

National Human Rights Commission
Research Unit:1

Minutes of the Open House Consultation on the Issue of Insurance of Persons with Disabilities held on 25th August 2023 at Mumbai

Agenda:

1. Identification of Issues of PwDs in Seeking Insurance Facilities
2. Identification of Provisions and Issues faced by Insurance Companies with respect to Providing insurance to PwDs and Way Forward

The National Human Rights Commission organized an Open House Consultation on the issue of Insurance of Persons with Disabilities in collaboration with National Centre for Promotion of Employment for Disabled People and Insurance Regulatory and Development Authority of India under the Chairpersonship of Hon'ble Member Dr. Dnyaneshwar Manohar Mulay on 25th August 2023, in Mumbai. The list of participants is annexed.

Inaugural Session

Shri Devendra Kumar Nim, Joint Secretary; welcomed the participants and acknowledged that PwDs face unique challenges, including medical expenses, specialized equipment needs, caregiving costs, and more, which significantly affect their lives. He also mentioned that the insurance industry has not adequately addressed their distinct needs, and also need to ensure social justice and equality while providing insurance to PwDs. He emphasized on the collective responsibility of ensuring a more inclusive, accommodating, and accessible insurance sector with a call for advocating improved policies, promoting accessibility and working towards equitable regulations. All participants were encouraged to share their views, invoking Mahatma Gandhi's quote: "The true measure of any society can be found in how it treats its most vulnerable people."

Shri Pankaj Tewari, General Manager, Insurance Regulatory and Development Authority of India (IRDAI), in his inaugural address mentioned the following points:

- i. IRDAI has directed all insurance companies to create standard insurance products for the protection of Persons with Disabilities (PwDs). While each insurance company currently offers such products in compliance with the RPwD Act, 2016, there may be cases of higher premiums and uncovered disability conditions. These issues will be further explored in collaboration with NHRC and experts.
- ii. Proper timing for insurance benefit provision, assessment of probabilities, and consideration of risk perceptions, especially in pricing disability insurance are essential. Close cooperation with the insurance sector is critical to ensure PwDs have access to insurance coverage for their well-being. IRDAI, as the regulator, will work closely with NHRC, following their guidelines, to contribute effectively to this initiative.

Dr. Dnyaneshwar Manohar Mulay, Hon'ble Member, NHRC, in his inaugural address explained the functions of NHRC in protecting human rights in the country. He mentioned international Convention for PwDs and India's Constitution, which guarantees equality and justice followed by mentioning the RPwD Act, 2016, and the need for further action to address these issues. Further, he highlighted the objectives of the consultation followed by sharing the expected outcomes from the consultation:

Objectives:

- i. Understanding the challenges faced by insurance providers and IRDAI in underwriting policies for persons with disabilities and the issues faced by PwDs while approaching the insurance companies.
- ii. Documenting challenges faced by the insurance chain to aid Insurance Services.
- iii. Discussing and promoting the launch of standardized insurance products developed by IRDAI for persons with disabilities.

Expected Outcomes:

- i. NCPEDP to develop a scoping report documenting challenges and recommendations based on the consultations.
- ii. Engagement with policymakers, government departments, insurance companies, and ministry through the scoping report.

Shri Arman Ali, Executive Director, NCPEDP, while moderating, concluded the session by thanking all the participants for their participation and contribution. He also shared the functions of NCPEDP in preparing policy recommendations, raising voices of PwDs, need for insurance for assistive devices, etc.

Technical Session 1: Identification of Issues of PwDs in Seeking Insurance Facilities

Chair: Dr. Dnyaneshwar Manohar Mulay, Member, NHRC

Co Chair: Shri Arman Ali, Executive Director, NCPEDP

Shri Amar Jain, Corporate Lawyer, stressed the necessity of a mindset shift and shared personal experiences of discrimination. He highlighted the difference between diseases and disabilities, emphasizing that disabilities are lifelong conditions. Mr. Jain also discussed the role of insurance, including premiums, profits, and risk assessment by insurance companies.

Suggestions:

Extend insurance to all Persons with Disabilities, irrespective of specific conditions listed in the RPwD Act, 2016, ensuring accessibility and affordability.

- i. Utilize disability certificates issued by medical professionals, following Health Ministry guidelines, as the sole basis for insurance eligibility to promote consistency.
- ii. Maintain uniformity in insurance premiums while considering the varying levels of risk associated with different disabilities, avoiding unjustified high premiums.
- iii. Re-evaluate insurance policies in light of Delhi High Court's Regulation 8(b), preventing higher premiums solely based on disability.
- iv. Address the lack of transparency in policy rejections by insurance companies, mandating clear written explanations for rejections, as per regulations.
- v. Highlight the importance of including coverage for assistive devices in insurance policies to aid individuals with disabilities in obtaining necessary technology and equipment.
- vi. Ensure insurance companies comply with accessibility standards, making all insurance-related processes and communications accessible.
- vii. Offer alternative authentication methods like face authentication and e-signatures for individuals with disabilities facing difficulties with biometric authentication and KYC infrastructure.
- viii. Remove restrictions and provide equal access to insurance products in alignment with the non-discrimination principle of the Rights of Persons with Disabilities Act, 2016.

Shri Rajeev Sharma, Joint Secretary, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, addressed several key points during the meeting:

- i. Some disabilities, like spinal injuries, may not be explicitly listed among the 21 types of disabilities in the RPwD Act, 2016, but can be considered under the category of severe disabilities, similar to locomotor disabilities.
- ii. The term benchmark disabilities are used to allocate resources effectively, recognizing that resources are limited, even in developed countries. The Ministry maintains a 40% benchmark for disabilities and considers high support needs for those with 80% or more disability.
- iii. Disabilities are typically pre-existing conditions, making insurance applications different from those for general health conditions. Therefore, considering importance of this aspect, he urged insurance companies to adapt and take necessary action.
- iv. Ministry of Social Justice and Empowerment is in the process of revising disability assessment guidelines to ensure uniformity and address any gaps; the revised guidelines will be notified shortly.
- v. The National Trust operates the Niramaya scheme, offering insurance coverage for specific disabilities, including autism, intellectual disabilities, cerebral palsy, and multiple disabilities. The maximum insurance coverage under this scheme is one lakh rupees per beneficiary.

Shri Pankaj Maru, President, Pariwar Foundation, discussed government-supported health insurance schemes, now called the Niramaya Scheme, administered by Oriental Insurance, aimed at providing coverage for individuals with disabilities. Swavlamban covers the premium (typically 3,000 rupees) with up to two lakh rupees in coverage, while the Niramaya scheme covers risks exceeding 120% with no concessions. He highlighted the distinction between intellectual disability and mental illness and suggested using the 2011 census data recognizing 21 disabilities for insurer understanding. The importance of addressing accessibility issues and challenging misconceptions about disability-related health risks was emphasized, with data from the UDID system suggested for policy framing.

Suggestions:

- i. Policies from ten countries, including the US, UK, Australia, Germany, and Sydney, may be referred as they do not discriminate and emphasize upon charging extra for individuals with disabilities.
- ii. An empathetic approach may be adopted and it may be ensured that policies provide adequate coverage.
- iii. The Niramaya scheme is the only policy in the country that covers OPD and therapeutic interventions, with a sub-limit. There is a need of incorporating speech therapy, occupational therapy, and sensory integration into the policy.
- iv. There is a need of ensuring that premium rates for differently-abled individuals are the same as those for others, promoting fairness and equity.

Shri Vipin Kumar Singh, Director, National Health Authority, discussed the provisions of the Ayushman Bharat Scheme, highlighting that it has benefited 12 lakh families, offering coverage of Rs. 5 lakhs. He suggested two scenarios for people with disabilities (PwDs): expedite registration and enrollment for those already in the Ayushman Bharat Scheme database, and for those not covered, adopt the convergence model used by many Ministries, where the associated Ministry covers the expenses. The Ministry of Home Affairs (MHA) provides 9,900 treatment packages through this policy. While the National Health Authority (NHA) offers support to those not covered, the expenses are the responsibility of the respective Ministry.

House Open for Discussion

Ms. Raj Mariwala, Mariwala Health Initiative:

- i. As per the Section 21 (4) of the Mental Healthcare Act, 2017, mental illnesses ought to be covered under insurance coverage without any discrimination. However, at the ground level as soon as any severe mental illness is disclosed, insurance is outrightly denied.
- ii. Mental illness is not in parity as in physical illness, the same is not embarked in laws as well as in our culture and the issues are as multilateral such as due to rejection of

claims and insurance. The prevalence of deaths of Persons with mental illness is also remain higher because of inaccessibility to required physical healthcare.

Shri Sandeep, Multiple Sclerosis Society of India: He asked to define definition of day care expenses because for Multiple Sclerosis and requirement of modifying treatment. Further, the same need to be included in day care experiences.

Ms. Merry Barua, Head, Action for Autism: shared the experiences/ issues faced by families with a person having Autism Spectrum Disorder as well as recommendations, the same is as under:

Families with autistic members have faced various challenges when it comes to insurance which include:

- i. Some insurance providers automatically deny coverage when a disability is mentioned, causing uncertainty and claim denials for families, especially those with autism diagnoses.
- ii. Autism diagnoses often come after purchasing insurance, leading to coverage issues as the impact of the diagnosis wasn't initially understood, and policies lack provisions for families after disclosing disability of a family member.
- iii. Existing insurance policies with disability disclosures have seen reduced coverage due to new clauses, with only a few families having their claims honored, highlighting the need for systematic solutions to ensure the right to health insurance for disabled individuals, independent of individual efforts.

Suggestions:

- i. Extend insurance availability to all individuals with disabilities who meet standard criteria, rather than limiting it to those with benchmark disabilities, ensuring inclusivity.
- ii. Base insurance premiums on medical requirements rather than disability status, avoiding unjustified premium increases solely due to disability, aligning with non-disabled population standards.
- iii. Advocate for a universal health insurance plan that covers all individuals, regardless of disability, instead of maintaining separate plans for people with and without disabilities.

Dr. Ketna L Mehta, Trustee, Nina Foundation: Shared the following suggestions.

- i. Create an accessible online portal for PwDs to generate customized insurance policies and serve as a central data repository for quick issue resolution and support.
- ii. A SPOC (Single Point of Contact) to be created in each state by Human Rights Commission for ensuring healthcare needs of PwDs.

- iii. Implement a streamlined process for policy issuance and reimbursement for PWDs, including coverage for adaptive clothing, home modifications, and more to enhance their quality of life.
- iv. Develop a comprehensive insurance policy integrating Ayushman Bharat and other government schemes, to ensure a seamless healthcare experience for PWDs.

Sangeeta H. Wadhwa, Founder Member of Youth Thalassemic Alliance (YTA), Shared the following suggestions:

- i. Insurance companies should educate people, especially those with disabilities, about tailored insurance policies through outreach.
- ii. Collaborate with UDID card issuers to streamline processes, ensuring efficiency in obtaining cards, certificates, and policies.
- iii. Raise awareness about government and non-government healthcare services, like Ayushman Bharat, for disabled individuals.
- iv. Ensure transparent insurance processes, develop specialized products for disabled individuals, and partner with hospitals for quality care.
- v. Extend coverage to include common ailments unrelated to disabilities for comprehensive protection.
- vi. Tailor policies to individual needs by removing unnecessary coverage and offering relevant facilities.
- vii. Promote collaboration among private hospitals, governments, policymakers, and NGOs for CSR initiatives providing health insurance to disabled patients. Explore partnerships for resource optimization.

Shri Prem, Hemophilia Federation of India, suggested that insurance coverage for Persons with Disabilities (PwDs) has been introduced, but several challenges persist due to limited awareness and there is a need for clarity in addressing critical issues like outpatient care, rehabilitation, corrective surgery, and day care for conditions such as hemophilia, when formulating insurance policies.

Representative, Sickle Cell Disease: Raised issues of issuing of UDID certificate and criteria that are not being fulfilled, and there is no insurance scheme available for rising number of persons suffering from Sickle Cell Disease.

Dr. Dnyaneshwar Manohar Mulay, Hon'ble Member, NHRC, appreciated the speakers and for the issues shared by the representatives from Civil Society Organisation and NGOs.

Technical Session 2: Identification of Provisions and Issues faced by Insurance Companies with respect to Providing insurance to PwDs and Way Forward:

Chair: Shri Devendra Kumar Nim, Joint Secretary, NHRC

Co Chair: Shri Pankaj Tewari, General Manager, IRDAI

Ms. Mandakini Balodhi, Director, Ministry of Finance in her address,

- i. Encouraged collaboration between NHRC, Dr. Pankaj Maru, and National Health Authority to share disability-related data with insurance companies and IRDAI to better understand the insurance needs of PwDs.
- ii. Emphasized the need for the development of more comprehensive insurance policies tailored to the requirements of PwDs, to address existing challenges effectively.
- iii. Commended the mandatory policy creation for PwDs by the Ministries and IRDAI, highlighting the importance of this initiative.
- iv. Stressing the importance of data, recommended continued collaboration and idea exchange between stakeholders to improve insurance products.
- v. Mentioned the forthcoming sector-specific accessibility guidelines from Ministry of Finance and the Department of Financial Services, signifying their importance for ensuring inclusive insurance practices.

Mr. Hiten Kothari, Appointed Actuary, HDFC ERGO, General Insurance Company Limited emphasized the need for comprehensive data on Persons with Disabilities (PwDs) and compared insurance systems in the UK, USA, and India. He suggested a model where private sector coverage complements government schemes, as seen in Rajasthan and Maharashtra. He assured that insurance companies don't aim to discriminate, even against applicants with known conditions. Due to the lack of domestic data, overseas data influenced pricing decisions for certain disabilities. Data quality and the law of large numbers are crucial. The limited number of industry players (just 30) affects PwDs' insurance demand. He emphasized the industry's willingness to provide coverage but stressed the need for reliable data and a larger customer base. Outpatient (OPD) coverage is often unavailable due to unregulated high hospital costs.

Mr Rajneesh Madhukar, Deputy Chief Operating Officer, SBI Life Insurance Companies, highlighted the following points:

- i. Life insurance presents unique challenges due to its long-term nature, requiring innovation, addressing affordability concerns, and managing pricing disparities related to preexisting conditions.
- ii. In life insurance, there is no separate categorization for individuals with physical conditions; the focus is on medical conditions, maintaining a clear distinction between disability and medical issues.
- iii. Over time, life insurance has evolved to become more inclusive and affordable, with ongoing innovations aimed at extending coverage to a wider range of conditions.
- iv. Despite progress, sustainability and equitable distribution remain significant challenges in the life insurance sector.

Dr. Shiraj Deshpande, representative, SBI General Insurance Company taking stock of the genesis of the evolution of health insurance in India, emphasized that cases are often declined due to perceived risk, underscoring the importance of not underestimating this issue. To address this challenge, he suggested that the federal government should take the

initiative, and the convergence model proposed by the National Health Authority (NHA) may be considered. Further, he highlighted two crucial aspects:

- i. Conditions that have already occurred cannot typically be insured, as this contradicts the fundamental principles of insurance.
- ii. The insurance process relies on utmost good faith, where each proposal is assessed based on risk. Consequently, there exists a group of individuals who are ineligible for insurance, those who are eligible but cannot afford it, those who can afford it and are eligible, and those who are considered vulnerable.

Ms. Anuradha Sriram, Chief Acturial Officer, Aditya Birla Health insurance, discussed two key points:

- i. Consider adopting international practices for universal health coverage, which charge uniform premiums irrespective of varying risk factors. This approach creates a universal risk pool and is worth exploring.
- ii. Regulatory assessment of senior citizens revealed a rising number of older individuals and increased age-related morbidity. The study aimed to make insurance more affordable for this demographic. However, expanding coverage for older persons may impact coverage for younger populations, potentially leading to sustainability challenges. Thus, careful pool selection to address concerns like anti-selection is crucial before implementing sustainable interventions.

Dr. Praveenkanth, Senior General Manager, Star Health & Allied Insurance Co-Ltd., emphasized the importance of understanding the unique issues and disparities in India when considering the adoption of Western insurance models. He discussed Star Health Insurance's initiatives to provide coverage products for cancer patients, particularly those requiring curative treatment. Dr. Praveenkanth highlighted the need for disruptive changes in risk pooling, especially for those who are not currently covered. He suggested that the first step should be taken by Corporate Social Responsibility (CSR) initiatives or the government to initiate the process. It is essential to comprehend the needs and affordability of the pool, enabling the creation of effective workflows and negotiations to ensure equal opportunities for coverage.

Shri Pankaj Tewari, General Manager, IRDAI: made several valuable suggestions during the discussion:

- i. Design insurance products for persons with disabilities (PwDs) with clear options for higher coverage and some co-payment, ensuring affordability.
- ii. Prioritize the development of long-term insurance products addressing issues like morbidity, including considerations like hospital costs.
- iii. Explore different insurance product designs to accommodate both premium-affording and non-affording individuals.
- iv. Encourage transparent communication of reasons for accepting or rejecting insurance applications by insurance companies.

- v. Advocate for collaborative efforts to ensure equal access to facilities and opportunities for differently-abled individuals, promoting inclusivity and addressing coverage disparities.

Shri Arman Ali, Executive Director, NCPEDP, suggested that

- i. The representatives of the insurance companies in the entire chain need to be aware about the product as well as the needs of PwDs, recounting an incident he encountered while applying for insurance.
- ii. Proposed for coming together and raising awareness about disability within the insurance sector.
- iii. Insurance service needs to be accessible, having universal health coverage.
- iv. PwDs are also consumer other than user of therapies and assistive devices therefore, they should be looked at from a business perspective rather than having a charity based product.

House Open for Discussion

Shri Amar Jain, Corporate Lawyer: Regarding unavailability of data related to PwDs, suggested some resources such as UDID, Income Tax, as well as corporate policy holder having PwD with disabilities.

Preeti Sridhar, Mariwala Health Initiative: raised following issues and suggestions-

- i. The insurance companies have the data regarding existing no. of PwDs and for that the rejected application should be referred.
- ii. Asked if the insurance companies cover disability with intersectionality, LGBTI or any other disability not covered under the RPwD Act, 2016.
- iii. Insurance companies to consider revising their guidelines and should avoid rejecting insurance applications.

Hon'ble Member Dr. Dnyaneshwar Manohar Mulay, Hon'ble Member, NHRC, in his concluding remarks shared some important outcomes of the meeting and suggested the way forward:

- i. There needs to be more consultation among the concerned stakeholders such as Insurance companies, NHRC, IRDAI, NCPEDP and NGOs, concerned Ministries (Ministry of Social Justice and Empowerment, Ministry of Finance) to take up this issue.
- ii. Another meeting may be conducted in the month of December at NHRC taking a way forward and discussing bright ideas and take it forward.
- iii. NCPEDP to develop a scoping report, documenting challenges and recommendations based on the consultations.

- iv. IRDAI to take active participation while taking cognizance of this issue of access to insurance services and designing need-based products while regulating the insurance companies.
- v. The issue of availability of disaggregated data needs to be addressed and pool should not be a problem and therefore adequate steps may be taken to use the existing data.

Shri Arman Ali, Executive Director, NCPEDP:

- i. Suggested for a collaborative study with, NHRC, IRDAI and insurance company and prepare a report that can be referred to while preparing any policy.
- ii. NCPEDP to be kept in loop and included while planning policy as well as to spread awareness within and among the insurance companies.

The meeting ended with Vote of Thanks from Shri Devendra Kumar Nim, Joint Secretary, NHRC

Representatives of NHRC:

1. Dr. Dnyaneshwar Manohar Mulay, Hon'ble Member– Chair
2. Shri Devendra Kumar Nim, Joint Secretary
3. Ms. Monika Joon, Section Officer
4. Ms. Smriti Pandey, JRC
5. Ms, Arpita Sinha, JRC

Representatives of Ministries:

1. Shri Vipin Kumar Singh, Director, National Health Authority
2. Shri Rajeev Sharma, Joint Secretary, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment
3. Ms. Mandakini Balodhi, Director, Department of Financial Services, Ministry of Finance
4. Shri Vipin Kumar Singh, Director, National Health Authority

Representative of IRDAI:

1. Shri Pankaj Tewari, General Manager, IRDAI
2. Shri Sashi Nair, Consultant- Health,G,I. Council

Representatives of NCPEDP:

1. Shri Arman Ali, Executive Director
2. Shri Akshay Jain, Programs Associate
3. Ms. Niharika Sharma, Programs Associate

Representatives of Civil Society Organisation:

1. Shri Amar Jain, Corporate Lawyer
2. Ketan Kothari , Managing Consultant - Programs at XRCVC (Xavier's Resource Centre for the Visually Challenged)
3. Preeti Sridhar, Mariwala Health Initiative
4. Ms. Anuradha Sriram, Chief Acturial Officer, Aditya Birla Health insurance
5. Shri Pankaj Maru, President, Pariwar Foundation
6. Ms. Merry Barua, Head, Action for Autism
7. Dr. Ketna L. Mehta, Trustee, Nina Foundation
8. Shri Ms. Raj Mariwala, Mariwala Health Initiative
9. Shri Sandeep, Multiple Sclerosis Society of India
10. Ms. Sangeeta H. Wadhwa, Founder Member of Youth Thalassemic Alliance

11. Sandeep Chitnis, National Secretary Multiple Sclerosis Society of India (MSSI)
12. Shri Gautam N Dongre, Secretary, National Alliance of Sickle Cell Organisation

Representatives of Insurance Companies:

1. Ms. Dhanashri Desai, Sr. Manager, Health Underwriting, IFFCO TOKIO, General Insurance
2. Dr Neelam Dhamale, Head A & H Underwriting, Royal Sundaram General GIC
3. Shri Rajendra B Kumbhar, Chief Manager, Mumbai
4. Shri Rajat Bajaj, TATA AIA, Chief Compliance Officer
5. Ms. Anjali Mirchandani, New India Assurance Co Ltd.
6. Dr. Rupesh Avhale, United India
7. Shri Shriram Walzade, Manager, Care Health Insurance
8. Dr. Shreeraj Deshpande, Head Health Business, SBI General Ins. Co.Ltd
9. Ms. Aditi Malik, Head Underwriting, Universal Sompo General Insurance Co. Ltd
10. Dr. Renjith P M, Health Underwriting
11. Dr. Praveen Kanth, Head of Medical underwriting, Star Health Insurance
12. Shri Sundeep Desumsetti, Head Products, Care Health Insurance
13. Shri Amit Bhandari, Magma HDI General Insurance Co. Ltd
14. Shri Rajnish Madhukar, Dy. Chief Operating Officer, SBI Life Insurance
15. Dr. Renjith P M, Health Underwriting, Go digit.com
16. Shri P.S. Nair, General Insurance
17. Shri Saurabh Vinayak, National Insurance Co. Ltd
18. Ms. Sonam Anand, Auno General Insurance
19. Ms. Anuradha Chaturvedi, Tata AIG GIC
20. Ms. Aditi Malik, Head Underwriting, Universal Sompo General Insurance Co. Ltd
21. Dr. Kanchan Gupta, Future General India Insurance Co.Ltd, VP (UW)
22. Shri Nikunj Gheewala, ZUNO General Insurance
23. Dr. Bhagyashri Shirodkar, Reliance general Insurance
24. Shri Padmanabh Shirodkar, Shriram Gnenral Insurance Company health & innovative product
25. Shri Rohit Gupta, Head health Insurance, Kotak General Insurance
26. Shri Bokka Sharada, Senior Manager , Future Generali Insurance
27. Shri Bhushan Patil, Navi General Insurance
28. Dr. Sunil Jadhav, Raheja QBE General Insurance Co. Ltd.
29. Shri Premroop, HFI
30. Shri P R Balasubramaniam, SUP- Health V/C, Kotak Mahindra Gnenral Insurance Co. Ltd
31. Ms. Shelley Dheev, DGM Oriental Insurance, MRo-1, Mumbai
32. Dr. Samadhan Kharate, Lead Product development, SBI General Insurance Company
33. Shri Raktim Saha, Zonal Business Head, Care Health Insurance
34. Lelda Kolah, Head, Product, Edelweiss Tokio Life Insurance
35. P.L.Thakur, ECGC Ltd.

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