Ministry of Road Transport & Highways

PM RAHAT-CASHLESS TREATMENT OF ROAD ACCIDENT VICTIMS

Posted On: 11 MAR 2026 9:31PM by PIB Delhi

In accordance with the legal mandate under Section 162 of the Motor Vehicles (MV) Act, 1988, the **"Prime Minister – Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme"** has been notified vide **S.O. 2015(E) dated 05.05.2025**. Further, comprehensive guidelines detailing the process flow, roles and responsibilities of respective stakeholders, and the Standard Operating Procedures (SOP) for its implementation have been issued vide **S.O. 2489(E) dated 04.06.2025**.

The scheme was launched by the Prime Minister on **13.02.2026** and has been named the **Prime Minister – Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme** vide **S.O. 952(E) dated 19.02.2026**. The salient features of the scheme are as under:

(i) Treatment cover up to **₹1.5 lakh per victim** will be provided, subject to a maximum cap of **7 days from the date of accident**, on any category of road. The treatment cover will be available to all victims involved in road accidents caused by the use of motor vehicles.

(ii) Every road accident victim shall be provided with stabilization treatment for **up to 24 hours in non-life-threatening cases** and **up to 48 hours in life-threatening cases** at designated hospitals, subject to police response.

(iii) This statutory scheme will take precedence over any other Central or State-level schemes.

(iv) The scheme has been successfully implemented through the amalgamation of two existing platforms – **eDAR (Electronic Detailed Accident Report)** used by police officials for reporting accidents and **TMS 2.0 (Transaction Management System)** of the National Health Authority (NHA), used by hospitals for treatment, claim submissions, and processing of payments.

The reimbursement to hospitals is being done through the **Motor Vehicle Accident Fund (MVAF)**, which is funded through contributions from general insurance companies for cases where the offending motor vehicle is insured, and through budgetary support for uninsured and **Hit & Run** cases.

Through integration with the **112 Emergency Response Support System (ERSS)**, the victim or **Good Samaritan (RAH-VEER)** can obtain necessary information regarding the nearest designated hospital, request an ambulance, or both, as per the situation's requirements. As soon as the victim is admitted, the treatment process has to be initiated based on the **Health Benefit Packages** developed by NHA.

In parallel, while initiating the treatment, police authentication of the victim will have to be initiated on the **TMS platform**. The hospital would generate the treatment ID(s) on TMS and push them to the district police through **eDAR**. The time available with police for responding on eDAR shall be **up to 24 hours**, or **48 hours in life-threatening situations**, as decided by the hospital administrator.

A complete digital trail for the Scheme will exist from the time of accident reporting through the **112 ERSS platform** to victim admission, treatment, police authentication, claim processing, and final payment.

The **National Health Authority (NHA)** has issued detailed guidelines for the designation and onboarding of additional hospitals by States/UTs vide **OM S-12018/81/2024 dated 20.05.2025** to ensure the availability of treatment facilities. As per the Scheme guidelines notified vide **S.O. 2489(E) dated 04.06.2025**, designated hospitals under the Scheme—including empanelled hospitals under the **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)** that comply with the guidelines issued by NHA for this Scheme—shall be deemed designated hospitals for the purposes of the Scheme.

The number of hospitals empanelled under NHA for **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana** is **36,112 as on 09.03.2026**.

To ensure transparency and prevent misuse, the Scheme operates through an **end-to-end digital workflow** integrating **TMS 2.0** and the **eDAR platform**, creating an electronic linkage between accident details and treatment records for each case. Further, to ensure timely payment to hospitals providing cashless treatment under the Scheme, a period of **10 days** has been defined from the date the claim is approved by the **State Health Agency (SHA)** for **District Collectors or the General Insurance (GI) Council** to make the payments, as the case may be.

The Scheme also provides for a **structured grievance redressal and monitoring mechanism** at the **District, State, and National levels** to ensure effective implementation and timely resolution of issues. Under the Scheme guidelines, **District Road Safety Committees (DRSCs)** are responsible for overall monitoring and coordination at the district level. A dedicated **Grievance Redressal Officer (GRO)** or point of contact is required to be appointed at the district level by the DRSC for addressing grievances related to the Scheme.

In case a grievance is not resolved satisfactorily at the district level, the matter may be escalated to the **District Collector** and thereafter to the **State Road Safety Council (SRSC)**, which functions as the nodal agency for implementation of the Scheme in the

respective State or Union Territory. At the national level, an **Inter-Ministerial Steering Committee** oversees the overall implementation and monitoring of the Scheme, including the review of issues arising during its execution.

The Scheme has been designed in compliance with the statutory mandate of **Section 162 of the Motor Vehicles Act, 1988**, with the primary objective of ensuring **timely and uninterrupted medical care to road accident victims**, including during the critical **Golden Hour**.

This information was given by the **Union Minister for Road Transport and Highways, Shri Nitin Jairam Gadkari**, in a written reply in the **Rajya Sabha**.

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GDH/HJ

(Release ID: 2238637) Visitor Counter : 27629
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