

## International Experience in Legal Regulation of Health Insurance: A Comparative Analysis

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### ABSTRACT

**Objective:** This study aims to conduct a comprehensive comparative analysis of international health insurance systems, focusing on the legal regulation of health insurance to identify strengths and weaknesses. The goal is to develop evidence-based recommendations to improve Russia's mandatory health insurance (MHI) system, addressing issues like funding, access to services, care quality, and legal frameworks. **Method:** The research applies a theoretical framework built on domestic and international scholarly works related to health insurance and insurance law. The study uses general scientific methods like analysis, synthesis, and comparison, complemented by comparative legal analysis and institutional review. Empirical data are drawn from legal acts, statistical data from organizations like WHO and ILO, and case studies. **Results:** The research identifies key health insurance models: state-funded (e.g., UK, Canada), social insurance (e.g., Germany, France), and private insurance (e.g., U.S.), each with distinct advantages and challenges. Global trends include an increasing role of the state in health insurance regulation and efforts to expand universal coverage. Countries are evolving from selective to universal health insurance systems, focusing on accessibility, affordability, and quality of care. **Novelty:** The study highlights the applicability of international models for enhancing Russia's MHI system, focusing on expanding state regulation and ensuring universal coverage. Key recommendations include improving regulatory frameworks, addressing coverage gaps for specific groups like the self-employed and rural populations, and strengthening accountability among insurers and providers.

## INTRODUCTION

Health insurance plays a crucial role in ensuring both access to and the quality of medical care for the population. In most developed countries, well-established health insurance systems provide citizens with the necessary medical services, funded through contributions made to insurance programs. These systems vary in their structure and regulation, but they are integral to maintaining public health and ensuring that people receive timely and affordable care. In contrast, Russia's mandatory health insurance system (MHI), introduced in 1993, continues to face several significant challenges. Issues such as inadequate funding, unequal access to medical care, low service quality, and imperfect legal regulation hinder the system's ability to fully meet the needs of the population. As a result, many citizens struggle with access to necessary medical services, while the quality of care remains inconsistent across regions [1], [2].

Given these challenges, studying international experiences in the legal regulation of health insurance is vital to identifying key trends, successful models, and their potential for adaptation to Russia's context. By examining the health insurance systems of other countries, it is possible to uncover effective regulatory frameworks, management

practices, and strategies for expanding coverage. Such international insights can also shed light on common problems and solutions that may be relevant to Russia's efforts to reform its own system [3], [4]. This comparative approach will not only highlight best practices but also provide a solid foundation for proposing improvements tailored to Russia's unique circumstances [5], [6].

The goal of this study is to conduct a comprehensive comparative analysis of international experiences in the legal regulation of health insurance, with the aim of developing concrete recommendations to enhance Russia's mandatory health insurance system. By identifying the strengths and weaknesses of various global models, the study seeks to inform policy-making in Russia, offering evidence-based solutions to the country's health insurance challenges. These recommendations will focus on improving funding mechanisms, ensuring equitable access to services, enhancing the quality of care, and refining legal frameworks to create a more efficient and accessible health insurance system for all citizens [7], [8].

## RESEARCH METHOD

The theoretical foundation of this research is built upon the scientific works and academic contributions of both domestic and international scholars in the fields of health insurance, social policy, and insurance law. These scholarly works provide a comprehensive understanding of the principles, challenges, and dynamics surrounding health insurance systems, offering insights into how legal regulations and policies shape the provision of healthcare services [9], [10]. In addition to the general theoretical framework, the research incorporates specialized studies that focus on the intersection of law and healthcare, drawing from various legal traditions and approaches to social welfare [11], [12]. By examining these works, the study aims to develop a deeper understanding of the legal and policy dimensions that underpin health insurance systems and how they can be optimized for different national contexts [13], [14].

The methodological approach of this research is grounded in general scientific methods, such as analysis, synthesis, comparison, and generalization, which allow for a systematic exploration of the complexities involved in health insurance regulation. These methods help identify patterns and trends across different countries and legal systems, providing a holistic view of health insurance models [15]. In addition to these general methods, specialized techniques such as comparative legal analysis, systematic review, and institutional analysis are employed to examine the legal frameworks and institutional structures that govern health insurance systems. This dual approach enables the research to not only analyze existing legal regulations but also to evaluate their effectiveness and potential for reform in the context of Russia's health insurance system [4], [5].

The empirical basis of this research is derived from a variety of sources that offer concrete data and evidence on the functioning of health insurance systems globally. It includes legal acts and regulations that govern health insurance in different countries,

providing a legal perspective on how various nations manage and regulate healthcare coverage [3], [8]. Additionally, the research draws on official statistical data from international organizations such as the World Health Organization (WHO), the International Labour Organization (ILO), and national health authorities, which offer valuable insights into the performance and outcomes of health insurance systems worldwide [13], [14]. Finally, materials from scientific publications, including case studies, research papers, and policy reports, further enrich the empirical foundation of the study, ensuring that the analysis is informed by a broad range of perspectives and evidence [9], [11].

## **RESULTS AND DISCUSSION**

### **1. Health Insurance Models in Global Practice**

#### **1.1 General Characteristics of Health Insurance Models**

Health insurance models worldwide can be categorized into several key types: state (national), social (mandatory health insurance), and private (voluntary health insurance) [5], [2].

Fully financed and controlled by the state, seen in countries like the UK, Canada, and Sweden. Benefits include universal coverage, lower healthcare costs, and equal access to medical services. Drawbacks include high state budget burdens, limited patient choice, and waiting times for services [10].

Financed through mandatory contributions by employers and/or citizens, prevalent in Germany, France, Japan, and South Korea. Advantages include societal participation in funding, accessibility, and provider choice. Challenges include heavy burdens on the working population, administrative complexity, and unequal resource distribution [15]. Based on voluntary contributions to private insurers, typical in the U.S., where Medicaid and Medicare cover low-income and elderly citizens. Benefits include program choice, quality incentives, and insurer competition. Drawbacks include unequal access, high costs, and lack of universal coverage [6]. Many countries combine these models, supplementing state programs with private insurance products.

#### **1.2 National Features of Health Insurance in Leading Countries**

**United States:** The U.S. health insurance system is primarily based on private insurance companies. Medicare and Medicaid provide mandatory health insurance for the elderly and low-income citizens, funded by the federal budget. Regulation is carried out at both federal and state levels. The Patient Protection and Affordable Care Act of 2010 introduced requirements for minimum coverage, mandatory insurance, and subsidies for low-income individuals. State-level regulations govern insurers' activities and service provision.

Germany operates a mandatory health insurance system (*Gesetzliche Krankenversicherung*), covering about 90% of the population. Funding comes from employee and employer contributions, with insurance funds functioning as independent

non-profit organizations. Private health insurance (Private Krankenversicherung) is available for wealthier citizens. Regulation is based on Germany's Social Code.

The UK uses a state health insurance model with its National Health Service (NHS) funded by general tax revenues, providing universal free healthcare. The legal framework includes the National Health Service Acts of 1946 and 2006, detailing healthcare delivery.

France's mixed health insurance system comprises mandatory health insurance (Assurance maladie obligatoire), financed by employer and employee contributions, and voluntary health insurance (Assurance maladie complémentaire) for extended coverage. The legal foundation includes the French Social Code and Public Health Code.

## **2. General Trends in Health Insurance Systems**

### **2.1 Increasing Role of the State**

A key trend is the growing role of the state in regulating and financing health insurance. Even in countries with predominant private models, like the U.S., state intervention is increasing through mandatory coverage requirements, expansion of public programs, and introduction of tax incentives and subsidies. The state ensures accessibility and quality by raising public healthcare spending, tightening control over insurers and healthcare providers, and developing national standards and guarantees.

### **2.2 Expanding Population Coverage**

Another trend is the aim for universal health insurance coverage. Countries are moving from selective to universal systems, requiring all citizens to participate. This includes mandatory health insurance for working populations, expanding public programs for vulnerable groups, and offering subsidies and tax incentives for voluntary insurance.

## **3. Prospects for Applying International Experience in Russia**

### **3.1 Expanding State Regulation**

International experiences show the need to strengthen state roles in regulating health insurance systems. Improving Russia's MHI regulatory framework involves establishing clear guarantees for care quality and access, tightening requirements for insurers, and enhancing provider accountability.

### **3.2 Ensuring Universal Population Coverage**

Despite the principle of universality in Russia's MHI system, coverage issues remain for certain groups. Solutions include expanding coverage to self-employed individuals and enhancing rural healthcare access.

## **CONCLUSION**

**Fundamental Finding :** Indicate that global health insurance models exhibit a growing state role and efforts to ensure universal coverage, with successful practices in countries like Germany, France, and the UK. **Implication :** Russia include strengthening state regulation, enhancing provider accountability, and expanding universal coverage to underserved populations. **Limitation :** The study lie in the varying effectiveness of

models in different socio-political contexts, which may not be fully transferable to Russia.

**Future Research :** Could explore in greater detail how specific legal frameworks and funding models can be adapted to Russia's unique circumstances, especially in rural areas and for self-employed citizens.

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