ORGANIZATIONAL AND LEGAL FOUNDATIONS OF FINANCING THE HEALTHCARE SYSTEM BASED ON MEDICAL INSURANCE

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ABSTRACT

The article broadly covers the issues of developing the healthcare system in the Republic of Uzbekistan and improving its financing mechanisms, in particular, the role of medical insurance, especially mandatory and voluntary forms, in protecting the health of the population. The need for the introduction of insurance mechanisms, along with financing the healthcare system through the state budget, and its positive results for citizens, society, and medical service providers are analyzed. The reforms being carried out in the country, existing problems, and ways to overcome them are also discussed.

Introduction

The country's prospects, strength, prestige and potential in the world community depend on the health, family harmony, material and spiritual well-being of its citizens. In the years since independence, our republic has implemented specific measures aimed at social protection of citizens and further strengthening their position in society. In the process of socio-economic reforms taking place in our country, healthcare reform occupies a special place.

The health care system, as a part of the social sphere, is reflected in the formation and development of economic relations and financial support of its institutions in the implementation of its functions. Therefore, the policy of financing the health care sector is one of the main factors that motivate the further improvement of the social sphere. The provision of sufficient financial resources to the health care system largely depends on the economic and social situation of society. Because the stronger the state is economically, the more funds are allocated from the state budget for the health care system. If the social situation of society is good, then the opportunity is created to purchase additional paid services.

Results.

Financing of the health care system from the state budget is based on a single procedure for the formation and execution of the budget, proceeding from the economic and financial policy of the state. In any democratic state, the issue of citizens' health occupies a high place. In particular, in our country, healthcare is one of the main links not only of the social sphere, but also of the entire economy. After all, the attention paid by the government to this sphere and the high level of material support determine the future of the country, the peace and harmony of families, the spiritual well-being of citizens, as well as the international reputation of the state [1]. The state of the expected results of medical insurance for society, the state, medical institutions and citizens in the Republic of Uzbekistan is shown.

Table 1

What to expect from state medical insurance in the Republic of Uzbekistan results status[2]

For citizens	For society and the state	For healthcare providers
Medical from help use opportunity level and quality increase	Population medical help with every one-sided cover to take	Medical services delivery the giver effective from the activity come out stable financing
State by guaranteed only medical services size patients right to pay in mind caught from services clear separation , citizens medical to services need own on time and good quality to satisfy directed health storage system formation	Health storage expenses optimization , medical services type delivery providers by repetition eliminate from resources use point of view from the point of view health storage system open - transparency to provide	Encourage the introduction of new corporate governance methods and attract additional financial resources to the healthcare system
Improving health and increasing life expectancy	To increase the volume and quality of medical services and to form a financial, stable system that allows for their financing	This in the field healthy competition develop for conditions create
Medical services for informal payments level reduce	Health storage in the field state and citizens health responsibility provide	

In our opinion, it would be appropriate to briefly summarize the positive aspects of state health insurance as follows:

- the advantage of enabling targeted implementation of social protection programs;
- advantage in covering the costs of medical services when risks arise;
- absence of restrictions on access to medical services based on age and gender;
- encouraging the participation of public and private medical institutions in the services market.

[1]Meliev AM The need for state financing of the health care system. // Green Economy and Development. 2024. №3. -P. 1022-1026.
[2]Prepared by the author based on the literature studied during the research.

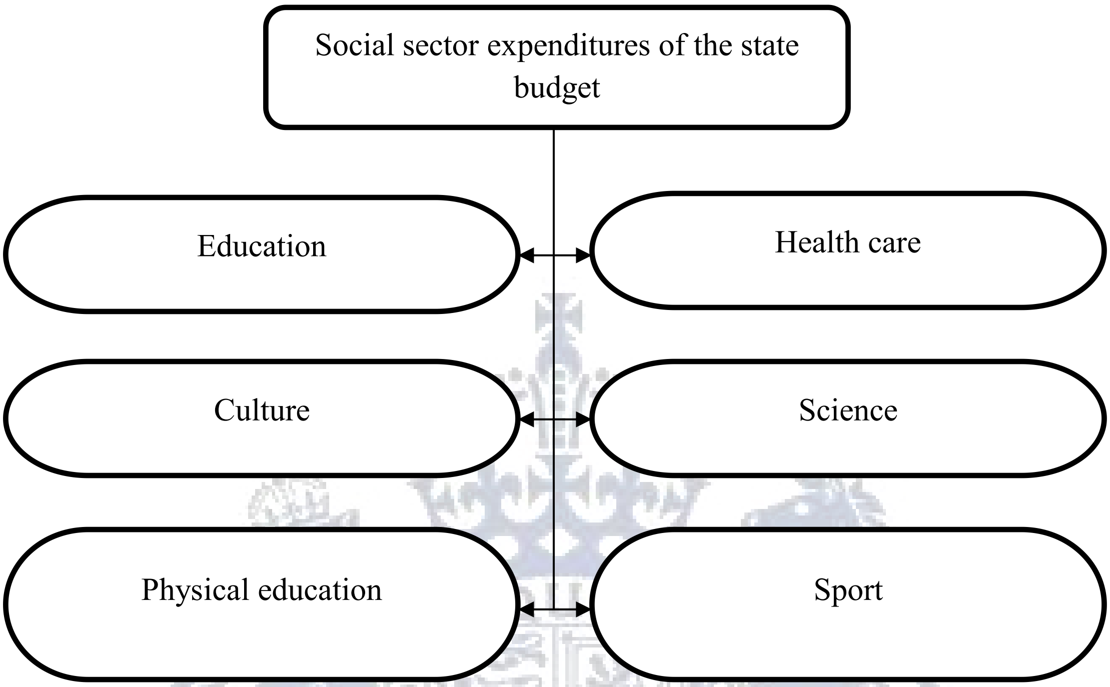

Figure 1. State budget allocation for social sector expenditures structural structure[3]

There are compulsory and voluntary types of social medical insurance. Medical insurance is a state-guaranteed system of protecting the interests of the population in the field of health. Medical insurance is a system of social protection of the population and the provision of medical care to all segments of the population in the event of loss of human health.

In voluntary medical insurance, the insured transfers the risk of incurring expenses for the use of medical services to the insurance organization in exchange for an insurance premium agreed upon with the insurance organization, the amount agreed upon in the insurance contract concluded between the insurer and the insurance organization, on the basis of the conditions. If the insured is forced to incur expenses due to a deterioration in his health, the insurance organization compensates these expenses within the limits of the funds specified in the insurance contract. Due to the social orientation of medical insurance, additional requirements are imposed on the insurance organization implementing this type of insurance regarding permanent financial stability and solvency.

The introduction of medical insurance in the form of social insurance is carried out by establishing a fund. This fund accumulates funds for compulsory medical insurance, at the

[3]Instructions "On the application of budget classification", approved by the order of the Minister of Economy and Finance of the Republic of Uzbekistan. Registered by the Ministry of Justice of the Republic of Uzbekistan on October 11, 2010. Registration number 2146.

expense of which the insured (insurance policy holder) pays for medical services. The main conditions of compulsory medical insurance and the procedure for its implementation are determined in accordance with the current law. Important measures are aimed at further improving and developing reforms in the healthcare sector, determining the legal basis for voluntary and compulsory medical insurance, providing high-quality medical services under insurance policies, and improving the health of the population.

"State medical insurance is mandatory and determines its main conditions - the basic rates of insurance contributions, the scheme of financing and organizing medical care, participation in the formation of prices for medical services, and management of the medical insurance system. Medical institutions and doctors are granted important rights to ensure the interests of insured citizens and medical workers . " [4]If a medical insurance contract is concluded on a mandatory basis on the basis of law, that is, citizens are obliged to conclude a medical insurance contract by law, then this type of insurance is considered compulsory medical insurance. It should be noted that compulsory medical insurance is implemented in the form of social insurance. What distinguishes social insurance from ordinary insurance is that a single social insurance fund is created in social insurance, and this fund mainly collects insurance funds and redistributes them for targeted purposes, without pursuing commercial goals.

A number of documents on healthcare reform were adopted in the country for 2017-2024, including the Decree of the President of the Republic of Uzbekistan No. 5590 "On Comprehensive Measures to Radically Improve the Healthcare System of the Republic of Uzbekistan" and the strategic directions developed on the basis of this document are being implemented. However, the limited financial resources, inefficient distribution of funds allocated to the sector, and their insufficient amount to overcome the weakness of the material and technical base of medical institutions remain a problem.

Conclusion:

In our opinion, the lack of funds in the healthcare sector prompted the state to organize and control medical insurance, as a result of which a system of insurance-based financing of the healthcare sector emerged. The main features of insurance-based financing of healthcare are: participation of the state, employees and employers in the formation of insurance fund funds; control of the activities of the medical insurance organization by the insured; control of the price and quality of medical services by the insured and the state.

Today, the possibilities and conditions for the introduction of compulsory medical insurance in the country are often discussed. The introduction of this type of compulsory insurance is also envisaged in some government programs on reforming the social protection system, the healthcare sector and the insurance market. Before considering the possibilities of its introduction, it is necessary to briefly dwell on medical insurance itself. Under the medical insurance scheme, the insurance premium is transferred to the insurance organization in the event of a risk of incurring expenses for the use of medical services, in the amount and on the terms agreed upon in the insurance contract concluded between the insured and the insurance organization. When the insured is forced to incur expenses due to deterioration in

[4]Umrzakova MN Medical health insurance system in Germany.// ECONOMICS AND FINANCE / ECONOMICS AND FINANCE 2023. 9 (169). -P.57-61.

health, the insurance organization compensates these expenses within the limits of the funds specified in the insurance contract. If the medical insurance contract is concluded voluntarily, then it is considered voluntary medical insurance..

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