



**CONCEPTUAL APPROACHES TO MARKET REFORMING OF MEDICAL INSURANCE
OF THE REPUBLIC OF UZBEKISTAN**

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Abstract

This article discusses the problems and main directions for improving the insurance market of the Republic of Uzbekistan. Today, the insurance market is one of the priorities in the country's economy. Uzbekistan pays attention to the development of medical insurance, which once again underlines the importance of developing the insurance market. The insurance industry is undergoing significant transformations aimed at creating a new financial and economic system with multiple growth points. Therefore, the state develops not only a strategy for its socio-economic development, but also key strategic directions, which include macroeconomic processes for the development of insurance, which play a crucial role in the system of the domestic and world economy.

Keywords: Insurance, sphere, activities, law.

Introduction

The formation of a social insurance system is a complex problem, the solution of which will depend on the level of economic development of the country and its social policy, on the role of the state in the economy and its relationship with citizens. The most complete and reasonable understanding of social insurance as a mechanism that ensures the receipt of social benefits upon the occurrence of certain events in exchange for periodically made deductions from the employee's earnings is set out in the work "Social Insurance and Allied Services" by W. Beveridge, the ideas of which formed the basis of many documents on organization of labor and were developed in the works of such Western scientists as A. Atkinson, J. Brittain, E. Berkowitz, R. Ball.

Since much attention is paid to the protection of human rights and interests in Uzbekistan, medical insurance is also important. Human dignity is a moral category that expresses personal value as a person's attitude to himself. The dignity of a person is, first of all, the state of his morality in unity with the feeling of freedom of the spirit. This is high demands on oneself, awareness. A comparative analysis of international documents, foreign and Uzbek legislation of the last decade shows that the idea of human dignity is given a significant place. The Convention for the Protection of Human Rights and Human Dignity with regard to the Application of Biology and Medicine of April 4, 1997, as well as the UN Universal Declaration on the Human Genome and of Human Rights of November 11, 1997, guide all states to take the necessary measures to legally protect human dignity. The constitutions of the post-socialist states directly enshrined this thesis. Thus, the Basic Law of Germany (Article 1) states: "Human dignity is inviolable. It is the duty of all state power to respect and protect it. The Constitution of Poland (Article 30) says: "The natural and inalienable dignity of a person is the source of freedoms and rights



of a person and a citizen. It is indestructible, and its respect and protection is the duty of the public authorities." National legislation has taken a significant step forward from the centuries-old rejection of human rights as a real independent value, as natural and inalienable to their recognition and normative consolidation in the highest constitutional order. Indeed, in Uzbekistan it has been declared the Year of Ensuring Human Interests and Development of the Mahalla. The insurance market plays an important role in the country's economic system. In Uzbekistan, the insurance market is at the stage of formation: legislative standards and requirements for market participants are being improved, an insurance infrastructure is being formed, a number of mandatory types of insurance are expected to be introduced, and key figures in the insurance market are being identified.

Insurance as a legal institution of civil law has ancient roots, mediating certain socio-economic relations, the essence of which is to compensate for damage from natural disasters and other emergencies on the basis of its solidary distribution among all subjects interested in this. Insurance began to take shape already during the period of the decomposition of the primitive communal system, when the emergence of a social division of labor, barter, private property, the development of commodity-money relations gave rise to fear of the "fear" of property owners for its safety, for the possibility of destruction or loss due to natural disasters, fires, robberies and other unforeseen dangers. In our country, the regulatory framework for the regulation of the insurance market is being actively formed, focusing on the modern legislation of countries with which economic cooperation has been established. At the same time, at the present stage of reforms, the active development of financial services aimed at ensuring stable economic growth, improving the quality and standard of living of the population, determines the strengthening of the role of the insurance market and the widespread use of insurance instruments in the republic.

The main goals of healthcare reform in the Republic of Uzbekistan are the preservation of human health, the prevention of the development and spread of diseases, as well as the inclusive aspect (medical support for the disabled), since health is of particular importance in the system of human values, if it is lost or significantly worsened, everything else does not make sense.

The health of the population largely affects the processes of economic, social and cultural development of the country, the demographic situation and the state of national security, and is also an important social criterion for the degree of development and well-being of society.

The choice of models for reforming the healthcare system in Uzbekistan is focused on modern social needs and compliance with international norms and standards. Over the past three years, more than 160 legal documents in this area have been adopted. These regulatory documents involve the introduction of advanced medical techniques, innovative developments and scientific discoveries, a fundamental revision of the entire system as a whole and the application of WHO recommendations.

As a result, important changes are taking place in all parts of the health care system. Starting with primary medical care and ending with specialized centers, new technologies are being introduced everywhere, and the achievements of modern medicine are widely used. These changes are based primarily on the Decree of the President of the Republic of Uzbekistan "On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan" dated December 7, 2018. This



decree approved the Concept for the Development of the Health System of the Republic of Uzbekistan for 2019-2025 and the Program of Measures for the Implementation of the Concept for the Development of the Health System of the Republic of Uzbekistan in 2019-2021.

In some countries, health care reform lasted many years: in France - 60 years, in the Republic of Korea - 40, Turkey reformed its health care system for 10 years. And in Uzbekistan, a goal has been set - to reform healthcare within 7 years, by 2025. The emphasis in the transformation is on optimizing approaches to people's health, ensuring the coverage, accessibility and quality of medical care.

As part of comprehensive measures, it is also envisaged to develop a Health Code, laws on transplantation, reproductive health, public-private partnerships, on compulsory health insurance, as well as on a healthy lifestyle. Ahead is the development of private healthcare, public-private partnerships and medical tourism, the creation of favorable conditions and the improvement of the competitive environment for the wide attraction of investments in the healthcare sector.

According to Lian Kuppens, Head of the WHO Country Office in Uzbekistan, "the development of this participatory health reform included a detailed analysis of the situation, problems and achievements in the past and became a tool for determining the next steps to achieve universal health coverage in Uzbekistan. The main goal is to reach every inhabitant of the country to improve health and well-being. This is extremely important. We were a key partner in the development of the Concept and engaged international experts and consultants to ensure compliance with international criteria."

In this direction, the models of health insurance that have been formed in the world, in particular, Azerbaijan, Germany, Israel, Kazakhstan, Kyrgyzstan, Latvia, Norway, Russia, Singapore, Turkey, France, Estonia, South Korea, and Japan, have been studied. The Korean budgetary model of compulsory health insurance was chosen, which is currently assessed as optimal.

In the Republic of Korea, there are public health insurance and charitable. The first covers almost 96 percent of the country's population, while the charity is mainly focused on low-income and unemployed citizens. Based on this approach, employment levels, tax rates, monthly incomes of the population were studied and, on this basis, the possibilities of using modern information technologies in medical institutions, the system of contracts with public and private medical institutions, the volume of guaranteed services and the creation of a payment system per capita and each patient.

Among the positive effects of the introduction of the health insurance system are: improving the quality and volume of medical services provided to the population; reducing the likelihood of the spread of dangerous diseases and increasing the average life expectancy of the population; development of the insurance market through the emergence of new insurance products; renewal of the ambulance service fleet; improving the provision of medicines to medical institutions; gradual increase in the salaries of medical staff.

Compulsory medical insurance is an integral part of the state social insurance and provides insured citizens with equal opportunities to receive medical care provided at the expense of compulsory medical insurance in the amount and on conditions corresponding to compulsory medical insurance programs. This type of health insurance is controlled by the state, is characterized by non-profit, payment of insurance premiums by both employers and employees.



The implemented mandatory health insurance involves competition for each patient between public and private medical institutions, in connection with this, three principles of compulsory health insurance are used: universality, statehood, non-commercial nature. This list can be supplemented by the principle of "obligation". Compulsory health insurance provides insured citizens with equal opportunities to receive medical care.

This system does not tie the patient to only one of the medical facilities. With a medical insurance policy, a citizen can be treated at any clinic in the country, get advice from any doctor. Issues such as contacting a specialized center corresponding to the disease, making an appointment with a doctor, finding the necessary medicines are easily resolved.

The health insurance system makes the system of payment for medical services rendered dependent on the preferences of the consumer himself, because only he decides where to go and how much to pay. The compulsory health insurance system can include not only public clinics, but also private ones, which leads to increased competition between them, which implies the absence of corruption.

At the same time, it should be taken into account that the novelty of the health insurance system at the first stages will bring certain inconveniences until it is adjusted and transformed into the realities of our life and into the framework of the existing infrastructure, which is a normal adaptation period for any innovation process.

From 2021, the compulsory health insurance system is planned to be introduced in our country in stages. At the first stage, electronic cards are introduced in all medical institutions in the system of the Health Department of the Syrdarya region. The second stage in 2023 will cover the Republic of Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Fergana regions and the third stage will cover the whole of Uzbekistan from 2025.

Voluntary medical insurance - is designed to cover the employee's expenses associated with receiving advisory, medical and other assistance in the best clinics of the Republic of Uzbekistan, in case of an acute illness, exacerbation of a chronic disease and other health disorders.

Since 2021, an experiment has been underway to introduce compulsory medical insurance in the Syrdarya region, since 2023 it will be introduced in Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Ferghana regions, and from 2025 throughout the country.

The Compulsory Medical Insurance Fund has been established under the Cabinet of Ministers. Its territorial administrations will appear in Karakalpakstan, regions and Tashkent. One of the main tasks of the Fund is the management of funds and the implementation of mechanisms for compulsory medical insurance of citizens, accounting and movement of insured persons.

Priorities, nature and methods of regulation of the insurance business are determined by specific stages of economic development, their goals and objectives. The combination of functional areas of regulation of the insurance market with the relevant mechanisms and criteria will allow for a comprehensive analysis that characterizes the level, state of the national insurance business and the potential for its development. In order to move to new forms and methods of participation of the national insurance market in international integration processes, it is necessary to develop specific organizational and legal mechanisms for insurance mediation, improve the quality of insurance services and promotion to



consumers, and more clearly define the conditions for the activities of insurance brokers and insurance agents. This will allow for an accurate assessment (financial, technical) of insured risks, the amount of damage caused as a result of an insured event, and creates objective conditions for the involvement of insurance market participants (brokers, agents) in compulsory insurance schemes, especially in cases related to insurance of large risks. For this, it is necessary to clarify the legal framework for the activities of insurance market participants (accident commissioners, adjusters, underwriters, surveyors, dispatchers, etc.), as well as the activities of insurance brokers and insurance agents.

The formation of a modern market of insurance services is associated with the introduction of insurance information technologies that ensure the reliability and transparency of financial activities carried out by professional participants, and the improvement of the accounting system for insurance operations. An indispensable attribute of a developed insurance market is a high professional level and qualifications of the personnel of the insurance market. To prepare a highly professional personnel potential of the insurance market, it is necessary: firstly, unified programs for training, retraining and professional development of a specialist in insurance organizations; secondly, research and educational centers for training human resources; thirdly, the active use of international programs and international experience.

Conclusion

In conclusion, it should be noted that the introduction of the compulsory medical insurance mechanism at the first stage should be carried out at the expense of funds received from the current taxes, deductions and fees (personal income tax, excise tax on domestic products, social tax, and others). In this case, this will not affect the growth of the tax burden on the activities of legal entities and individuals and will contribute to the legalization of the activities of legal entities and individuals.

The general principle of financing the costs of CHI at the first stage is as follows. Part of the budget funds (30%), which was previously distributed directly to medical institutions, should be transferred to an insurance organization, which will, if necessary, pay for the treatment and accommodation of an employee in case of temporary disability.

Also, it should be emphasized that health risk insurance will make it possible to clearly allocate responsibility for the health of each citizen between the state and the population, increase the responsibility of medical institutions for the quality of medical services provided, create a transparent system for raising funds in the health care system, and streamline public spending on medical services provided. Social insurance can be defined as a system of relations for the redistribution of national income to compensate for the loss of labor income or its maintenance, due to the action of certain universal social risks, from special insurance funds formed at the expense of compulsory insurance contributions from insurers - employees and employers.

Secondly, one of the main directions of the market reform of health insurance is the development of voluntary health insurance, which should be implemented on the basis of a modular concept, including: additional medical service; additional resource support; additional medical technologies; additional quality assurance. A modular approach to the composition of insurance products will allow the



formation of insurance programs, giving them the value of long-term comprehensive plans, agreed on volumes, terms, quality and performers.

And also, compulsory health insurance in its current form cannot be a tool for reform, due to the fact that it lacks its essence - insurance mechanisms. It all comes down to the creation of funds and insurance companies that provide the population with policies, but without providing the necessary range of medical services, and the distribution of budgetary funds according to expenditure items occurs through intermediary organizations.

Of the variety of existing types of insurance, Voluntary Medical Insurance can be effectively used as elements of the personnel motivation system.

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