senior citizens who are not yet part of an AB-PMJAY-covered family, a separate family-based coverage of ₹5 lakh per year will be given. Also, senior citizens, who are enrolled in other government health insurance programs like the Ayushman Central Armed Police Force (CAPF), Ex-Servicemen Contributory Health Scheme (ECHS), or Central Government Health Scheme (CGHS) will be allowed to opt between enrolling in the AB-PMJAY or keeping their current scheme. Additionally, AB-PMJAY services will also be made available to elderly citizens who are covered under private health insurance policies or the Employees' State Insurance

scheme, thus covering senior citizens with wider access to healthcare.[10]

Impact of this Scheme

Expansion of AB-PMJAY to include all senior citizens aged 70 years and above has several significant long-term implications for elderly health care and financial security. Improved health security is one of the key benefits, as the elderly are most susceptible to illnesses like diabetes, hypertension, and cardiovascular diseases, and free access to quality health care enables early detection of the disease and early intervention, thereby increasing longevity.[11] The scheme also results in a tremendous decrease in catastrophic health spending, which provides relief to economically poor elderly individuals in terms of finances by lowering out-of-pocket payments for frequent medical consultations, tests, and treatment, thereby saving families from going into debt or poverty due to health care costs.[12] Better access to health facilities through public-private collaboration enables beneficiaries to avail themselves of specialized geriatric care, including cardiac and rehabilitation services, without worrying about expenses. In addition, the scheme will be capable of improving geriatric care infrastructure, motivating hospitals to enhance diagnostics, treatment, and rehabilitation services while fostering training programs for healthcare professionals in geriatric medicine, a nascent discipline in India.[13] On a larger level, public health and overall healthcare spending can be benefited as preventive health interventions disseminated under AB-PMJAY reduce reliance on emergency care and tertiary care, thus lowering long-term healthcare expenses at individual, household, and national levels.[14] Outside of healthcare, social and emotional benefits are improved quality of life among elderly citizens through less suffering and optimal management of age-related disease, as well as relieving financial and caregiving burden on families. Yet, the scheme's success depends on successful implementation and affordable funding, calling for streamlined claim procedures and fraud prevention measures to retain efficiency. Furthermore, the enhanced burden on healthcare facilities calls for investments in hospital capacity, medical staff, and specialized geriatric care to include the expanding elder population effectively.[15]

Challenges in the implementation of AB-PMJAY in Elderly

Moreover, the implementation of AB-PMJAY for elderly faces several challenges like enrolment and awareness challenges wherein many of the elderly, especially from rural India, are unaware of their eligibility status, are digitally illiterate and thus cannot avail any information online. This can cause delays or discourage enrolment, particularly for those living alone or in elder-headed households.

Barriers related to documentation, such as the need for Aadhar and its renewal with mobile number linkage, further exclude vulnerable groups that might not have these documents or who have trouble moving around and relying on family for registration, which causes benefits to be delayed or underutilised.

Supply-side challenges like shortages of empanelled hospitals, absence of geriatric care units, congestion in public hospitals, and limited availability of specialists further hinder accessibility. Fraud and sustainability issues are caused by overbilling, ghost beneficiaries, and abuse of funds, while the financial sustainability of covering all seniors (over 70 years) is still a challenge.[16] State-level disparities and overlapping health insurance schemes create inconsistencies in implementation, reimbursement, and quality of services, necessitating improved coordination, financing, and regular policy reviews to ensure long-term success.[17]

Schemes that overlap (such as CGHS, ECHS, and ESIC) can also cause confusion for administrators and beneficiaries, which may result in duplicate coverage or claim denials because of unclear policies.

The ambitious expansion runs the risk of not having the desired impact if outreach, infrastructure development, and financial planning are not coordinated.

Discussion

An important and progressive step towards universal health coverage in India has been taken with the inclusion of all senior citizens over 70 in AB-PMJAY. The program recognises the universal vulnerabilities of ageing, especially the high burden of chronic illness and financial insecurity, by eliminating income-based eligibility.

Although this expansion is theoretically equitable, it also runs the risk of spreading resources over a wider population base if workforce development, healthcare infrastructure, and geriatric service delivery are not strengthened concurrently. In the absence of easily accessible, age-appropriate care, especially in underserved and rural areas, simply expanding insurance coverage is insufficient.

The scheme's practical benefits may be limited by inadequate hospital capacity, a shortage of qualified geriatric professionals, and a lack of outpatient and home-based services. Furthermore, disparities in state-level health funding and management may lead to uneven application, compromising the policy's goal of uniform access.

Targeted investments in geriatric infrastructure, streamlined enrolment processes, and real-time monitoring systems are necessary for the program to realise its transformative potential. Long-term sustainability should also be prioritised, making sure that increasing coverage doesn't degrade the standard or accessibility of care for those who need it the most.

POLICY RECOMMENDATIONS AND FUTURE DIRECTIONS

States must be given the authority to implement adaptable and needs-based funding models in order to guarantee the success of AB-PMJAY's expansion to all seniors over 70. Uniform policy implementation without financial flexibility will put pressure on lower-capacity states and worsen inequality given India's demographic and health system disparities.

The establishment of geriatric wards in public and private hospitals should be encouraged by the central government through mandatory incentives, especially in areas with a high density of elderly people. Funds must also be set aside for training programs in long-term care and geriatric medicine, two fields that still lack adequate training for India's healthcare workforce.

In order to guarantee continuity of care for senior patients after hospitalisation, implementation must go beyond insurance coverage and incorporate investments in outpatient, rehabilitative, and palliative services. To avoid exclusion because of technological barriers, door-to-door enrolment assistance, particularly in rural areas are crucial.

To guarantee both financial sustainability and equitable health outcomes, a strong monitoring and accountability framework must be put in place. This includes regular impact evaluations, fraud detection tools, and transparent reporting on utilisation trends.

Authors Contributions: KS, RM both participated equally in all aspect of this article.

No use of generative AI tools: This article was prepared without the use of generative AI tools for content creation, analysis, or data generation. All finding s and interpretations are based solely on the authors independent work and expertise.

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