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

LOK SABHA
UNSTARRED QUESTION NO. 3415
TO BE ANSWERED ON 07TH AUGUST, 2026

OUT-OF-POCKET EXPENDITURE ON HEALTHCARE

3415. ADV GOWAAL KAGADA PADAVI:

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

(a) the definition of Out-of-Pocket Expenditure (OOPE) on health care incurred by households across the country, State/UT-wise;
(b) the details of OOPE on healthcare incurred per household in the country during the last five years, State/UT-wise; and
(c) the steps taken or proposed to be taken by the Government to reduce OOPE on healthcare by households?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a) As per National Health Accounts (NHA), the definition of Household Out-of-Pocket Expenditure (OOPE) is the expenditure paid by the household/individuals at the point of receiving healthcare services. These include all expenditures on inpatient care, outpatient care, childbirth, antenatal care (ANC), postnatal care (PNC), family planning devices, therapeutic appliances, expenditure on patient's transportation, immunisation, over the counter drugs and other medical expenditures (e.g., blood, oxygen, etc.); and are net of reimbursements of any nature (insurance/philanthropic donations etc.).

(b) *National Health Accounts Estimates for India* published by Ministry of Health and Family Welfare do not maintain data on OOPE on healthcare incurred per household in the country. However, as per the available data from NHA Estimates, Per Capita OOPE incurred on health care in the country during the last five years is as below:

Year	2018-19	2019-20	2020-21	2021-22	2022-23
Per capita OOPE in (Rs.) at current prices	2,155	2,289	2,415	2,600	2,767

Further, State-wise details of per capita Out-of-Pocket Expenditure are placed at annexure.

(c) Ministry of Health and Family Welfare (MoHFW) supplements the efforts of the States and Union Territories (UTs) in expanding affordable healthcare services and strengthening healthcare infrastructure across the country, through various Centrally Sponsored Schemes and Central Sector Schemes. Towards this end, MoHFW is implementing schemes such as National Health Mission (NHM), Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Pradhan Mantri Swasthya Suraksha Yojana (PMSSY).

Under the NHM, the Government has taken many steps towards universal health coverage by supporting the State Governments in providing accessible and affordable healthcare to people. 1.87 lakh Ayushman Arogya Mandir (AAM) have been operationalized across the country to deliver the expanded range of comprehensive primary healthcare services that include preventive, promotive, curative, palliative and rehabilitative services. These include reproductive and child healthcare services, communicable and non-communicable diseases, and a wide array of other health concerns.

National Free Drugs Service Initiative and Free Diagnostics Service Initiative have been rolled out to ensure availability of essential drugs and diagnostic facilities, and reduce Out-of-Pocket Expenditure of the patients visiting public health facilities. This includes financial support to States/UTs for 113 drugs at AAM-Sub Health Centres, 179 at AAM-Primary Health Centres, 301 at Community Health Centres, 318 at Sub- District Hospitals and 381 at District Hospitals. Besides, quality generic medicines are made available at affordable prices to all, under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in collaboration with the State Governments. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacy stores have been set up in some hospitals/institutions.

In addition, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) provides health cover of ₹5 lakhs per family per year for secondary and tertiary care hospitalization to more than 12 crore families constituting the economically vulnerable bottom 40% of India's population. States/UTs implementing AB PM-JAY have further expanded the beneficiary base, at their own cost. Further, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio- economic status under AB PM-JAY with Vay Vandana Card.

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ANNEXURE

Annexure referred to in reply to part (b) of Lok Sabha Unstarred Question No. 3415 for answer on 07.08.2026

State wise Per Capita Out-of-Pocket Expenditure (OOPE)

(in Rs.)

S.No	State	2018-19	2019-20	2020-21	2021-22	2022-23
1	Assam	949	998	1064	1180	1237
2	Andhra Pradesh	3140	3254	3576	3834	4117
3	Bihar	811	863	911	984	1043
4	Chhattisgarh	1175	1253	1356	1419	1475
5	Gujarat	1606	1687	1811	1942	2080
6	Haryana	2193	2358	2510	2647	2923
7	Jammu and Kashmir	1363	1450	1443	1581	1701
8	Jharkhand	1915	2000	2108	2243	2394
9	Karnataka	1625	1722	1810	1933	2049
10	Kerala	6772	7206	7669	7889	8388
11	Madhya Pradesh	1409	1500	1603	1739	1842
12	Maharashtra	2644	2779	2950	3184	3381
13	Odisha	1750	1926	2002	2133	2245
14	Punjab	3065	3313	3470	3668	3829
15	Rajasthan	1745	1856	1896	2048	2178
16	Tamil Nadu	1909	2034	2191	2280	2448
17	Uttar Pradesh	2481	2670	2775	3014	3219
18	Uttarakhand	1216	1317	1437	1560	1593
19	West Bengal	3208	3425	3648	4010	4183
20	Telangana	1982	2125	2234	2449	2697
21	Himachal Pradesh	3180	3397	3591	3844	4047

Source: National Health Accounts Estimates 2018,2019,2020,2021,2022.

Note: 1. The survey used in the estimates includes the 75th round Health and Morbidity Survey by the National Sample Survey Office (July 2017- June 2018) for computing Out-of-Pocket Expenditure (OOPE) and the survey on Health expenditure (2013-14) by Enterprises by Public Health Foundation of India and Annual Survey of Unincorporated Sector Enterprises (ASUSE) 2022-23 & 2023-24 for health expenditure by NGOs/NPISH. Expenditures computed from these surveys are used for arriving at health accounts estimates at the National level. However, when computing health accounts estimates/indicators at the sub-national level, especially for Union Territories, Small States, and the North-Eastern States, the values are not significant due to the small sample size adopted in the survey for these regions.