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THE EXPERIENCE OF ORGANIZING THE HEALTH INSURANCE SYSTEM IN THE RUSSIAN FEDERATION: LEGAL, FINANCIAL, AND INSTITUTIONAL PERSPECTIVES

Abstract. *This article examines the development of the compulsory health insurance system in the Russian Federation and analyzes its legal, institutional, and financial mechanisms. The study explores the historical evolution of the Russian healthcare insurance model, the structure of financing, the role of federal and territorial insurance funds, and the implementation of digital healthcare technologies. Particular attention is paid to the challenges and achievements of the Russian model in ensuring universal healthcare coverage. The research findings may serve as a useful reference for healthcare reforms in developing countries, including Uzbekistan.*

Keywords: *compulsory health insurance; Russian Federation; healthcare financing; medical insurance; healthcare reform; universal health coverage; OMS system; Semashko model; digitalization; post-Soviet transition.*

INTRODUCTION

Healthcare financing is one of the key priorities of modern public administration. Countries around the world are searching for effective mechanisms to provide accessible, affordable, and high-quality healthcare services for their populations. In this regard, compulsory health insurance systems play a significant role in strengthening social protection and improving healthcare sustainability (World Health Organization [WHO], n.d.; Kutzin, n.d.).

The Russian Federation represents one of the most significant examples of healthcare reform among post-Soviet countries. Following the collapse of the Soviet Union, Russia initiated large-scale reforms aimed at transforming the healthcare system from a centralized budget-based model into an insurance-based system. The introduction of

compulsory health insurance (CHI) became a fundamental step in this transformation. Understanding the architecture and performance of this system is of direct relevance for transitional economies such as Uzbekistan that are considering insurance-based healthcare financing (Balabanova & McKee, n.d.; Savedoff, n.d.).

METHODS

The article employs a descriptive-analytical and comparative policy analysis approach. The primary legal sources are the Constitution of the Russian Federation (Article 41) and Federal Law No. 326-FZ “On Compulsory Medical Insurance in the Russian Federation” (2010). Secondary sources include WHO health financing policy reports (WHO, n.d.), OECD health system reviews (OECD, n.d.), World Bank universal health coverage studies (World Bank, n.d.), the scholarly works of Kutzin (n.d.), Balabanova and McKee (n.d.), Savedoff (n.d.), and Sheiman (n.d.), as well as statistical reports of the Federal Compulsory Medical Insurance Fund of Russia (FCMIF, n.d.). The analysis proceeds by examining the historical evolution of the system, its financing mechanisms, institutional structure, legal framework, digital transformation, and principal challenges.

RESULTS

Historical development of the CHI system. During the Soviet period, healthcare services in Russia were financed entirely through the state budget under the Semashko model. Although this system guaranteed universal access to healthcare, it faced serious financial inefficiencies and lacked incentives for improving service quality (Sheiman, n.d.). In 1991, the Law “On Medical Insurance of Citizens in the Russian Federation” established the legal foundation for the new insurance model. The creation of the Federal Compulsory Medical Insurance Fund in 1993 marked the beginning of a multi-level insurance system. Territorial insurance funds were subsequently established in all regions of the country. A major stage of modernization occurred in 2010 with the adoption of Federal Law No. 326-FZ, which strengthened the rights of insured citizens, introduced unified standards for healthcare services, and improved financial management mechanisms (Federal Law No. 326-FZ, 2010).

Financing mechanisms. The Russian CHI system is financed primarily through mandatory employer insurance contributions: employers are required to transfer a percentage of employees’ salaries to the compulsory insurance fund. For unemployed

citizens, pensioners, and socially vulnerable groups, insurance contributions are paid from the state budget. One of the central principles of the system is “money follows the patient”: healthcare institutions receive funding according to the quantity and quality of services provided to insured individuals, encouraging competition among medical institutions and increasing efficiency in resource allocation (Kutzin, n.d.; OECD, n.d.). The financing structure includes the Federal Compulsory Medical Insurance Fund, territorial compulsory insurance funds, regional budget allocations, insurance company participation, and additional state healthcare programs.

Institutional structure. The institutional organization of the Russian health insurance system involves several interconnected actors. The Federal Fund coordinates overall policy implementation and financial redistribution. Territorial funds manage healthcare financing at the regional level and monitor the use of financial resources. Insurance medical organizations act as intermediaries between patients and healthcare institutions: they supervise the quality of services, protect patients’ rights, and ensure the implementation of insurance contracts. Healthcare providers include state hospitals, municipal clinics, and private medical organizations participating in the CHI system. Citizens are allowed to choose medical institutions and insurance organizations independently, which increases transparency and competition (FCMIF, n.d.; Balabanova & McKee, n.d.).

Legal and regulatory framework. The legal basis of the Russian healthcare insurance system is established by the Constitution of the Russian Federation, whose Article 41 guarantees citizens the right to free healthcare services. The most important legal documents regulating the system include Federal Law No. 326-FZ “On Compulsory Medical Insurance in the Russian Federation,” the Federal Law “On the Fundamentals of Public Health Protection,” regulations of the Ministry of Health, and normative acts of the Federal CHI Fund. The legal framework defines citizens’ rights, responsibilities of insurance organizations, standards of medical care, and procedures for financing healthcare institutions (Federal Law No. 326-FZ, 2010; WHO, n.d.).

Digitalization and innovation. Digital transformation has become one of the priorities of the Russian healthcare system in recent years. Electronic insurance policies, digital patient databases, electronic medical records, and telemedicine services are actively expanding across the country. Implementation of digital technologies has improved access to healthcare services, monitoring of medical institutions, transparency of financial operations, communication between patients and doctors, and overall efficiency of healthcare administration (Sheiman, n.d.; FCMIF, n.d.). Telemedicine became especially

important during the COVID-19 pandemic, allowing patients to receive remote consultations and reducing pressure on hospitals.

Principal challenges. Despite considerable progress, the Russian healthcare insurance system still faces several important challenges. Regional disparities remain one of the major problems: wealthier regions often provide higher-quality medical services than economically weaker territories (OECD, n.d.; World Bank, n.d.). Additional challenges include shortage of medical personnel in rural areas, bureaucratic complexity, insufficient funding for certain medical services, growing healthcare costs, and uneven quality standards across regions. The balance between public and private healthcare institutions remains an important ongoing issue for policymakers (Balabanova & McKee, n.d.).

DISCUSSION

The Russian experience demonstrates how compulsory health insurance can serve as a mechanism for achieving universal health coverage in transitional economies. Many developing countries study the Russian model as an example of combining state regulation with insurance-based financing (Savedoff, n.d.; World Bank, n.d.). The “money follows the patient” principle represents a particularly significant institutional innovation: by linking institutional revenue directly to patient choice and service quality rather than to administrative allocation, it creates structural incentives for quality improvement that were absent from the Semashko model (Kutzin, n.d.; Sheiman, n.d.).

For Uzbekistan, the Russian experience may provide useful lessons in establishing territorial insurance funds, introducing digital healthcare systems, ensuring sustainable healthcare financing, protecting patients’ rights, and increasing accessibility of medical services. The regional disparity problem identified in the Russian system — which has persisted despite decades of reform — also carries an important cautionary message for countries designing insurance systems: the structural features of a federal or decentralized system can perpetuate rather than reduce geographic inequalities in health access if not accompanied by explicit redistributive mechanisms at the national level (OECD, n.d.; Balabanova & McKee, n.d.).

CONCLUSION

The compulsory health insurance system of the Russian Federation represents one of the most comprehensive healthcare financing models in the post-Soviet region, combining state regulation, insurance financing, and institutional decentralization. Although

challenges remain — above all in regional equity and rural healthcare access — Russia has achieved significant progress in expanding healthcare coverage, modernizing financial mechanisms, and implementing digital technologies. The experience of the Russian Federation can contribute valuable insights for countries implementing healthcare reforms and compulsory medical insurance systems, including Uzbekistan (WHO, n.d.; Savedoff, n.d.; Kutzin, n.d.).

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