

A Study on Impact of Health Insurance on Human Life in India

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Abstract - Health Insurance in India was setup in the year 1986. The health insurance domain has acquired phenomenal growth because of relaxation given in Economy and general consciousness among the populace. At the outset, in India we have complete health insurance underwriters along with Government sponsored health insurance suppliers. An awareness campaign has been conducted by the General Insurance Corporation of India as well as Insurance Regulatory and development Authority for all the sections of the Society in order to amend the awareness of health insurance and reduce the dilatoriness for buying the health insurance. Health insurance in India has depicted a vast changeover due to unveiling of private health care funding, enhanced income, health cognizance among the dissimilar classes of the society, liberalization in monetary value and diminution in bureaucratism. This paper basically presents a helicopter view on the health insurance in India.

Key Words: Bureaucratism, General Insurance, Health care funding, Health Insurance, Private health.

1. INTRODUCTION

It is well known fact that, one of the basic vital forces of good living is speedy access to substantive services like health care. But many a times, it could intend a consideration of life and death for someone who is unable to get the access to these important services. Henceforth, an authoritative part of health care exploitation is uncompleted without tolerable health care facilities. The calibre of human health is the groundwork done upon which the actualization of life goals and targets of a personal facade, the community of interests or nation as a whole reckons. It is considered as both an end and means of development scheme. The relationship between health and development is mutually rewarding while health contributes to economic development, and economic development, in turn, likely to enhance the health status of the population in a country. India as a nation has been arising economically at a rapid rate particularly after the Second Advent of New Economic Policy of 1991. Nevertheless, this rapid economic development has not been accompanied by social development especially health sector development. Health sector has been fitted in very low priority in terms of apportioning the resources. Public expenditure on health sector is considered as less than 1 per cent of Gross Domestic Product (GDP) in India. This research composition focuses on the current status of the Indian

healthcare industry, the various challenges faced and further the comparison of few selected Indian states based on health indicators. Furthermore, more specifically, the comparison of India with few of the developed and developing countries is also employed in order get the clear characterization of the health sector. In order to boost the development line, few opportunities in the health care industry are also discussed and necessary policy entailments. Regarding in this association, India lags behind in regard of health improvement as compared to U.S.A, Canada and China but contrary to other developing countries like Pakistan, Bangladesh the scenario is better with life expectancy, Mortality ratios, health care spending address the volumes about the healthcare status. When examined through the prism eye, within India there are many disparities amongst states in achieving health outcomes as well. Healthcare sector, a leading weapon as the contributor to GDP is thus the matter to be deeply investigated, so that golden harvest is gleaned.

2. CHALLENGES TO HEALTH CARE IN INDIA

The Indian healthcare scenario confronts a spectrum of contrasting landscapes. At one end of the spectrum we are experiencing with the glitzy steel and glass structures delivering high tech based medicare to the well-heeled, mostly in urban India. At the other end, there exist ramshackle outposts in the remote reaches of the "other India" trying intensively to live up to their identity as health subcenters, waiting to be metamorphosed to shrines of health and wellness.

- **Awareness or the lack of it:** Studies on awareness are many and distinct, but lacunae in awareness appears to cut across the lifespan in our country. we should strive to raise awareness in those whom we work with and must promote the younger generation to believe in the power of education for the purpose of behavioral change.
- **Access or the lack of it:** Access (to healthcare) is defined by the Oxford dictionary as "The right or opportunity to use or benefit from (healthcare)". As creative thinkers in the disciplines of community medicine and public health, we must encourage discourse on the determinants of access to

healthcare. We should identify and analyze potential barriers to admit in the financial aspects, geographical, social, and system-related arenas, and do the best to make our students and peers thinking about the problem of accessing the good quality healthcare system.

- **Absence or the human power crisis in healthcare:** Any discussion on healthcare delivery must and should include arguable, the most central of the characters involved – i.e., the human workforce.

As trainers and educators in the area of public health, how are we outfitting our trainees to rescue the health service in the manner which is required, at the place where it is needed and at the time when it is essential and so on. It is time for a policy making on health human power to be enunciated, which must delineate measures out to ensure that, every individual is being utmost taken care of by a sensitive, trained, and competent healthcare worker.

- **Affordability or the cost of healthcare:** It is well known that, the private sector is playing a dominant role in the healthcare sector in India. Almost 75% of healthcare expenditure comes from the pockets of households, and ruinous healthcare cost is an important cause of pauperization. Additionally, there is lack of regulation in the private sector and the consequent variation in quality and costs of services. The solution to the problem of affordability of healthcare lies in the hands of local and national enterprises. The much-awaited national health insurance program should be carefully straightened, ensuring that the smallest member of the target population is inscribed and understands what exactly the scheme means to them individually. Exposing the younger minds to the various issues of economics related to healthcare will hopefully earn in a realization of the outrageousness of the situation, and the need to deal it in whatever way it is possible.
- **Accountability or the lack of it:** Being creditworthy has been outlined as the procedures and processes by which one party vindicates and takes responsibility for its activities. Communication is a key skill that should be inculcated among the young professionals. A good communicator is better

placed to contend with the pressures of the relationships with client, employer and government and so on.

3. CHALLENGES IN THE INDUSTRY:

Changes occurring in the health policy of a country have to be modified to the demands as well as the prevailing situations. India, with its unique demography, diversity, taking into consideration the political as well as the social systems and a recent leap in economy can be a challenge to the policymakers. Broadly, problems in healthcare delivery in India can be broadly divided into problems of inequality, socio-economic-political problems and unregulated growth of private healthcare.

Problems of Inequality: The impression of social and economic based inequality on health is perceptive. Poverty, which is considered to be the result of social and economic difference in society, is prejudicial to the health of population. The consequence of indicators related to health (mortality, morbidity and life expectancy) are all directly regulated by inequality in a given population. The growing inequalities in health and health care are taking its price on the marginalized and socially disadvantaged population. The healthcare infrastructure directly depends on the economic intensity. The recent changes in the economic policies has a decisive effect on the healthcare system in India.

Emergence of private Healthcare: Medical care in India has been in recent past fecund by private healthcare providers. The role of the private sector is getting more and more stronger in view of the government's financial restrains in elaborating the health infrastructure and increasing healthcare price.

4. CLASSIFICATION OF HEALTH INSURANCE PLANS IN INDIA:

Health insurance plans in India today can be broadly assorted into the following categories:

- Hospitalization:** Hospitalization plans are restitution plans that pay costs of hospitalization and medical costs of the insured subject to the sum insured. There is one more type of hospitalization policy called top-up policy. These Top-up policies have a high deductible typically set to level of existing cover.
- Family floater health insurance:** Family health insurance plan covers entire family in one health insurance plan. It works on basic assumption that not all members of a family will suffer from illness in one time.
- Pre-existing disease cover plans:** It offers covers against disease that policyholder had before buying health policy.

Pre-existing disease cover plans offers cover against pre-existing disease, e.g. diabetes, kidney failure etc. After waiting for two to four years, it gives covers to the insured.

d) Senior citizen health insurance: This type of health insurance plan is for old age people in a family.

e) Maternity Health insurance: Maternity health insurance ensures coverage for maternity and other additional expenses related to maternity more particularly.

f) Hospital daily cash benefit plans: Daily cash benefits are a defined benefit policy that pays a defined sum of money for every day of hospitalization.

g) Critical illness plans: These are termed as beneficial-based policies which pay a lump sum amount on certain critical illnesses, e.g. cardiac arrest, cancer and stroke.

h) Disease-specific special plans: Few companies may offer specially designed disease-based specific plans such as Dengue Care and Corona Kavach policy.

5. CONCLUSIONS

The following are the conclusions and few suggestions suggested for enhancing the health insurance namely:

Awareness about Health Insurance: Increasing awareness through Local Agents, Doctors, and NGOs, etc would surely play a vital role in sensifying the public about such a healthcare system in India.

Relationship Management: After the sale support and assistance through local agent will enhance trust on health insurance service provider.

Education on Need of Health Insurance: Educating the rural people on the necessity of health insurance by Local Agents, Doctors and Community Health Workers may definitely create trust.

Human Resource Training: Empowering the agents, brokers, distributors with adequate knowledge on Health Insurance product and its features so that in return they can suggest right product to households to minimize the chances of misguiding.

Better Services: Flexibility in premium paying facilities, easy and fast claim settlement process will enhance the health insurance schemes.

Infrastructure: Better infrastructure to be given to agents and locals (rural area) insurance company employees for them to reach out to most remote areas.

Wellness: Insurance companies to get involved into Wellness activities, for example: spreading awareness on better sanitation, vaccinations for kids, precautions to be taken in case of any ailments or diseases. This helps them in marketing themselves as well.

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BIOGRAPHIES



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