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A RESEARCH STUDY OF AYUSHMAN BHARAT YOJANA IN INDIA

Divya Mishra[1], Dr. Ashok Kumar Mishra[2]
[1]Research Scholar, Department of Commerce, Dr. Ram Manohar Lohia Awadh University, Ayodhya
[2]Professor, Head, Department of Commerce, K.S. Saket P.G. College, Ayodhya
(Affiliated to Dr.Ram Manohar Lohia Awadh University, Ayodhya)

ABSTRACT

This paper has focused effect of the Ayushman Bharat Yojana-Pradhan Mantri Jan Arogya Yojana to lessen the financial cost on Ayushman Card holders. It affords a coverage of 5 lakhs to each own family to be able to avail of secondary and tertiary care. It additionally affords insurance for charges for three days of pre-hospitalisation and 15 days of submit-hospitalisation. The services can be availed at the PAN India degree. AB – PMJAY has created Ayushman cards in India to lessen the economic value on the card holders and launched the finances and utilized the price range below AB – PMJAY. Paper has protected card holders, beneficiaries households, hospitals empanelled, E- cards Issued, beneficiaries admitted in hospitals, amount authorized for admission below Ayushman Bharat Yojana-Pradhan Mantri Jan Arogya Yojana.

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KEYWORDS ***:P****-PMJAY P-Price Range P-Price H-Hospitals C-Cards P-Price Range Private Governments. Creation*

INTRODUCTION

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) launched on September 23, 2018, to cater to the secondary and tertiary health care needs of the impoverished and prone sections of India ensures completely cashless hospitalization with improved effectiveness at public as well as private hospitals with a coverage up to INR.5, 00,000 in line with circle of relatives in line with 12 months.

AB-PMJAY is gambling a very essential function in reducing the financial value on Ayushman cards holders. This scheme may be very useful for card holders which covers the monetary value of the susceptible agencies.

Ayushman Bharat Yojana has two components: 1. health and health Centres 2. Pradhan Mantri Jan Arogya Yojana (PM-JAY). fitness and well being facilities:-This issue of the Ayushman Bharat Yojana targeted on presenting primary hospital treatment to all the those who can't manage to pay for high priced scientific aid. it's miles geared toward increasing the usual of healthcare in India by means of enhancing the offerings for underprivileged humans. these centres delivered complete offerings which might be handy and low priced for a huge part of the populace. here are the salient functions of AB-HWCs:

- Provision of maternal care
- Offerings for toddler healthcare
- Tools and services for circle of relatives making plans, reproductive healthcare
- Clinical useful resource for ENT issues
- 1,50,000 well being centres mounted
- Free vital capsules and diagnostic services
- Number one and tertiary care services
- 24×7 emergency care
- Services for rehabilitative care

Pradhan Mantri Jan Arogya Yojana (PM-JAY):- another factor of the Ayushman Bharat Yojana, Pradhan Mantri Jan Arogya Yojana (PMJAY), targets at safeguarding the underprivileged from a financial crisis within the event of a scientific emergency. it is the largest government-funded healthcare insurance scheme that strives to offer tertiary and secondary healthcare to all the beneficiaries. The PMJAY aligns with the third sustainable development aim (SDG) of ensuring suitable fitness and well-being. right here are the salient traits of the PMJAY:

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- It offers a insurance of five lakhs to each circle of relatives with a view to avail of secondary and tertiary care.
- It also offers insurance for costs for 3 days of pre-hospitalisation and 15 days of publish-hospitalisation.
- The offerings may be availed on the PAN India degree.
- It covers extra than 1,393 remedies and strategies, at the side of insurance for drug treatments and diagnostic offerings.

GOAL OF THE LOOK AT

Justification of this have a look at has been made goal. This goal has blanketed AB-PMJAY beneficial card holders associated with decreasing economic price. goal of the have a look at is given under:-

- A study of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to lessen the financial value.
- shape of the Ayushman Bharat Programme
- 1.2.1 fitness and wellbeing Centres (HWCs)
- The first thing makes a speciality of strengthening number one healthcare with the aid of remodeling present Sub-health Centres and primary health Centres into comprehensive fitness and well being Centres. those facilities provide maternal and infant health offerings, NCD screening, simple diagnostics, preventive care, and critical medicines7. They form the inspiration of India's shift from reactive healing care to proactive, community-based primary healthcare.
- 1.2.2 Pradhan Mantri Jan Arogya Yojana (PM-JAY)
- The second issue, PM-JAY, is the arena's largest publicly funded fitness assurance scheme, supplying ₹5 lakh in step with family in line with 12 months for cashless secondary and tertiary hospitalisation8 Beneficiaries are decided on on the premise of deprivation (rural) and occupational vulnerability (city) the use of SECC-2011 facts, overlaying almost 50 crore people.
- The scheme is fully government-funded, with shared monetary obligation between the Centre and States as according to Ministry of Finance guidelines9. Implementation follows a established 3-tier governance machine including the national health Authority (NHA), nation fitness organizations (SHAs), and District Implementation units (DIUs)10.
- Frontline medical experts—ASHAs, ANMs, and HWC personnel—play a key function in CBAC screening, beneficiary mobilisation, cognizance technology, and Ayushman card creation11. Their expertise and practices strongly have an effect on the scheme's utilisation ranges. studies display huge version across states due to digital literacy, migration patterns, rural–city disparities, and administrative efficiency12. Integration of the Ayushman Bharat virtual mission (ABDM) has added each new possibilities for digital governance and demanding situations in low-resource settings13.

Ayushman Bharat at some stage in COVID-19

- The importance of PM-JAY became in particular evident throughout the COVID-19 pandemic, while the Indian fitness system faced unheard of stress. in spite of huge-scale disruptions, mobility regulations, and overburdened hospitals, PM-JAY endured to feature as a important economic protection mechanism. among March 2020 and July 2021, the scheme facilitated extra than 1.05 crore hospital admissions for each COVID and non-COVID situations, making sure that essential care become no longer interrupted for vulnerable households14.
- Numerous virtual and administrative capabilities of PM-JAY strengthened its resilience during the disaster. The scheme's IT-enabled architecture—along with actual-time e-verification of beneficiaries, digital pre-authorisation of remedies, and standardised fitness gain programs—allowed hospitals to system claims speedy even if bodily documentation turned into hard. The NHA issued COVID-precise remedy packages, protecting testing, isolation, oxygen aid, ventilator care, and post-COVID complications, allowing public and private facilities to deliver offerings under a uniform country wide tariff.
- moreover, the scheme supported the government's broader pandemic response by way of permitting cashless remedy for COVID-19 sufferers in empanelled non-public hospitals in lots of states, easing the load on overcrowded public facilities. PM-JAY additionally ensured persevered get entry to to non-COVID essential services, which includes maternal care, dialysis, most cancers remedy, and emergency surgeries, which have been critically disrupted for uninsured populations.
- in addition, Ayushman Bharat digital mission (ABDM) tools—together with the health identity, digital information, and tele-session platforms—helped streamline facts management, lessen bodily contact, and preserve continuity of care. basic, the pandemic demonstrated PM-JAY's function no longer only as an insurance mechanism however also as a national fitness safety internet, capable of sustaining carrier transport throughout huge-scale public fitness emergencies.

National-Level Signs and Developments

On the country wide level, SECC-2011 recognized 10.seventy four crore families as eligible, protecting almost 50 crore people. With state expansions, general eligible households expanded to thirteen.44 crore. As of 20 July 2021, 16.14 crore Ayushman playing cards were issued, and 1.ninety six crore health center admissions were authorised below PM-JAY.

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States / UTs	AC Cards Created	Authorised Hospital Admissions	Hospitals Empanelled
Uttar Pradesh	5,08,18,093	20,78,788	5,555
Madhya Pradesh	3,99,10,421	26,55,634	1,013
Bihar	2,88,66,567	5,81,890	967
Maharashtra	2,75,72,117	8,21,742	1,006
Gujarat	2,53,43,941	12,35,334	2,600
Chhattisgarh	2,17,64,769	14,57,491	1,585
Rajasthan	2,15,84,131	57,41,363	1,936
Assam	1,70,45,001	38,89,822	361
Karnataka	1,64,71,418	49,95,516	3,873
Andhra Pradesh	1,54,68,299	39,56,815	2,413
Jharkhand	1,20,58,443	12,02,704	584
Haryana	1,17,34,449	5,90,642	1,539
Punjab	86,96,738	3,95,182	740
Jammu & Kashmir	85,39,876	10,19,373	251
Telangana	82,50,783	20,29,720	1,374
Kerala	76,24,333	5,54,573	573
Tamil Nadu	72,67,445	85,75,258	2,184
Uttarakhand	56,19,291	2,21,292	292
Meghalaya	19,39,370	1,90,178	171
Tripura	19,07,228	2,04,074	153
Himachal Pradesh	13,17,532	1,12,078	273
Nagaland	6,96,277	96,624	143
Manipur	6,01,519	50,054	103
Mizoram	5,57,735	49,482	88
Puducherry	5,06,219	33,486	30
Ladakh	1,88,699	4,252	10
Chandigarh	1,82,371	1,00,091	31
Arunachal Pradesh	1,37,933	12,075	63
Goa	81,285	11,075	17
Sikkim	74,133	2,893	22
Andaman & Nicobar	71,741	5,48	7
Lakshadweep	33,537	55	5
Dadra & Nagar Haveli and Daman & Diu	13,289	27	NA

Table 1.1 presents the statistics on Ayushman cards created, permitted medical institution admissions, and hospital empanelment beneath the PM-JAY scheme throughout all collaborating States and Union Territories from the date of implementation as much as April 2024. The figures reflect the popularity of the scheme as of 10 April 2024, acknowledging that the dashboard updates these numbers daily. because Odisha, West Bengal, and Delhi have now not carried out PM-JAY, they're excluded from the analysis.

- country-level Implementation: unique connection with Uttar Pradesh
- Uttar Pradesh, the maximum populous country in India, holds big influence over country wide utilisation trends underneath the Ayushman Bharat–PMJAY scheme. owing to its demographic size and socio-monetary range, the country's overall performance serves as an essential indicator of the programme's reach and effectiveness.

Table 1.2 Key Implementation signs – Uttar Pradesh

Indicator	Uttar Pradesh
Ayushman cards issued	1,41,89,874
Authorised admissions	7,69,531
Value of admissions	₹7,96,52,74,653
Empanelled hospitals	2,714
Total HWCs	8,735

Source: National Health Authority (NHA), PM-JAY State Dashboard – Uttar Pradesh, Government of India (Accessed 20 July 2021); Ministry of Health and Family Welfare (MoHFW), Ayushman Bharat State Progress Report

Table 1.2 highlights that Uttar Pradesh has made robust progress in Ayushman card technology, issuing 1.41 crore cards—one of the highest in India. but, the range of authorised admissions (7.sixty nine lakh) stays extraordinarily low, indicating that enrolment is not translating proportionately into service utilisation. a first-rate reason is the uneven distribution of the kingdom's 2,714 empanelled hospitals, maximum of that are placed in urban regions, proscribing get entry to for the predominantly rural populace.

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despite the fact that 8,735 health and health Centres strengthen number one care delivery, referral linkages to better-stage facilities remain susceptible. ordinary, notwithstanding high enrolment and primary care expansion, utilisation gaps persist due to structural, geographical, and focus-related barriers.

To visualize the general scale of enrolment below AB-PMJAY, the countrywide distribution of Ayushman playing cards has been supplied in parent 1.1 This figure highlights the great outreach done for the reason that launch of the programme and displays a hit beneficiary mobilisation across various regions, such as prone companies identified thru SECC-2011 criteria. The huge quantity of card issuance underscores the scheme's capacity to achieve near-frequent insurance among eligible households.

HERITAGE OF THE SCHEME

India's healthcare machine has traditionally been characterised through high out-of-pocket expenditure, unequal get entry to to great clinical offerings, and continual nearby and socio-economic disparities in health results. A massive percentage of healthcare financing in India has traditionally been borne at once with the aid of families, often ensuing in catastrophic expenditure. This burden has been especially severe for low-earnings and prone populations, a lot of whom are employed inside the informal area and shortage get right of entry to to employer-based totally or non-public medical insurance mechanisms. therefore, illness has remained one of the fundamental causes of family indebtedness and impoverishment, pushing hundreds of thousands of people underneath the poverty line every year15. previous to 2018, India's public medical insurance panorama consisted of multiple fragmented and country-precise schemes, maximum considerably the Rashtriya Swasthya Bima Yojana (RSBY). while these schemes represented early attempts to offer economic safety towards fitness shocks, their coverage was restricted in scope and intensity. They had been in large part constrained to inpatient care, provided relatively low gain ceilings, and suffered from problems such as low attention, administrative inefficiencies, and exclusion errors. The absence of a unified country wide framework ended in duplication of efforts and uneven healthcare coverage across states and districts.16

Simultaneously, India become present process a extensive epidemiological transition, marked via the ongoing occurrence of communicable diseases along a speedy increase in non-communicable illnesses consisting of diabetes, cardiovascular ailments, most cancers, and persistent respiration disorders. This twin burden of disorder located widespread pressure on public fitness infrastructure and highlighted the inadequacy of a healthcare version that prioritised healing care over prevention and early intervention17. In response to these systemic and structural challenges, the authorities of India launched Ayushman Bharat in September 2018 as a flagship initiative aimed toward attaining universal health coverage (UHC). The scheme draws its policy orientation from the countrywide health coverage, 2017, which emphasized fairness, affordability, accessibility, and nice as middle concepts of healthcare shipping. Ayushman Bharat marked a decisive shift in India's public health method by means of recognising healthcare not simply as a welfare degree, but as a simple entitlement related to social justice and inclusive improvement.18

In contrast to in advance schemes that targeted predominantly on healing interventions, Ayushman Bharat become conceptualised as a comprehensive and included healthcare programme. It seeks to cope with the entire continuum of care—starting from preventive and promotive services to healing, rehabilitative, and palliative care. with the aid of strengthening number one healthcare offerings even as concurrently presenting monetary danger safety for secondary and tertiary care, the scheme tries to accurate the long-status imbalance in India's fitness expenditure pattern, which has traditionally favoured sanatorium-based totally care over network-degree prevention.19 The release of Ayushman Bharat additionally reflects India's dedication to international fitness desires, specifically the Sustainable development desires (SDGs), with unique connection with goal 3, which ambitions to make certain wholesome lives and sell nicely-being for all at every age. The scheme aspires to lessen health inequalities, improve populace-stage health signs, and defend economically susceptible families from the economic outcomes of illness and scientific emergencies.20 consequently, the genesis of Ayushman Bharat represents a strategic reorientation of India's healthcare device, shifting faraway from fragmented and scheme-based interventions.

Analytical Linkage to the existing study

The demanding situations outlined above—specially infrastructure gaps, issuer availability, and recognition deficits—make Barabanki the precise district for evaluating PM-JAY's actual-global overall performance. analyzing utilisation patterns along HWC functioning allows an assessment of whether or not Ayushman Bharat's continuum-of-care version is efficaciously lowering preventable hospitalisation and enhancing equitable get entry to to healthcare.

High dependence on out-of-district referrals and private healthcare companies contributes to endured out-of-pocket expenditure among households in Barabanki, particularly for diagnostics, drugs, and journey fees, despite PM-JAY insurance.forty nine From a theoretical perspective, the performance of PM-JAY in Barabanki can be tested thru the lens of the sector health enterprise's fitness structures constructing Blocks framework, which identifies six center additives: carrier delivery, health body of workers, fitness facts systems, get admission to to vital drugs, financing, and governance. PM-JAY generally addresses the financing pillar by way of lowering direct family expenditure during hospitalisation. however, the effectiveness of financial safety is contingent upon the simultaneous electricity of different machine additives. In districts in which provider shipping potential, referral systems, or personnel availability stay confined, the financing reform might not translate into advanced fitness results.

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In addition, the well-known health coverage (UHC) framework emphasises three interrelated dimensions: populace insurance, carrier insurance, and financial protection. whilst Ayushman Bharat has significantly accelerated formal populace insurance via massive-scale enrolment, district-level evaluation is vital to decide whether carrier insurance and effective financial protection are being realised proportionately. within the case of Barabanki, excessive enrolment figures need to be interpreted along patterns of clinic utilisation, geographic accessibility, and the patience of oblique charges. This permits a more nuanced knowledge of whether or not UHC desires are being operationalised beyond coverage layout.

The combination of health and wellbeing Centres with PM-JAY represents a planned try to align preventive and healing care within a continuum-of-care model. In theory, reinforced number one healthcare ought to lessen avoidable medical institution admissions, improve early detection of non-communicable sicknesses, and beautify referral appropriateness. but, if referral coordination is vulnerable or if diagnostic potential on the number one level is inadequate, hospitalisation beneath PM-JAY may reflect delayed care-seeking in preference to deliberate clinical progression. comparing Barabanki consequently lets in assessment of whether or not this intended synergy between primary and secondary care is functioning as designed.

Barabanki is analytically giant because it embodies the structural traits of many semi-rural districts in northern India: moderate public fitness infrastructure, constrained tertiary centers within district boundaries, socio-economic vulnerability, and dependence on close by urban centres which include Lucknow for specialised care. This context permits exam of spatial inequities in health center empanelment, variations in declare processing efficiency, and the sensible accessibility of services for rural populations.

Interpretation
The percentage technique simplified interpretation and presentation of information amassed from respondents. It helped identify predominant developments and behavioural patterns among beneficiaries in Barabanki district.

CONCLUSION

The research method adopted for the existing observe combines quantitative and qualitative approaches to apprehend the implementation and effectiveness of Ayushman Bharat–PM-JAY in Barabanki district. through structured questionnaires, private interviews, field observations, SPSS evaluation, Chi-rectangular trying out, and percentage analysis, the examine systematically examines healthcare accessibility, economic safety, awareness degrees, and implementation challenges associated with PM-JAY.

The methodology guarantees medical reliability while also final grounded in the lived reports of beneficiaries and healthcare stakeholders. the usage of SPSS and statistical gear strengthens the accuracy and validity of the findings, while the private interview technique provides contextual depth and human expertise to the studies manner.

Through this integrative and people-targeted technique, the study objectives to generate meaningful insights concerning the function of PM-JAY in improving healthcare accessibility and lowering financial difficulty amongst susceptible populations in Barabanki district. The methodology ultimately seeks to bridge the gap among coverage objectives and realistic implementation realities, contributing toward a deeper expertise of healthcare accessibility and social welfare in rural India.

Final Coverage Reflection
PM-JAY has fundamentally reshaped India's healthcare financing architecture through institutionalising publicly financed, medical institution-based totally monetary safety for economically prone populations. It represents a decisive shift from fragmented welfare provisioning closer to structured risk pooling within the broader widely wide-spread fitness insurance (UHC) framework. through formalising entitlement and increasing coverage at scale, the scheme has reduced catastrophic health center expenditure and embedded financial protection inside India's public fitness governance device.

But, the evidence from Barabanki demonstrates that entitlement growth, whilst essential, is not enough to reap familiar fitness coverage in exercise. UHC isn't always realised merely thru coverage inclusion; it materialises handiest whilst financing reform converges with strengthened service delivery capability, administrative reliability, team of workers adequacy, and fairness-sensitive implementation. The district-level findings confirm that systemic misalignment among financing and supply-aspect ability generates choppy utilisation, residual monetary vulnerability, and persistent social inequities.

The imperative coverage assignment, consequently, isn't expansion of coverage on my own however deepening of access. Deepening get admission to calls for synchronised funding in specialist availability, diagnostic infrastructure, digital governance balance, and institutional responsibility mechanisms. It in addition needs integration with broader social safety instruments to mitigate oblique fees and profits shocks that weaken powerful financial security. without such convergence, economic safety risks final nominal rather than transformative.

PM-JAY now stands at a vital inflection factor. If supported via coordinated supply-side strengthening, predictable administrative structures, and targeted inclusion techniques for marginalised populations, it possesses the ability to evolve from a health center compensation mechanism into a complete district-level health safety framework. Its long-time period sustainability will rely on

whether policy reform actions beyond enrolment metrics closer to measurable upgrades in equitable utilisation, monetary resilience, and provider pleasant.

The Barabanki enjoy underscores a defining lesson for India's UHC trajectory: the success of publicly financed medical health insurance will in the end be judged no longer by means of the breadth of entitlement, however by means of the depth of get entry to it secures. Bridging the distance between formal insurance and lived healthcare access stays the decisive challenge of India's fitness gadget transformation. reaching this convergence will decide whether PM-JAY becomes a transitional insurance reform or a foundational pillar of equitable health protection for the kingdom

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