



The Safety of Medical Care in the Conditions of the Market Economy

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Abstract: In the article Medical Aid creating an acceptable organizational structure and model of financial support of the tax saving sector..

Key words: public health, medical care, health care, financing of tax care, medical assistance, paid medical service.

Introduction.

The most important element of the social, cultural and economic development of the state is the health, quality and standard of living indicators of the population. Nevertheless, the budgetary model of financing the health sector, due to the lack of allocated funds, does not satisfy the needs of the population for the guaranteed volume of free medical care, as defined by the legislation of the Republic of Uzbekistan. There is a need to replace free medical care with paid services due to the lack of a clear distinction between the guaranteed volume of medical care provided to citizens on a paid basis and medical services.

Analysis of literature on the topic

Is the theoretical basis of research in the field of medical insurance O. Baeva, O. Bilik, S. Boguslavskiy, P. Vasilenko, organized the work of E. Dyachenko, O. Tulay, S. Yuri, J. Shumeldi, S. Osadets, V. Bedniy, O. The scientific works of Shakura and others served. It should be noted that scientists do not have a general opinion on the nature of health insurance, most scientists adhere to the point of view that health insurance is a form of social protection of the population.

Research methodology

In the process of writing a scientific article, systematic analysis, historicity and logic, induction and deduction, analysis and synthesis, comparative and selective research, monographic analysis and grouping methods of scientific research were used.

Analysis and discussion of results

The level and importance of insurance protection of the population is determined by personal factors, systemic changes in the economic and political plan, natural-geographical, cultural-historical characteristics of the country. In the period of economic problems and increasing social tensions, the need for its expansion and improvement becomes the most urgent and important. In the event of an insurance event, insurance protection of individuals and legal entities by insurance companies should be divided as follows, depending on the type of insurance (Figure 1.1).

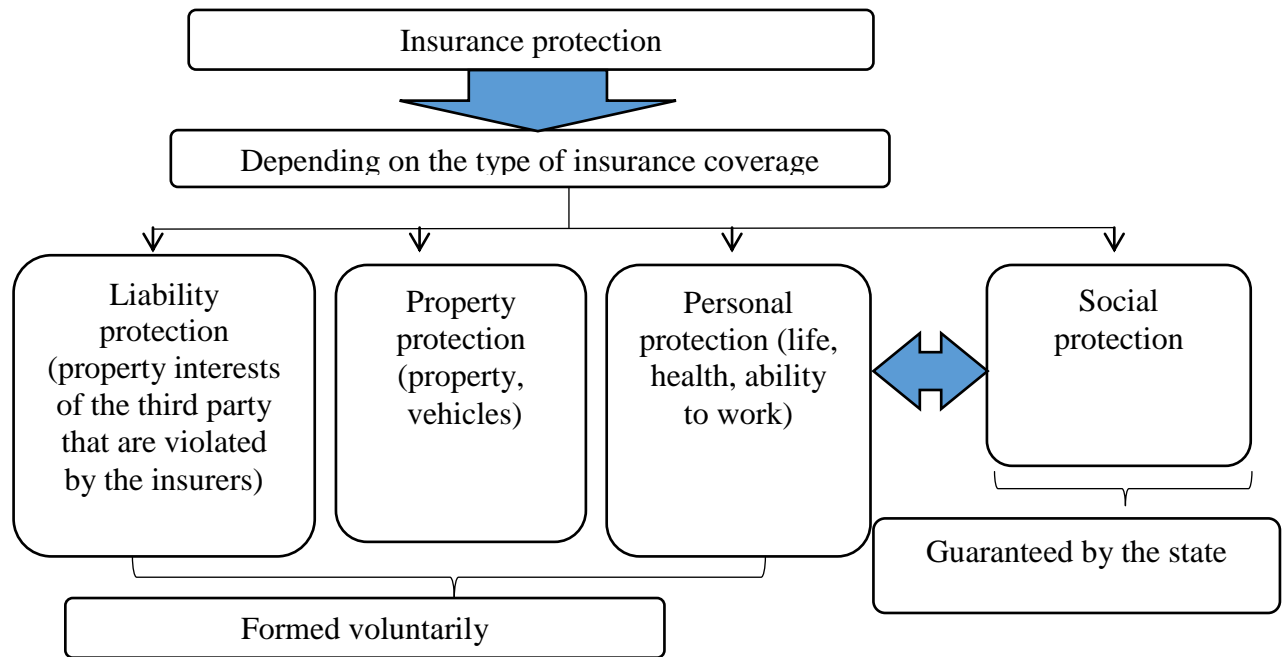


Figure 1.1 - Population insurance protection system

Insurance protection has a social orientation, because the funds collected by the insurer are directed to the protection of victims at the expense of all participants in the formation of the insurance fund. Insurance aims to meet the various needs of mankind in the event of adverse events leading to various losses through the insurance protection system. Society's interest in continuous and continuous production increases its interest in insurance protection.

The most important aspect of social protection of the population is to ensure the availability of medical care. In this area, health insurance is an alternative financing method for the market economy. The object of medical insurance is the risk of loss of income of the working-age population and the risks of additional costs associated with receiving medical care. The purpose of health insurance is to guarantee the financing of medical care and preventive measures to the population in the event of an insured event.

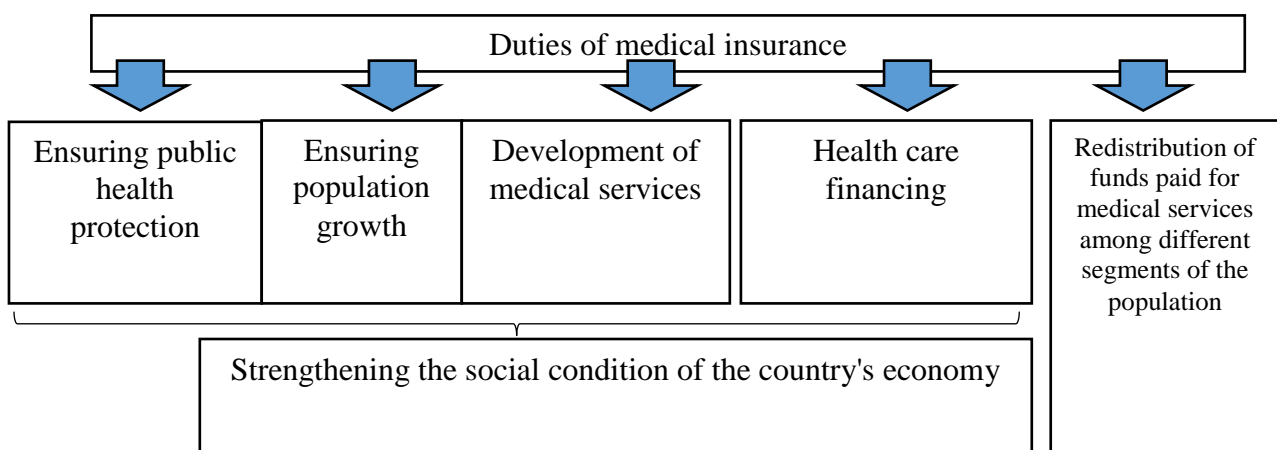


Figure 1.2 - The main functions of health insurance

Based on this goal, the specific tasks of health insurance on financing medical institutions and redistribution of financial resources are being promoted, which must be fulfilled to satisfy the interests of health insurance subjects. The main objectives of health insurance are presented in Figure 1.2.

The practical application of health insurance should be considered taking into account its usefulness for its subjects and their economic interests (Table 1.2).

Table 1.2 The main tasks and economic interests of medical insurance subjects

Subject	Tasks	Economic interests
Government	Creation of a regulatory framework, formation of targeted medical insurance programs, coordination of scientific research and financing of socially significant assistance	To reduce the budget strain and ensure the improvement of the health of a certain part of the population
Population	Payment of insurance premiums under insurance contracts, implementation of measures to eliminate or reduce the negative impact of risks on health	Compensation for lack of public funding of health care and lack of access to paid medical services
Medical institution	Provision of medical care of a certain volume and quality for a certain period of time to the insured person	Source of additional funds
Medical insurance organization	Making payments for providing medical care to the insured, monitoring the quality of provided medical services and their compliance with medical and economic standards, protecting the rights and interests of citizens in receiving medical care.	Expanding the scope of activity and earning additional income

Table 1.2 shows that health insurance has a social and economic nature, so there is a need to respect the relationship between social and economic aspects.

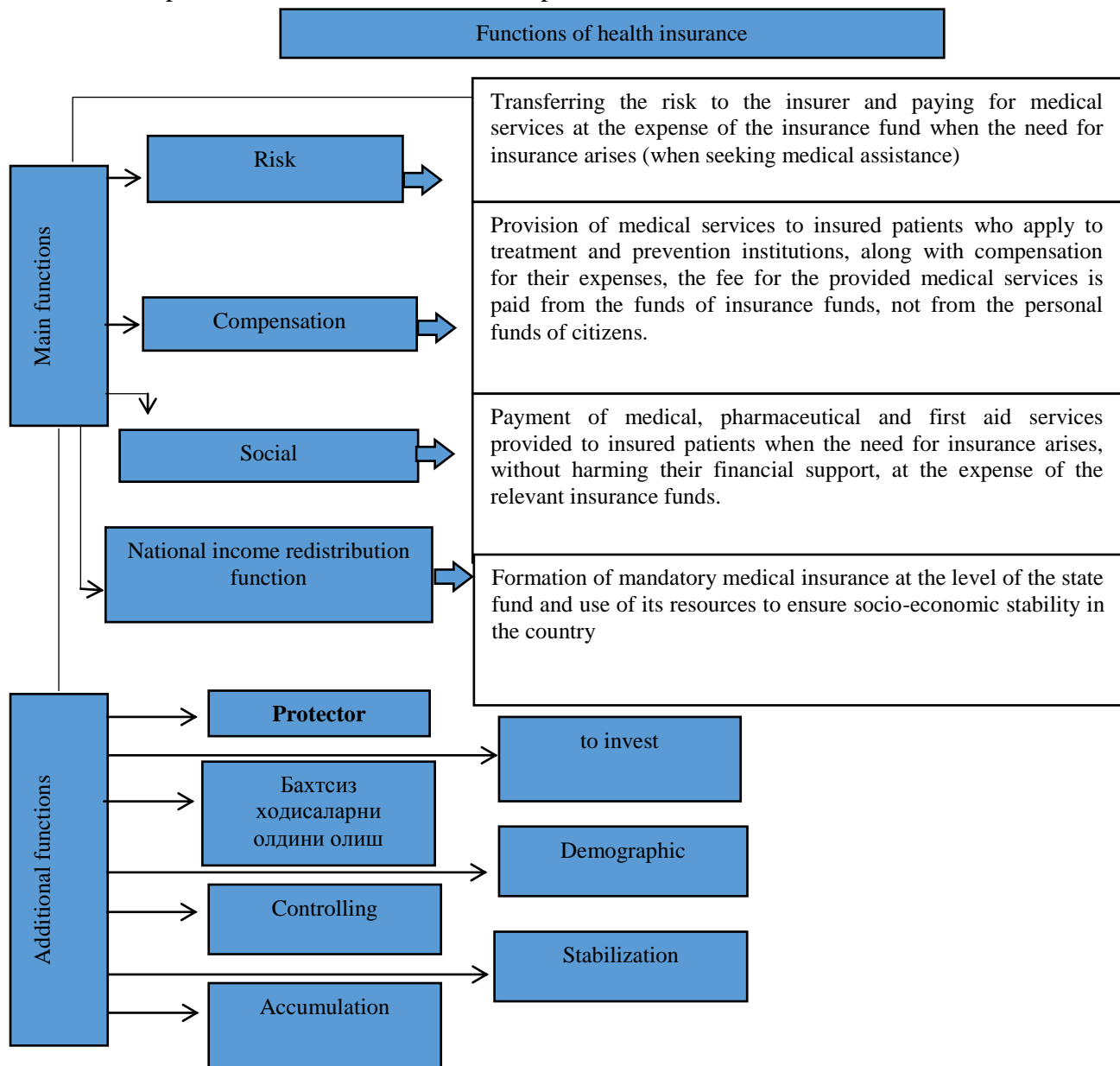


Figure 1.3 - Functions of health insurance

As a result of the analysis of different approaches to the study of insurance functions, we identify the following as the main functions of health insurance: risk, compensation, social and national income redistribution functions and protection to additional functions, prevention of unpleasantness, control, accumulation, investment, demographic, stabilization, etc. includes functions (Fig. 1.3).

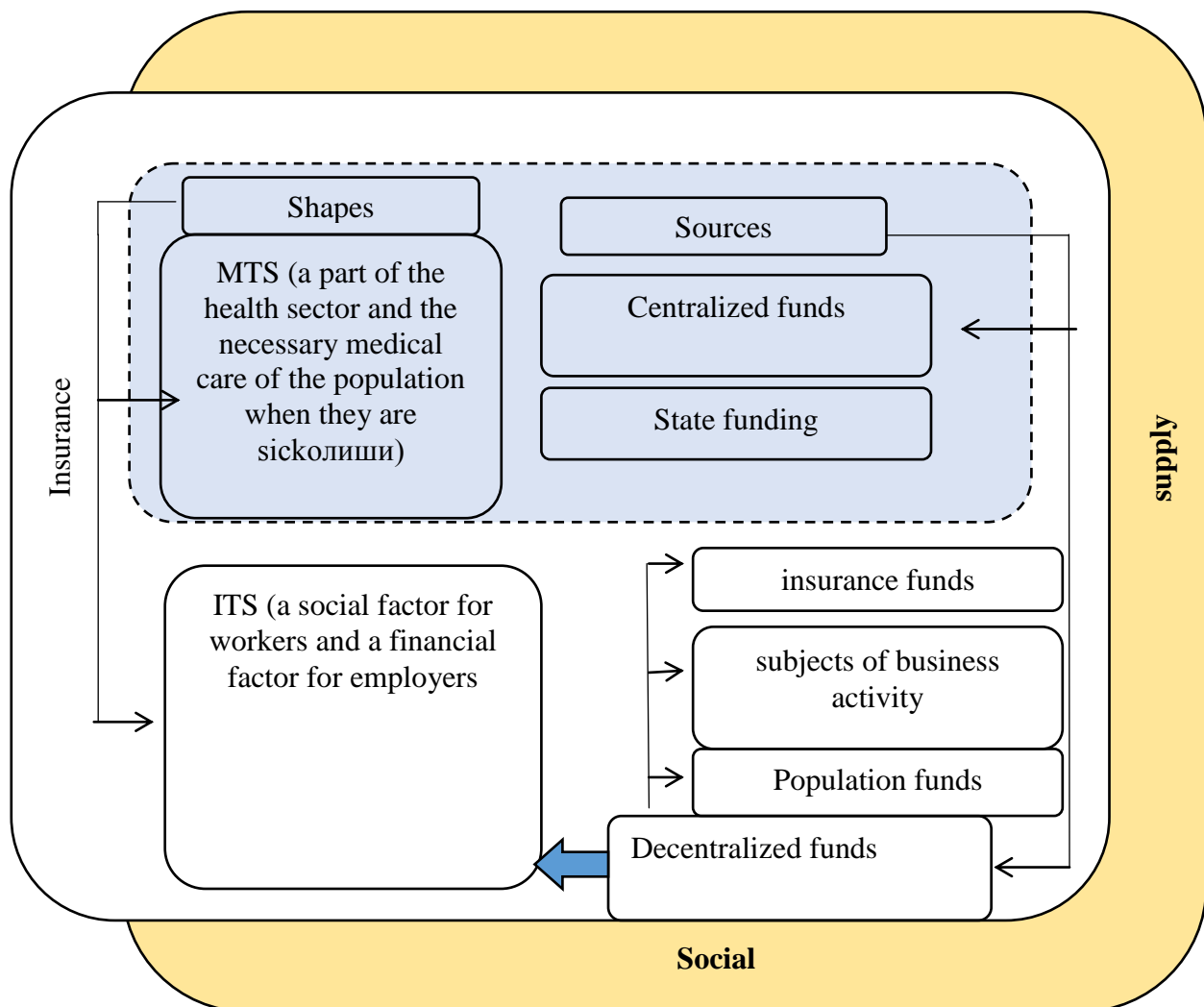


Figure 1.4 - Forms and sources of health insurance in the population insurance protection

The functions presented above allow us to conclude that there are grounds for meeting the state's needs for health insurance based on the implementation of the constitutional rights of citizens, ensuring balanced guarantees and redistribution of financial resources.

Based on a number of modern problems of social protection, the main goal of health insurance is to ensure the health of the working and non-working population at an adequate level. The basis of the management of these processes is the availability of analytical calculations of social costs, balanced with their financial support, in accordance with the guarantees established by the state. The place of health insurance in the system of insurance protection should be considered through the links of the financial system.

Thus, health insurance is an integral part of the financing mechanism of the public health sector, which ensures the pooling of funds through the formation of centralized and decentralized funds of financial resources.

According to their forms, health insurance is divided into mandatory health insurance (MTS) and voluntary health insurance (ITS). The existence of mandatory and voluntary medical insurance is based on the establishment of certain types of it in legal documents.

There are certain differences between mandatory and voluntary forms of health insurance. Thus, compulsory health insurance (MTS) belongs to the field of social insurance, and voluntary health insurance (ITS) to commercial insurance, which belongs to personal insurance (Table 1.3).

In such a link of the financial system as state finance, insurance protection is manifested through compulsory medical insurance, the purpose of which is to collect and capitalize insurance premiums and provide medical care to all categories of citizens at the expense of guaranteed amounts of funds under the conditions established by the law.

Compulsory medical insurance is based on mandatory medical assistance programs, which define the scope and conditions of medical and medical assistance to the population and cover the minimum list of medical services guaranteed to each insured citizen.

Voluntary medical insurance is a form of insurance protection of parts of the financial system, such as the finances of business entities, the finances of the population, and its main purpose is to provide the policyholder with a guarantee of full or partial reimbursement of additional costs associated with applying to a medical institution for services provided by the insurer in accordance with the voluntary medical insurance program. Voluntary medical insurance is a supplement to the mandatory medical insurance system, which provides citizens with the opportunity to receive medical services beyond those specified in the mandatory medical insurance (MTS) programs or guaranteed within the framework of state budget medicine. MTS is based on the principles of equivalence and distribution of losses among the participants of this insurance fund, while ITS uses the principle of collective solidarity.

Voluntary health insurance (VHI) is aimed at strengthening the health of the population by creating economic interest in the health sector of employers and the country's population. The main principle of managing the process of providing medical services in voluntary health insurance is the principle of economic benefits for all its participants, which ensures "self-regulation" in the system of interactions between subjects of the voluntary health insurance market.

Conclusions and suggestions

Thus, health insurance is a form of social protection of the interests of the population in the field of health care through the provision of quality medical services and prevention of diseases, and is related to the reimbursement of citizens' expenses for medical care.

Consequently, the economic, social and legal relations in the medical insurance system create the need to establish relations between the elements of the entire insurance market through organizational and financial measures to ensure the activity of insurance medicine by creating an effective organizational and economic mechanism of insurance medicine, the continuity of national

production, social protection of the population provides insurance protection of medical insurance market subjects, which ensures economic stability and activation of investment resources in the state economy.

The content of health insurance is shown in Figure 1.5, and the picture shows its main functions (risk; compensation; social; redistribution of national income); models (state; budget-insurance; mixed); forms (mandatory and voluntary), as well as the working principles of health insurance are presented.

Thus, from the point of view of public health protection, the role of health insurance as an important element of social protection is determined by the conditions of health care financing, which depends on the quality of medical services provided. In this regard, it is necessary to introduce medical insurance activities in order to increase the quality of insurance services provided in the medical insurance market, to provide effective development and financing of the health care sector in order to receive the necessary medical assistance in case of illness.

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