EVOLUTION AND PROSPECTS OF RUSSIA'S COMPULSORY HEALTH INSURANCE SYSTEM

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Abstract. *This study examines the history and need for integration of Compulsory Health Insurance in Russia. The emergence of elements of insurance medicine and socialist insurance in Russia began in the 18th century. At the first capitalist enterprises, workers created MUTUAL Aid Societies without the participation of employers. The budget was formed from regular contributions from members of the mutual aid society. In case of loss of ability to work, the worker received monetary compensation, and in the event of death, the family of the company member received payments. This principle formed the basis of the first sickness funds, which appeared only in the second half of the 19th century. In 1827, the FIRST PARTNERSHIP was organized in St. Petersburg, which was engaged in accident and life insurance. Compulsory health insurance in Russia was officially introduced in January 1993. This marked an important stage in the development of the country's healthcare. The introduction of compulsory health insurance was a result of health care reforms carried out in the early 1990s. According to the Constitution of the Russian Federation, every citizen has the right to receive free medical care and health care. Medical care in state and municipal institutions is provided to citizens free of charge at the expense of the corresponding budget and insurance contributions. The beginning of the development of insurance medicine in Russia is considered to be the signing of Federal Law No. 1499-1 "On medical insurance of citizens in the Russian Federation" in June 1991. Before this, various forms of insurance existed in Russia, such as fire and burglary insurance. In order to understand the originality and features, to present a holistic picture of the formation of health insurance from its origins to the end of the twentieth century, it is necessary to study some historical features, determine its stages, analyze the role of state policy in the organization and development of domestic insurance medicine, assess the availability of an appropriate regulatory framework for different stages of state formation.*

Exploring and presenting other problems and solutions makes sense.

Keywords: *compulsory medical insurance, compulsory medical insurance fund, regulatory legal acts, federal law*

I. Concept and system of compulsory medical insurance

Compulsory medical insurance is a type of compulsory social insurance, a system of legal, economic and organizational measures created by the state. It is aimed at providing free medical services to the insurer at the expense of the compulsory health insurance fund within the territory of compulsory health insurance when an insurance case arises.

Compulsory medical insurance is one of the most important elements of the social protection system of the population in terms of protecting health and obtaining the necessary medical care in case of illness.

In Russia, compulsory health insurance is universal for the state and citizens. That is, the state, represented by the legislative and executive bodies, determines the basic principles of the

organization of compulsory medical insurance and sets the tariffs of contributions. Insurers create special public funds to accumulate contributions for compulsory health insurance.

Universal compulsory health insurance provides all citizens with equal access to medical care, medicines and preventive support established by a compulsory health insurance program.

The state is responsible for financing compulsory health insurance. The sources of funding are the state budget and sub-budgets, funds from organizations and enterprises, and charitable amounts. Working citizens are deducted from insurance premiums, which are transferred to a special fund, the expenses of which are made when citizens request medical assistance.

The compulsory health insurance system was created to guarantee citizens' constitutional right to free medical care, as stipulated in Article 41 of the Constitution of the Russian Federation.

Compulsory health insurance is part of state social insurance and provides equal opportunities for all citizens of the Russian Federation to receive medical and pharmaceutical assistance provided through the compulsory health insurance fund in the quantities and conditions corresponding to the compulsory health insurance program.

Health insurance is a form of social protection for the public's interest in health care.

The most important legal act regulating the compulsory medical insurance system is the Law of the Russian Federation of November 29, 2010 No. 326-FZ “On compulsory medical insurance in the Russian Federation”.

II. Development record of compulsory health insurance

In order to understand the features of the modern healthcare financing system in the Russian Federation, it is necessary to look at the history of the phenomenon.

Providing social assistance to citizens when diseases occur has a long tradition. In ancient Greece and the Roman Empire, there were mutual aid organizations within professional boards that collected and paid costs for accidents, injuries, and loss of work ability due to prolonged illness or injury.

In the Middle Ages, public protection against disease and disability was carried out by guilds or guilds.

Forms of social support for illness did not appear until the late 19th century. During this period the trade union movement began to play an active role, one of the most important results aimed at establishing insurance funds in many European countries.

Britain and Germany were pioneers in hospital insurance. The first state law on compulsory hospital insurance for workers was enacted in Germany in 1883.

The development and formation of compulsory medical insurance in Russia went through several stages.

Step 1. He served from March 1861 to June 1903.

In 1861, the first law introducing elements of compulsory insurance was passed in Russia. Under this law, unions were established in listed mining plants, and in the case of members, a support fund was established that included allowances for temporary disability and issuance of pensions, deposits, and loans to members and their families. Workers who participated in the auxiliary checkout of a mining plant paid a set donation to the checkout counter (within 2-3 percent of their wages). In 1866, they passed a law to establish factories and hospitals in them. This law required factory owners to have a hospital with one bed for every 100 workers in a company.

Step 2. June 1903 to June 1912.

The 1903 "Act on Compensation for Citizens, Workers, and Employees, and Family Members of the Factory, Mining, and Mining Industries" was particularly important in establishing compulsory health insurance in Russia. Under the Act, the employer is responsible for any health damage caused by an industrial accident, and the employer must pay compensation to the victim or his or her family in the form of allowances and pensions.

Step 3. June 1912 to July 1917.

In 1912, the Third State Duma put a lot of effort into social renewal of the country, including the Workers' Insurance Act for Diseases and Accidents 23.06.1912. In December 1912, an insurance committee was established. In January 1913, insurance offices opened in Moscow and St. Petersburg.

Hospital counters were created in many parts of the Russian Empire between June and July 1913. In January 1914, insurance unions for workers in accidents began to appear. Under the 1912 Act, medical assistance was provided in four types at the expense of businessmen at hospital counters:

1) first aid for sudden illness and accident

2) outpatient treatment.

3) encourage childbirth.

4) fully patient-inclusive hospital treatment.

Step 4. July 1917 to October 1917.

After the February Revolution 1917, the interim government came to power and began reforms in the field of compulsory health insurance from the first stage, including the following key conceptual provisions.

1) Expanding the scope of the policyholder but not including all categories of workers (it was categorized as the policyholder because it was technically impossible at once).

2) Hospital cashiers are given the right to combine without the consent of businessmen and policyholders if necessary.

3) Requirements for independent hospital checkout increased with the number of participants. There had to be more than 500 people.

4) Full autonomy for hospital staff working without entrepreneurial involvement.

The Provisional Government passed four Social Security Act 1912, which severely modified and amended many of the shortcomings of the Third State Duma Act.

Step 5. October 1917 to November 1921.

The Soviet government began working on social insurance reform on October 30, 1917, with the People's Labor Commission Declaration on the introduction of "complete social insurance" in Russia. The main provisions of the declaration were as follows:

1) It covers all employees as well as the urban and rural poor;

2) Expand insurance to all types of unemployment (for illness, injury, disability, old age, childbirth, widows, orphans, unemployment);

3) All insurance costs for entrepreneurs and the country;

4) Compensation of full income in case of loss of work capacity and unemployment;

Reforms carried out by the Soviet government contributed to the implementation of complete social insurance on the basis of complete centralization. The logical continuation of the People's Health Insurance Commission's merger policy was the adoption of Decree 31.10 in 1918, which approved the "Regulations on Workers' Social Security". In the new regulation, the term

insurance was replaced with the term insurance. This corresponded to the Soviet government's concept that capitalist social insurance institutions should hand over their positions to socialist social security institutions, since capitalism had already been liquidated and Russia had become "socialists" one year after the October Revolution. The content of the Decree on October 31, 1918, completely corresponded to this. On February 19, 1919, Lenin signed the "Regulations on the Transfer of All Medical Parts of the Old Hospital to the People's Health Commission", and as a result, the entire medical case was transferred to the People's Health Commission and its field department. Thus, this decree abolished cash healthcare. The results of this reform were persuasive at first glance in the fight against infectious diseases. The incidence of social diseases (tuberculosis, syphilis, etc.) and infant mortality were greatly reduced.

Step 6. November 1921 to 1929.

After 1921, a new economic policy was declared, and from 1921 to 1929, the government turned back to the elements of insurance medicine, as indicated by the resolutions of the People's Committee and the Central Executive Committee.

On November 15, 1921, the "Social Insurance of Persons engaged in Employment and Labor" decree was issued, and social insurance was reintroduced to cover all temporary and continuous loss of labor capacity. The composition of disease insurance contributions was required to be set by the People's Committee, and differentiated according to the number of employees and working conditions of the enterprise. This decree set the procedure for collecting contributions for the first time, and the main collectors were the Labor Protection Committee and the Social Security Committee.

Step 7. 1929 to June 1991.

This stage can be characterized as a period of public health in which the residual principle of financing the health care system was formed due to the objective political and economic situation.

Step 8. From June 1991 to the present.

And on June 28, 1991, the RSFSR's law, "On the Health Insurance of Citizens in RSFSR," was adopted to begin to talk about a new step in the development and further promotion of the socially important concept of compulsory health insurance in Russia.

III. Legal basis of compulsory medical insurance in the Russian Federation

The legal area of compulsory medical insurance is based on:

• Constitution of the Russian Federation

• Federal Law No. 323-FZ “On the basics of protecting the health of citizens of the Russian Federation”;

• Federal Law No. 165-FZ “On the Basics of Mandatory Social Insurance”;

• Other federal laws, laws of the constituent entities of the Russian Federation.

• Obligatory health insurance relations and rules approved by Order N158n of the Ministry of Health of the Russian Federation of February 28, 2011 are regulated by other normative legal acts of the Russian Federation and other normative legal acts of the constituent entities of the Russian Federation.

• The Declaration of Human Rights and Civil Liberties, adopted by the Supreme Council of Russia in 1991, declared that everyone has the right to qualified health care in the public health care system. The State takes measures to develop all forms of health care, including free and paid

medical care and health insurance, and to encourage activities that promote environmental well-being, strengthening the health of all people, and the development of physical education and sports.

In the health insurance system, civil and legal regulations on the interaction between insurance entities and the “patient-insurer” and “patient-insurer” relationships are implemented on the basis of health insurance contracts to determine their rights, obligations, and most importantly, their responsibilities. to provide. All of this creates new opportunities to protect citizens' rights and legitimate interests.

The main document of the compulsory health insurance system is the insurance policy of national compulsory health insurance, which is the legal registration of the rights and obligations of patients in the compulsory health insurance system.

The compulsory health insurance policy individualizes the patient's right to receive adequate medical care and the amount set throughout the Russian Federation by the basic program of compulsory health insurance, regardless of income, social status and place of residence.

Implementation of state policy in the field of compulsory health insurance in accordance with the law "On health insurance of citizens in the Russian Federation", increased cases of application of citizens to the territorial fund of compulsory health insurance, insurance-medical organizations provide for the implementation of state policy in the field of compulsory health insurance of citizens in the system of compulsory health insurance. It defines the need for consistent measures to ensure the protection of rights and the development of a non-departmental quality system of care as an important and major part of the protection of patients' rights.

Thus, the stated purposes of health insurance revealed the direct purpose of the construction and function of the mandatory health insurance system, which is to provide national coverage in the event of an insurance event, provide medical support, and raise funds for preventive measures.

IV. Mandatory health insurance subscriber

1. Mandatory health insurance subscriber

Mandatory health insurance covers:

1) Insured;

2) Insurance company;

3) Federal funds.

4) Mandatory health insurance subscribers are as follows:

5) Territorial Fund;

6) Insurance medical organizations;

7) Medical organizations.

According to Article 9 of the Federal Law “On Compulsory Health Insurance in Russia”, the insured persons are citizens of the Russian Federation permanently or temporarily residing in the Russian Federation, foreign citizens, stateless persons (except highly qualified specialists and their family members) and Refugee Act.

Insurance companies for working citizens include:

- ◆ Persons who pay payments and other remuneration to individuals;
- ◆ Organization;
- ◆ Individual entrepreneurs;
- ◆ Individuals not recognized as sole proprietorships;

◆ Sole proprietor (lawyer, notary public)

The insurer for non-working citizens is the administrative authority of the subjects of the Russian Federation, which is authorized by the highest executive body of state power of the subjects of the Russian Federation. These insurers are the payers of insurance contributions for compulsory health insurance of the unemployed population.

The Federal Fund for Compulsory Health Insurance is an independent non-profit organization that carries out its activities in accordance with the provisions of the Constitution of the Russian Federation, federal laws, decrees and decrees of the President of the Russian Federation and the Charter of the Fund.

The main purposes of federal funds are:

- Financial support for the right of citizens to medical assistance established by Russian law;

- Ensure the financial stability of the compulsory health insurance system and create conditions to equalize and improve the quality of medical care provided to citizens across the country according to the basic program of compulsory health insurance;

- Accumulation of financial resources of federally funded compulsory health insurance to ensure the financial stability of the compulsory health insurance system.

Financing means that federally funded mandatory health insurance is created at the expense of receipts of:

1) Single social tax of economic entities and other organizations on compulsory health insurance in amounts in accordance with Part 2 of the Tax Code of the Russian Federation;

2) Allocation of the federal budget for the implementation of federal targeted programs under compulsory health insurance:

◆ Voluntary donations by corporations and natural persons

◆ Income from the use of financial instruments temporarily provided free of charge

◆ Income from other sources not prohibited by law, regulated insurance stocks, federally funded mandatory health insurance.

The Territorial Fund is a non-profit organization established by Russian companies to implement state policy in the field of compulsory health insurance on the territory of Russian companies.

Currently, 86 territorial funds of compulsory health insurance implement state policy in the area of compulsory health insurance, two of which are created in the Crimean Federal District.

An insurance medical organization is an insurance organization with a license issued by a federal executive agency that performs control and supervision functions in the field of insurance activities.

Medical organizations in the field of compulsory health insurance include persons capable of practicing medicine included in the register of medical organizations active in the field of compulsory health insurance:

1) All organizations and legal forms of organization established by the laws of the Russian Federation;

2) A private businessman engaged in private medical care.

As of April 1, 2015, the number of mandatory health insurance subscribers reached 143.8 million, including 60 million workers and 83.8 million unemployed.

The subject of mandatory health insurance is the insurance risk associated with the occurrence of an insured event.

Insurable risk is an expected event that requires payment for medical care provided to the insured.

Events considered as insurable risks must be considered probable and contingent. Because all living things are exposed to physical damage or disease, there is a possibility that human illness or disease may occur.

This is because it is the will, consciousness and actions of people that lead to events that require insurers to pay for medical services provided to insured people.

An insurance event is an event that provides mandatory health insurance to the insured person.

In the case of insurance, risky events ultimately make the "correct starting point" the emergence of a legal relationship that provides insurance to the insured. The events can be considered legal facts.

In the event of an insured event, mandatory health insurance is applied. Collateral itself is a promise made to provide necessary medical services to the insured person.

2) Federal Fund for Medical Insurance of the Russian Federation

The Medical Health Insurance Fund is a national out-of-budget fund established to support the medical services of Russian citizens. The fund was established on February 24, 1993 under the decree of the Supreme Soviet Union No.4543-I of the Russian Federation.

The Foundation's activities are regulated by the Russian Federation Budget Code and the Russian Federation's Federal Act on Medical Care Insurance (29.11.2010 No.326) and other legislative and regulatory laws.

On February 24, 1993, the fund's regulations were approved, and on July 29, 1998, the fund's charter was replaced.

The key features of the fund are.

1) Levelling up the conditions of local compulsory health insurance fund activities to ensure financing of compulsory health insurance programs.

2) Funding targeted programs within the framework of compulsory health insurance.

3) Control over the targeted use of financial instruments in compulsory health insurance schemes.

Enforcement agencies of all constituent bodies of the Russian Federation create territorial funds for compulsory health insurance operating under federal law on compulsory health insurance of the Russian Federation.

As of the end of 2019, the Russian Federation's compulsory health insurance scheme included 86 territorial compulsory health insurance funds.

Local funds come primarily from premiums for compulsory health insurance. Donations to territorial compulsory health insurance funds are now cancelled and previously paid contributions are paid to compulsory health insurance federal funds.

Positive Effects of Mandatory Health Insurance

◆ Free treatment. Everything from testing, counseling, vaccines, treatment, surgery, etc. is supported by the mandatory health insurance fund.

◆ Hospitalization of patients a short distance from home is often done at multi-hospital clinics not far from the residence address.

◆ People's trust in certain professionals who continue to advise them and provide healthcare

◆ A chance to call a local doctor home.

◆ Systematic notification to insurers of mandatory manipulation and the need for medical examination

Negative effects of mandatory health insurance

◆ Difficulties in Planned Hospitalization In some cases, if the insured requires scheduled surgery, they may have to wait several months for the order to be correct.

◆ Specialist's problem. Qualified specialists must register weeks in advance.

◆ There is no explanation for mandatory manipulation. Medical professionals often do not provide thorough information about vaccination.

◆ You can wait permanently in hospitals and polyclinics.

◆ The list of healthcare services is narrow and the quality of delivery is not high.

Disadvantages of compulsory health insurance for healthcare workers

◆ There is a need to write a statistical coupon that forms the basis for account formation submitted to insurance medical organizations for medical service payment. This takes away the greatest share of the time doctors can spend on more thorough examination of patients.

◆ Excessive fines have become an integral part of doctors' professional activities. The assignment of additional tests for which a presumptive diagnosis is not confirmed, that is, incorrect entry of statistics, is all material responsibility.

◆ If the line is large during the test, the patient's condition is likely to change negatively, which can lead to significant health deterioration.

◆ The material stimulation of medical workers depends on the number of closed statistical coupons (treatment patients). However, in many cases, the patient's treatment can be extended for a long time, so stimulants can be provided after a considerable period of time after the start of treatment.

V. Future tasks and concluding remarks

Currently, the Foundation's activities are perceived as being controlled primarily by medical practitioners through compulsory health insurance and CMOs. Therefore, close cooperation between health managers and health care workers is needed to eliminate compulsory health insurance and lack of care among the general public. Therefore, one may conclude that today's compulsory health insurance system is far from perfect.

In fact, it only partially solved the health financing problem by cutting budgets at all levels.

However, as we show, accumulated funds are still insufficient to meet the public's health care needs. At the same time, we are not talking at all about modernizing and updating the equipment of medical facilities.

Protecting the working population is the responsibility of the employer, which makes a monthly contribution of 5.1% of the worker's compensation fund to the federal mandatory health insurance fund. At the same time, the protection of non-working people (children, pensioners, unemployed people, disabled people) is carried out by the state, which, for various economic reasons, is not always able to fully fulfill its obligations to insurers.

For these reasons, it can be concluded that the modern healthcare system in the Russian Federation is in need of reform.

The further development and improvement of the compulsory health insurance system should be based, above all, on providing sustainable funding to health institutions so that citizens can receive guaranteed health care services when they need it, and for this the state must undertake a number of tasks. You should pay attention to

The main goal of further reform of the compulsory health insurance system should be to increase funding for the compulsory health insurance system.

A source of additional financing could be the Pension Fund of the Russian Federation to finance the costs associated with the provision of targeted healthcare to non-working pensioners. Additionally, there is a need to strike a balance between employers' provision of mandatory federally funded health insurance and the obligation of state enforcement agencies to provide coverage for non-employees.

This can be achieved by strengthening control over the activities of territorial executive bodies and strengthening control mechanisms at the legislative level.

Mechanisms should be developed to rationalize health spending. One example of such rationalization is “introducing procedures to approve admission of patients on a planned basis,” which could significantly reduce unwarranted admissions without reducing the quality of care. It could also shorten the length of hospital treatment and cancel systematic renegotiation of disabled people with disabled people, as these measures increase medical costs.

All this will end the rather unsuccessful practice of making doctors financially responsible for additional tests, as the efficiency of financial resources will increase and there will be no need to impose financial sanctions on health workers. Additionally, as reforms progress, compulsory health insurance must address issues related to expanding population participation in compulsory health insurance systems.

At the same time, an increase in the percentage of financial participation of the population should improve the quality and expand the list of health services. Compulsory health insurance and the development of legal and financial mechanisms that can preclude informal payments by patients to health care workers are essential to the civilized development of the system.

One way for citizens to voluntarily participate in health insurance may be to provide them with the opportunity to give up participation in the mandatory health insurance system and solve the problem of paying medical expenses through a voluntary health insurance system.

Finally, the main direction of the reform of compulsory health insurance is to provide a single health and social security system capable of providing the population with social security, including guaranteed (free) health services.

Therefore, applying these recommendations in practice will significantly improve the efficiency of the use of compulsory medical insurance and solve a number of problems identified during the research, which will ultimately lead to a significant improvement in the state of the healthcare system in the Russian Federation, thereby significantly improving the level of insurance and social protection of the population will increase.

Based on the analysis of the main performance indicators of insured medical institutions of the Russian Federation, it can be concluded that the problem of the sufficiency of financing medical support is especially urgent, since the ratio of the working and non-working population in the Russian Federation is trying to dominate the latter. can. Therefore, the further development of the compulsory medical insurance system should be based on ensuring sustainable financing of medical institutions, which can be achieved by attracting additional funding sources (for example,

the Pension Fund of the Russian Federation, providing targeted medical assistance to non-working pensioners). do. In addition, control over the activities of territorial executive bodies for non-employee insurance should be strengthened and mechanisms should be developed to rationalize the use of funds to pay for medical care, which should optimize the treatment process. It also expands the population's participation possibilities in the health insurance system by creating DMS policies. The article also described the advantages and disadvantages of compulsory health insurance from the point of view of insurers, and the analysis made it possible to identify the weaknesses of the compulsory health insurance system in the Russian Federation. We also systematized the problems of health care organization that health workers face every day in order to increase the efficiency of health care provision.

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