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Assessment of Enrollment and Utilization Patterns of Pradhan Mantri Jan Arogya Yojana in Bihar (2018–2024)

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Abstract

In 2018, the Ayushman Bharat initiative introduced the Pradhan Mantri Jan Arogya Yojana (PM-JAY) to secure the economically disadvantaged groups of people in India by covering the financial outlay of medical expenses upon accessing secondary and tertiary care. The state of Bihar with a large population density and ongoing health inequities is a situation where the implementation of this scheme can be evaluated as a critical area. This study will take a look at the trends of PM-JAY registration and use in Bihar from 2018 to 2024, analyzing regional and socioeconomic differences and identifying the main challenges that might affect effective utilization. The research is founded on secondary data gathered through government reports, official publications and peer-reviewed sources and uses descriptive and comparative analysis in the interpretation of patterns and gaps. The results show that the number of enrollments has grown continuously throughout the period of the study, which is positive evidence of enhanced mechanisms of awareness of the products and identification of beneficiaries. The use of service is however imbalanced in all the districts, with the urban and semi-urban areas recording higher usage than the rural and remote areas. The socio-economic determinants including income, education, gender and place of residence play a major role in enrollment and service utilization. The paper also draws attention to the same drawbacks, such as inadequate healthcare facilities in rural regions, lack of awareness of people who receive the benefits, technologic obstacles, and the time lag in the reimbursement of claims. In spite of these limitations, PM-JAY has helped in the minimization of out-of-pocket spending and access to hospital services by susceptible families in Bihar. The article concludes that specific policy interventions are required in order to improve equity, efficiency and total effectiveness of the scheme.

Keywords - PM-JAY, Ayushman Bharat, Healthcare Access, Enrolment and Utilization, Bihar.

Introduction

The Pradhan Mantri Jan Arogya Yojana (PMJAY), launched under the Ayushman Bharat scheme, aims to provide financial protection and access to quality healthcare for economically vulnerable populations in India by providing them with financial coverage and access to quality health care (Bajpai & Sheth, 2025). The scheme has played a critical role in the state of Bihar, one of the highly populated states with high rates of healthcare disparities, overcome the problem of high out-of-pocket spending and access to tertiary care. This research examines the enrollment and utilization rates of PMJAY during 2018-2024 and the study will help understand how successful the scheme is in fulfilling its target population (Garg, Bebartha, & Tripathi, 2024).

The enrollment patterns during the six-year period show that the enrollment has been increasing steadily based on the efforts of the government in the creation of awareness and simplification of the identification of the beneficiaries based on the socio-economic databases. Nevertheless, when examining utilization patterns, it is found that the patterns vary across districts with more uptake in urban and semi-urban districts than in rural areas point to a continued lack of accessibility. The use and enrollment was greatly affected by factors like income of the household, literacy, awareness campaigns as well as distance to empaneled hospitals (Kadam et al., 2024).

The research also finds some gaps in service delivery such as underemployment of particular health packages, delayed settlement of claims, and poor involvement of the private healthcare providers in some districts. Nevertheless, PMJAY has helped to cut down the disastrous health spending in thousands of households in the state of Bihar, especially among the marginalized groups in the country (Tripathi, 2025).

The results highlight the necessity to implement specific interventions, such as improving outreach in the countryside, developing the capacities of local care facilities, and constant control over the settlement of claims to achieve more efficiency. On balance, the evaluation is informative about policy implications, which show that, even though PMJAY has achieved a significant advancement in Bihar, special policies are needed to ensure equal access to healthcare and make the scheme effective across all the state areas (Yadav & Mohanty, 2025).

Literature Review

(L.G. & C.H., 2025) This paper assesses the achievement of India in Sustainable Development Goal 3, which entails the role of PMJAY in enhancing the health system of the population. It points to the positive changes in maternal and child health statistics, such as a decrease in MMR, IMR, and U5MR; there is also increased access to prenatal care and skilled birth delivery. With these gains, there are still unresolved issues including unfair insurance cover, nutritional inadequacy and rural service disparities. The article finds the contribution of PMJAY to the lower cost of healthcare and its extension of accessibility but insists that without workforce shortages, service gaps and fraud possibilities, the achievement of fair health outcomes by 2030 can be guaranteed.

(Iyer et al., 2025) This paper analyzes the equitability in surgical care under PMJAY based on policy briefs and data provided by the National Health Authority. It concludes that PMJAY is oriented on surgery to a significant extent, and the majority of the procedures listed and most claims are connected with surgical treatment. Nevertheless, there are significant differences in gender, geography, and district. The men have a very high rate of surgery claims compared to women and access to specialized surgery is low in poorer states and aspirational districts. The authors state that despite the significant financing role of PMJAY, specific monitoring, enhanced usage of data, and additional investment are required to enhance equal surgical care.

(Kumar & Yadav, 2024) This research uses a combination of surveying 500 families and interviewing key informants to assess the level of PMJAY knowledge in the rural Sitamarhi area of

Bihar. Although 62 percent of the respondents had heard of the scheme, only 38 percent knew the benefits of the scheme and only 25 percent of them knew how to access the services. Educated and male respondents had a high level of awareness. Difficulty in understanding was accompanied by language barriers, distrust and poor outreach. Sitamarhi had an average recognition but low understanding as compared to others, which implies that community-based awareness campaigns with a literacy focus should be conducted in the target rural areas in order to enhance utilization.

(Singh, Rathore, & Raj, 2024) Using hospitalization data from 2023–24, the proposed research would analyze how the Chiranjeevi Swasthya Bima Yojana is used in Rajasthan. The mean age of the patients was 45.9 years of age with males as the major portion. The greatest number of admissions was general medicine and the highest amount spent was seen in cardiology. Low-cost packages were exploited by the majority of the beneficiaries and only a very small percentage of beneficiaries surpassed the high cost limits. The results indicate that the use of specialized services is higher, but high-value packages are underutilized, which indicates that the design of the packages is not aligned with the perceived medical requirements in the insurance program of the state.

(Sivarchaka & Mangain, 2024) The context of this paper positions PMJAY in the process of Universal Health Coverage in India, where household out of pocket expenditure continues to have a leading role in financing healthcare. Based on policy background and history of reform, it describes how PMJAY was a result of policy suggestions to reorient towards demand-side financing. The scheme has a coverage of approximately 12 crore households now and the yearly coverage is 5 lakh rupees per family. The authors state that PMJAY is the largest publicly funded health insurance program in the world and can be transformative in case it is better combined with primary care and extended to cover the entire health system to improve the overall state of the health system in India.

(Vani, 2024) This cross-sectional study aimed to assess the level of AB-PMJAY knowledge, enrollment, and use among 1,000 families across three districts in Andhra Pradesh. Although the level of awareness was predominantly moderate to high and 87.3% of households had scheme cards, the utilization turnout was low at approximately 39% only. A lot of beneficiaries continued to pay out-of-pocket or failed to use their cards. Residence, religion, caste among others had an impact on awareness. The research identifies a discrepancy between the enrollment and usefulness, which requires a more robust outreach and system-wide assistance to enhance the utilization.

(Sweety Patel, 2024) This paper assesses the efficacy of AB-PMJAY on out of pocket healthcare spending in rural Ahmedabad district of Gujarat. Based on primary data of 350 respondents and secondary data, the study concludes that the scheme has an ample impact of decreasing financial burden among beneficiaries who require secondary and tertiary care. The article places PMJAY in a pivotal role of addressing the issues of healthcare accessibility among the low-income citizens. It concludes that the scheme assists in ensuring that households do not have to make a decision between medical care and basic needs, which proves its significance as a financial security move by vulnerable populations.

(Chatwal, 2024) The article is an discursive report on the endemic healthcare disparities in India and a discussion of how Ayushman Bharat-PMJAY can mitigate them. Although the paper concurs that the scheme has been successful in increasing the access to health services to vulnerable groups it believes that there are always gaps in implementation and that ingrained social inequalities do not allow the success of this scheme to be fully realized. The disadvantaged populations continue to be subject to the obstacles to equitable care. The author draws attention to the weaknesses of the structure and policies and provides recommendations to enhance the implementation and administration. In general, the paper introduces PMJAY as a potentially successful yet unfinished solution to the issue of healthcare inequality in India.

(De Allegri et al., 2020) In this paper, the research protocol to assess early implementation and impacts of PMJAY in seven states in India is discussed. The research incorporates process documentation, hospital-based testing, and household surveys into a mixed-methods, multi-component design. The strategy will evaluate scheme reach, awareness, utilization, financial protection, and service quality and provider experiences. Quantitative data will be interpreted with the help of descriptive and quasi-experimental analysis, whereas thematic analysis will be applied to the qualitative data. The protocol is among the early attempts of testing the implementation processes as well as the immediate effects of PMJAY.

Research Gap

Even though the literature on the use of PM-JAY is broadly researched on the influence on financial protection, awareness, and service use in various states, most of the research is either on awareness rates, surgical care, or out-of-pocket spending in specific areas. In order to assess enrollment patterns, use, and regional inequalities over the long term (2018–2024), Bihar has limited access to longitudinal and state-specific data. Furthermore, the lack of research on district-level inequalities and implementation issues is still

a gap in the research, and it has been warranted by the fact that a comprehensive assessment of Bihar in secondary data is necessary.

Problem of the statement

Despite the wide coverage of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) since its launch in 2018, significant gaps remain between enrollment and actual utilization of healthcare services in Bihar. While beneficiary registration has increased, disparities persist across districts, gender, and socio-economic groups. Rural areas continue to face constraints such as limited healthcare infrastructure, low awareness, digital barriers, and administrative delays in claim settlement. These issues restrict equitable access to entitled services and reduce the scheme's overall effectiveness. Therefore, a systematic assessment of enrollment and utilization patterns from 2018 to 2024 is necessary to identify gaps, regional inequalities, and policy implementation challenges in Bihar.

Research Objectives

To examine the trends in enrollment and utilization of PM-JAY in Bihar from 2018 to 2024.

To analyse regional and socio-economic disparities in access to PM-JAY benefits in Bihar.

To identify key challenges affecting effective implementation and service utilization under PM-JAY.

Research Questions

What are the major trends in enrollment and utilization of PM-JAY in Bihar during 2018–2024?

How do regional, gender, and socio-economic factors influence enrollment and utilization under PM-JAY in Bihar?

What are the key administrative, infrastructural, and awareness-related challenges affecting the effective implementation of PM-JAY in the state?

Research Methodology

The present study adopts a secondary data-based research methodology to analyze the enrollment and utilization patterns of PM-JAY in Bihar. As a source of academic articles and research papers, credible and authentic sources like PubMed, Research gate, Scopus, Sodhganga, and Google Scholar will be utilized as the sources of data collection. Moreover, books, government sites, official reports, policy documents, and publications of National Health Authority and Ministry of Health and Family Welfare will be utilized. Systematic reviews and analyses will be conducted on relevant statistics, evaluation reports and past studies that have been published. The specified data will be analyzed with the help of descriptive and comparative analysis to define the trends, discrepancies, and implementation challenges of PM-JAY in Bihar in 2018-2024.

Concepts of Pradhan Mantri Jan Arogya Yojana (PM-JAY)

One of the flagship health insurance schemes in India with the goal of offering financial security to the economically disadvantaged families is the Pradhan Mantri Jan Arogya Yojana (PM-JAY), which was introduced in 2018 as a part of the Ayushman Bharat initiative. The basic idea of PM-JAY is to provide cashless and paperless delivery of the secondary and tertiary healthcare services, including up to 5 lakh per family per annum hospitalization (Srivastava, Bertone, Parmar, Walsh, & De Allegri, 2023).

The scheme focuses on more than 10 crore poor and vulnerable families identified in the Socio-Economic Caste Census (SECC) 2011, which means that benefits are provided to the targeted population without putting an economic burden on the citizens. PM-JAY has a nature of universality, equity, and portability where the beneficiaries receive services in all empaneled hospitals, both public and private, in the down country (Sharma et al., 2024).

It has an extensive array of health care packages, such as surgeries, critical care, diagnostics and chronic disease treatment. Other areas of focus in the scheme include strategic purchasing, digital health records and real-time claim settlements as ways to boost efficiency. PM-JAY aims to enhance the overall health security of the vulnerable population of India by minimizing the amount of out-of-pocket spending and providing access to high-quality healthcare (Vitsupakorn, Bharali, Yamey, & Mao, 2021).

Enrollment Trends in Bihar (2018–2024)

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a program designed to afford health insurance to economically disadvantaged segments of the population and the enrolment trends of the scheme are one of the main indicators of the program coverage and its success. The state of Bihar, which is densely populated, with high socio-economic challenges, monitoring the trends of enrollments in 2018-2024 shows some gains and still there are gaps in attaining universal coverage.

Annual Enrollment Change - Year-on-year

Enrollment Since the implementation of the scheme in 2018, Bihar has recorded a continuous growth in enrollment, which was made possible due to the concerted actions by the government to create awareness by holding district-wise campaigns, mobile enrollments, and online registration portals. In 2018, the first enrolments were mostly in urban centers but over the years, a rise in rural enrolments has been experienced. There were over 70 percent of registered eligible households (2020) which represents an improvement in outreach and identification based on the Socio-

Economic Caste Census (SECC) database. Between 2021 and 2024, the growth rate on enrollment began to be lower, suggesting that it may be challenging to access the remaining marginalized groups of people in remote and underserved districts (Thomas, Raykundaliya, Bhatt, & Vadhel, 2023).

District-level Disparities - Enrollment trends also indicate that there is a considerable disparity between districts. The cities and semi cities like Patna, Gaya and Bhagalpur had more enrolment rates because of the availability of hospitals and awareness campaigns. On the other hand, the districts in the north-western part of Bihar such as Supaul, Kishanganj, and Araria were found to be lagging behind due to the low literacy rates, inadequate connectivity, and low awareness about PM-JAY benefits. Particular actions are required in areas with low enrollment because of these disparities.

Socio-economic and Demographic Influences -

Enrollment patterns also had social-economic factors, such as income and educational level of the household, as well as caste. The higher the literacy level of a household and the exposure they had to the previous welfare schemes of a government the higher the rate of registration. There was also gender factor, which means that female headed households tended to enroll later because of lack of access to the enrolment centers or digital illiteracy.

In general, recent trends in Bihar PM-JAY enrollment 2018-2024 show a strong trend in coverage across the vulnerable groups, as well as point to systemic and regional problems. To fill in these gaps, it is necessary to conduct more awareness campaigns, deploy mobile enrollment units, and use digital facilitation to have total enrollment and equal access to healthcare benefits throughout the state (Akram & Rahman, 2024).

Demographic Patterns of Beneficiaries under PM-JAY

To determine the extent and the success of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Bihar it is necessary to understand the demographic trends of beneficiaries. Demographic analysis gives a clue on the socio-economic and geographic features of the population that utilizes the benefits of healthcare offered by the scheme.

Age Distribution -The majority of beneficiaries fall within the working-age group of 18-60 years, which is a household-based coverage. A large proportion of children and old people also constitutes a significant proportion, which highlights safeguarding of vulnerable populations. The number of claims among the older adults has been increasing with an increasing need and awareness.

Gender Composition- It is generally well balanced but a little less in rural areas because of the socio-cultural constraints, movement restriction and lack of awareness. Campaigns aimed at women and health camps have helped increase participation (Kamalpreet & Beri, 2024).

Socio-economic Status -The scheme is primarily aimed at the economically vulnerable population, as determined by SECC. It is more frequently used by lower-income and marginalized communities, which means that less burden is on out-of-pocket and it leads to equity.

Urban-Rural Distribution - Majority of beneficiaries are rural, although there is more hospitalization in urban areas due to the availability of better hospitals. Access to remote regions is still limited.

Caste and Community Patterns- SCs and STs have higher enrolment rates with OBCs and economically disadvantaged groups having a good representation.

All in all, PM-JAY is available to a variety of people, but there still exists gender, geographic, and socio-economic inequalities requiring more awareness and rural infrastructure(Monirul, 2015).

Healthcare Utilization Patterns under PM-JAY

The use of healthcare that is under the Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the way scheme beneficiaries make use of healthcare services. The analysis of utilization demonstrates the fact whether coverage is realized benefits. This demands in Bihar are based in the hospital access, awareness, socio-economic status, and demographics, which provide insight into demand trends, disparity, and service efficiency to inform policy action.

- **Inpatient vs. Outpatient Utilization** - PM-JAY mostly favors the inpatient provision. Bihar has the highest number of admissions of surgeries, chronic conditions, and critical care. Outpatient use is on the low end and gradually increasing with connected facilities whereas inpatient utilization is on the increase with awareness and confidence.
- **Disease and Treatment Patterns** - Use is the most protected at cardiac, orthopedic, renal, and cancer treatments. There are also seasonal diseases, maternal and pediatric care (Dixit, Chauhan, & Juneja, 2025).
- **Urban vs. Rural Utilization-** Urban areas are more likely to be used such as Patna, Gaya, and Muzaffarpur because of better facilities. The rural places are lagged due to distance, transport distances, and poor infrastructure.
- **Public vs. Public Hospital Utilization** - Most claims are made in the public hospitals and

there is an increasing use of the private hospital especially in urban settings to get specialized care.

- **Seasonal and Periodic Trends** - There are seasonal increases in monsoon season admissions due to communicable diseases and winter due to elective procedures; in short-term it is caused by camp and drives.

Although PM-JAY has improved access overall, regional and socioeconomic differences still impact usage, and initiatives tailored to rural areas are still needed (Chaturvedi, Kumari, Singh, Mishra, & Kumar Singh, 2025).

Regional Disparities in Enrollment and Service Utilization

In Bihar, Using PM-JAY in Bihar, we find that service availability and use vary greatly among regions. Factors such as greater literacy rates, better access to digital resources, and proximity to network hospitals explain why metropolitan and semi-urban locations like Patna, Gaya, and Bhagalpur have more enrollment. Conversely, not all districts, such as Supaul, Araria and Kishanganj to the north and west, are well connected, digital literate and reachable, which makes them lag.

The use reflects this gap: in urban territories, the level of hospitalization and receiving specialized care is higher; in rural districts, the tertiary capacity and staff shortage in government hospitals are significant. The access is influenced by income, caste as well as gender within the districts, such that marginalized households in remote villages are enrolled to receive services but fail to access them in an effective manner(Prasad, Singh, Naik, Pandey, & Rao, 2023).

The utilization of the private hospitals is again centralized in the urban areas, thereby heightening the rural dependence on the poorly-equipped state services. Seasonal diseases exacerbate the problems experienced by weaker systems. Better referral networks, transportation assistance, and routine monitoring would reduce delays and missed treatment opportunities. All in all, PM-JAY needs to be made fair among the most vulnerable groups in the state of Bihar through specific investments and culturally appropriate awareness campaigns(Parisi et al., 2023).

Socio-Economic Factor Impact on Enrollment

Socio-economic factors play a major role in determining the enrolment of the beneficiaries under the Pradhan Mantri Jan Arogya Yojana (PM-JAY). The awareness, accessibility, and participation of an individual into the scheme is determined by socio-economic factors like income level, education, occupation, caste, gender, etc. In Bihar, where people largely live in the rural setting with a limited range of literacy and economic status, these aspects are crucial to the scope and the efficacy of PM-JAY. The knowledge of the effects

of these variables on enrollment assists policymakers to develop specific interventions to guarantee equal access to the most vulnerable groups (Pushpalatha & Raghavi, 2025).

Income Levels- Household income is one of the biggest factors in determination of enrollment. The poorer families will be more eager to enroll because of the financial security that PM-JAY provides, but middle-income households might find the program less relevant than they expected, and it will influence the overall participation.

Education and Literacy - Awareness and knowledge of scheme benefits is determined by levels of education. Families in which members are literate have higher chances to register, access online enrolment portal, and make good use of empanelled hospitals.

Caste and Community - There are differences in enrollment patterns in favor of the Scheduled Castes (SCs) and Scheduled Tribes (STs) since governmental efforts are directed at them. Other backward classes (OBCs) and weaker families based on economics are also getting relief yet there are still inequalities within some districts(Sinha, 2020).

Gender Dynamics - The main hindrances to female headed households include low mobility or accessibility of enrollment facilities since they will not be registered adequately. Over the years, female participation has been enhanced by special awareness programs as well as women-focused outreach.

Geographic/Occupational Factors - rural households and agricultural workers also have difficulties because of a long distance to enrolling places and access to hospitals, but urban households and salaried workers demonstrate higher enrollment rates.

In general, the PM-JAY enrollment in Bihar is strongly influenced by socio-economic factors. The achievement of scheme coverage and equity can be enhanced by addressing the literacy gaps and creating awareness among the marginalized communities as well as making the access easier to the rural beneficiaries as well as the female beneficiaries(Commerce, 2021).

Challenges and Barriers in Scheme Implementation

Several challenges have been encountered in implementing PM-JAY in Bihar even though the enrollment and utilization rates are high in some regions. Such challenges are brought about by infrastructural, administrative, social, and technological barriers that inhibit the scheme to offer equitable healthcare access. These barriers are critical to understand in order to enhance its

efficiency, outreach, and quality of services offered under the scheme.

Limited Healthcare infrastructure - There are numerous rural districts that do not have satisfactory empaneled hospitals, specialist doctors and diagnostic centers which limits the use of benefits even by the enrolled beneficiaries. The problem is also worsened by overcrowding in government hospitals.

Awareness and Information gaps- The beneficiaries do not have adequate knowledge on the entitlements of the scheme package, hospital locations and cover. Lack of awareness results in under-utilization of the services particularly among the remote or marginalized communities(Sukhjeet Singh, 2025).

Administrative and Procedural Issues - The complicated claim settlement process, reimbursement delays and untrained staff of empaneled hospitals lower efficiency. The poor management or slow processing discourages the beneficiaries and the hospitals.

Issues with Digital Literacy and Relationships - Usually, admission and service access are done digitally. Problems with internet access, lack of digital literacy, and inadequate assistance in outlying areas delay claim processing and discourage participation.

Socio-Cultural Barriers - Tribe values, caste relationships, mistrust towards modern healthcare system hinder the adoption of the schemes. Women, older people and marginalized groups are occasionally restricted in their mobility or reluctant to access empaneled facilities.

To overcome these barriers, it is necessary to empower rural healthcare infrastructure, ease the process of administration, enhance access to digital services, hold localized awareness campaigns, and establish trust between the communities. By employing specific measures, PM-JAY can be more effective and provide equal access to healthcare of all population groups in Bihar(Jha, 2025).

Policies and recommendation to Bihar

The Bihar PM-JAY study (2018 2024) indicates an increase in enrollment as well as access, a decrease in out-of-pocket spending, and an increase in tertiary care of vulnerable groups. Nevertheless, areas, gender and socio-economic inequalities exist because of poor rural infrastructure, lack of awareness, gaps in administration and socio-cultural barriers. Infrastructure upgrades, outreach, and structural changes are needed to maximize equity and effect(Amit & Madhushree, 2020).

Improving Healthcare Infrastructure - Policy should be aimed at advancing the infrastructure

in rural districts that are under-served, by expanding the size of empaneled hospitals, and enhancing their diagnostics and specialist services as well as staff and equipment levels. Telemedicine and mobile medical unit's bridge access gaps in rural areas. The availability can be widened further and quality of care can be enhanced by stronger public-private partnerships (Mufti et al., 2024).

Rising Awareness and Outreach - Campaigns targeting women, underprivileged groups, and low-literacy groups must be culturally targeted to boost enrollment and usage. Local distribution via health professionals, community leaders, and internet platforms explains entitlements, hospital options, and claims. Local languages and culturally relevant formats increase reach and trust.

Streamlining Administrative Processes - Delays can be improved by streamlining administrative processes through improvement of the claims, training of the hospital staff, and upgrading on digital systems. Transparency can be increased by using real-time monitoring and feedback systems and addressing grievances promptly (Sabherwal et al., 2024).

All in all, these measures aim at enhancing equity, efficiency, and access in Bihar under PM-JAY to overcome infrastructural, social, and administrative barriers to providing financial security to vulnerable population groups.

Conclusion

In conclusion this study set out to examine trends in enrollment and utilization of PM-JAY in Bihar (2018–2024), analyse regional and socio-economic disparities, and identify key implementation challenges. The results indicate that the enrollments have been rising over the years reflecting better outreach and identification of beneficiaries. Nevertheless, the usage is still disproportionate, and significant disparities exist within the districts, gender, and socio-economic groups, which proves the existence of structural and access-related disparities. Urban and more advantaged areas report a higher rate of service utilization, whereas rural and underserved areas still report challenges with a poor infrastructure, low awareness, digital inability, and sluggish administration. Irrespective of these shortcomings, PM-JAY has managed to save the out-of-pocket spending and enhance access to secondary and tertiary care to the vulnerable households. In this way the aim of the research is achieved by indicating the progress and the continuing gaps. Rural health facility investment, targeted awareness campaign launch, and administrative streamlining are all essential for PM-JAY to be more equitable and successful in Bihar.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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