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SOCIAL INSURANCE FOR TEMPORARY DISABILITY: MAIN CHANGES AND OPPORTUNITIES FOR STUDYING INDICATORS

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ABSTRACT. The purpose of the work is to analyze the main changes in the social insurance system and the regulatory framework for examination of temporary disability in the period from the 30s of the 20th century to the first decades of the 21st century (until the creation of the Social Fund of Russia), give a description of the indicators used for characteristic of the term temporary disability (TD) and study their main changes. The content analysis of 42 regulatory documents, methodological materials for the examination of TD, accounting and reporting documentation, digests of statistical information of the regional and federal levels was used. The main changes in the management of the social insurance system concerning the event of TD, the financing of insurance payments, the functions of the sick leave, and some aspects of the examination of TD cases are considered. Based on normative documents, the reason for the transition from a set of indicators of morbidity with temporary disability, calculated in the Soviet period, to indicators characterizing the state of TD nowadays, is shown.

KEYWORDS: social insurance, temporary disability, indicators

СОЦИАЛЬНОЕ СТРАХОВАНИЕ ПРИ ВРЕМЕННОЙ НЕТРУДОСПОСОБНОСТИ: ОСНОВНЫЕ ИЗМЕНЕНИЯ И ВОЗМОЖНОСТИ ИЗУЧЕНИЯ ПОКАЗАТЕЛЕЙ

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РЕЗЮМЕ. Цель работы — проанализировать основные изменения в системе социального страхования и нормативной базы экспертизы временной нетрудоспособности в период с 30-х гг. XX в. — первых десятилетий XXI в. (до момента создания Социального фонда России), дать описание используемых показателей, характеризующих временную нетрудоспособность (ВН)

и изучить их основные изменения. Использован контент-анализ 42 нормативных документов, методических материалов по экспертизе ВН, учетно-отчетной документации, сборников статистической информации регионального и федерального уровней. Рассмотрены основные изменения в управлении системой социального страхования на случай ВН, финансирования страховых выплат, функций листка нетрудоспособности, некоторых аспектов экспертизы ВН. На основании нормативных документов показана причина перехода от комплекса показателей заболеваемости с временной утратой трудоспособности, рассчитываемых в советский период, к показателям, характеризующим состояние ВН в настоящее время.

КЛЮЧЕВЫЕ СЛОВА: социальное страхование, временная нетрудоспособность, показатели

INTRODUCTION

In population health statistics, indicators of temporary disability (TD), initially referred to as indicators of morbidity with temporary disability (MWTD), occupy a special place. For a long time, they have made it possible to study among working contingents the morbidity leading to TD. The opportunity to study MWTD indicators in our country appeared due to the creation and mutual interaction of the state health care system and social insurance system.

The formation of the social insurance system in Russia began in the early XX century, and from the emergence (1903–1917) passed four stages in its development. On June the 23rd of 1912 The State Duma approved the law on providing workers with two types of insurance: against illness and accidents [1]. One of the first legislative documents of the Soviet period were decrees on the introduction of state social security and insurance, including December the 22nd of 1917 Decree "Regulations on sickness insurance" was adopted [1]. Later, through the joint efforts of health care organizers, Soviet scientists, trade unions in our country was built a system of state social insurance, including TD. The global changes that followed in the 90s of the XX century in practically all spheres of life in Russia, due to the change in the state status of the country, led to a significant change in the system of social insurance (SSI), legislation in the implementation of this type of expertise, established in the Soviet period. And the widespread use of electronic methods of transmitting various information in the XXI century has led to changes in a number of management structures. A new stage in the functioning of the SSI began on January 1, 2023, when the Social Fund of Russia (SFR) was established in accordance with the Federal Law No. 236-FL dated 14.07.2022 [2] in order to optimize the structure, centralize the establishment of social payments, as well as to reduce existing costs.

One of the changes in the XXI century is the lack of completeness and uniformity of information characterizing TD at the federal and regional levels. Since 2001, the publication "Health Care in Russia" has been published with a frequency of once every two years, and since 2015 it has been published only in electronic form [3]. In the publication "Health Care in Russia — 2015". (presents information for 2012–2014) for the first time appeared the table "Causes of temporary disability", in which the data are shown only in absolute values. The Unified Interdepartmental Information and Statistical System (UIISS) presents official statistical indicators of the number of cases and the number of days of TD per 100 workers and the average duration of 1 case of TD (in days) in the Russian Federation and individual federal districts and regions for the period from 2005 to 2016, with no data on the causes of TD [4]. At the regional level, electronic versions of statistical compilations "The state of health care and public health in Smolensk region" have been published since 2001, including TD indicators [5]. At the same time, since 2007, instead of indicators of the number of cases and days of TD per 100 workers, the information about MWTD is given in absolute numbers. However, the absolute values of cases and days of TD carry important information for the analysis of social benefits, but do not allow us to fully analyze MWTD among the working population. The availability of a set of MWTD indicators has not lost its relevance over many decades. Taking into account reorganization transformations in many spheres of activity, socio-political and economic situation, digitalization, the question arises about the possibility of returning to relative values (intensive indicators) for the analysis of MWTD. The above-mentioned problem can be a subject of

discussion in the educational process of students in residency and advanced training programs.

AIM

To study the main changes in the system of social insurance and regulatory and legislative base of temporary disability expertise in the period from the 30s of the XX century to the first decades of the XXI century (until the creation of the SFR). To give a description of the used indicators characterizing TD.

MATERIALS AND METHODS

The study used the method of content-analysis of normative acts and methodological materials on the examination of temporary disability, accounting and reporting documentation at different stages of SSI activity. We analyzed 47 normative documents for the period 1931–2022, both those that have lost their force [6–28] and those that are in force [2, 29–41]. Sources of statistical information: data from the Federal State Statistics Service (Rosstat) [3], the Unified Interdepartmental Information and Statistical System (EMISS) [4], SOMIAC [5]. We studied the materials "Health Care in Russia" for the period from the beginning of their publication in 2001 up to and including 2023 [3], as well as statistical collections "State of Health Care and Population Health in Smolensk region" in printed format for the periods 1985–1988 and 1991–2008 and in electronic format for the period 2000–2022 [5, 42].

RESULTS

The management of state social insurance for a long time was carried out by trade unions, which in the 1930s made a significant contribution to the formation of a unified state SSI in the country. In accordance with the Soviet government decree of June 23, 1931 "On Social Insurance" the All-Union Central Council of Trade Unions together with the People's Commissariat of Labor of the USSR was entrusted within three months to develop a draft consolidated law on social insurance (the system of social insurance bodies, funds and budget of social insurance, tariffs of insurance premiums, provision of pensions) [10]. The supreme governing body in this system was the All-Union Central Council of Trade Unions, which submitted the social insurance budget for approval by the Government. At the level of each individual organization an active role in the social support of workers was played by trade union committees, called in that period as factory committees (FC) or local committees. In particular, in the 30's. production strikers with at least a year of work experience were granted the maximum TD benefit (in the amount of full earnings) from the first day of disability. The fact of striking was established by the FC together with the administration [10].

Financing of social insurance (SI) was provided mainly through the payment of insurance premiums by employers and citizens. The amount of SI contributions was set separately for each trade union and, depending on the industry, varied from 4.4% to 9% of the payroll [1]. The amount of paid benefits for TD depended on union membership and trade union seniority, as well as the duration of TD.

A special place in the system of social support of the working population in case of TD belongs to the "sick leave" (s/l), a document that since the 90s of the XX century has been referred to in the normative acts only as a "disability leave" (d/l) [27]. In August 1937, the All-Union Central Council of Trade Unions and the People's Commissariat for Health of the USSR approved Instruction No. 1382 "On the procedure for issuing sick leave certificates to the insured" [7]. The emergence of this document became the starting point for the appearance of the first sick leaves in the country. For several decades, the "sick list" became a multifunctional document: performing a legal function, certifying release from work for the period of TD and determining the established regime; a medical function, indicating the cause of TD; insurance. It is also a financial document on which TD benefits are calculated. But, in addition, initially and for a long time d/l was important as the main accounting document of statistics of morbidity indicators with TD.

The procedure for issuing and registration of the "sick leave", carried out in medical institutions, was carried out in accordance with the main legislative and instructional-methodological documents on the examination of temporary disability: instructions of the All-Union Central Council of Trade Unions and the People's Commissariat for Health of the USSR from 14.07.1937, No. 1382 [7], the Regulations on the Examination of Temporary Disability in Medical and Preventive Institutions from 20.08.1957 [8], the Decree of the Soviet Minister of the USSR from 26.07.1937 No. 530 [11], instructional and methodological letter of the Ministry of Health of the USSR dated 11.02.1974 [6], orders of the

Ministry of Health of the USSR dated 14.07.1975 No. 06–14/6 [9] and dated 10.11.1981 No. 1157 [16]. So, the action of the instruction of 1937 year on the territory of the Russian Federation was canceled only in 1994 year by the order of the Ministry of Health of the technical industry of the Russian Federation and the social insurance fund No. 206/21 from 19.10.1994 [17].

In the period from 1937 to 1994, doctors had the right to single-handedly issue sick leave each time for no more than 3 days, and in total for a given case of illness or injury for no more than 6 days. At the same time, the first normative document laid down the principle of collegiality in extending sick leave beyond the time limits set for the attending physician's sole issuance of sick leave. Thus, the instruction of 1937 stated: "Extension of sick leave beyond 6 days after the onset of incapacity for work and any subsequent extension is made by the attending physician only with the approval of the chief physician or the medical advisory commission (MAC), organized in the medical institution" [7]. The principle of collegiality was retained in the subsequent commissions for the examination of temporary incapacity for work — clinical-expert commissions (CEC), functioning from 1995 to 2008 [18], as well as medical commissions (MC) functioning since 2009 [23, 33].

In accordance with the regulatory framework of the Soviet period, the patient's age, sex, diagnosis, place of work, type and terms of TD were indicated in the forms. At enterprises, the information from the sick leave forms was entered into the record form "Personal Card of the Employee".

Each trade union organization submitted monthly reports to the regional and central committees of trade unions and the All-Union Central Council of Trade Unions, until the adoption in 1990 of the decree on the establishment of the Social Insurance Fund (SIF) of the RSFSR on January 1, 1991 [12, 13, 26]. Copies of the reports were provided to the health authorities. The unified system of accounting and reporting on disability covered all branches and collectives of organizations.

Based on the information contained in the s/l at any level of health care management, each branch of the national economy of the country as a whole and an individual organization had comprehensive data on all generally accepted indicators characterizing the state of TD: "Indicator of the number of MWTD per 100 workers", "Indicator of the number of days of MWTD per 100 workers", "Indicator of the average duration of 1 case of MWTD", "Indicators of the structure of MWTD". And at the enterprises these indicators were supplemented with the indicators of the multiplicity of TD cases per year per 1 worker, indicators of the number of sick and non-sick persons (health index). However, attention should be paid to the correctness of comparing the MWTD data of the Soviet and Russian periods. TD reports (No. Z-1, approved by the USSR Central Statistical Service of 26.03.1955, No. 17-36) included only working days. The report form itself singled out diseases that were widespread, while the rest of the diseases, amounting to about one third of the total number, were categorized as "other" [43].

The process called "perestroika" led to the formation of the Russian Federation in 1991 and to the formation of new management structures in the country. In this case, the change of governing bodies in the system of social insurance took place back in the USSR with the adoption of the Decree of the Council of Ministers of the RSFSR and the Federation of Independent Trade Unions of the RSFSR from 25.12.1990 No. 600 "On improving the management and the order of financing the costs of social insurance of workers of the RSFSR" and the creation of the RSFSR Social Insurance Fund from January 1, 1991 [12]. Further, already in the Russian period, for the realization of the state policy in social insurance issues fundamentally new management bodies are created — federal and regional branches of the Social Insurance Fund, the supreme management body becomes the Federal Social Insurance Fund of the Russian Federation (FSIF RF) [13, 14, 26]. Since 1994, the Social Insurance Fund of Russia and its territorial bodies constitute a single centralized system of management bodies of social insurance funds in case of TD and in connection with maternity. According to the Decree of the Government of Russia from 12.02.1994 No. 101 "Regulations on the Social Insurance Fund of the Russian Federation" FSIF becomes a specialized financial and credit institution under the Government of the country, managing the funds of the state SIF [14].

A further change occurs at the beginning of the XXI century, it is associated with the adoption of the Tax Code of Russia and concerns social insurance funds, which are formed at the expense of mandatory insurance contributions to the FSS for employers. In accordance with the current Tax Code of the Russian Federation (Part 2 of the Tax Code of the Russian Federation dated 05.08.2000, No. 117-FL), the value of the tariff of insurance contributions for compulsory social insurance in case of STI initially amounted to 5.4% of the labor remuneration fund

[29]. In subsequent editions of the federal law, the insurance contribution rate was reduced to 4.0% in 2001, and in 2006 — by another 1.1%. And up to the present time the social insurance tax on TD in connection with maternity is 2.9% [41].

The current Federal Law No. 169-FL of 01.07.2011 "On Compulsory Social Insurance for Temporary Inability to Work and in Connection with Maternity" requires the insurer (employer) to keep records and reports on the expenditure of funds for the payment of insurance benefits, including TD [39]. On the basis of l/n for which insurance payments were made, reports (calculations) are submitted quarterly to the territorial funds according to the form approved by the federal executive body, and the social insurance fund submits a report to the Government of the Russian Federation.

The adoption in 2006 of the law of 29.12.2006 No. 255-FL introduced a distinctive feature in the development of the social insurance system — financing of benefits for some types of TD for the first 2 days at the expense of the employer, and at the expense of the budget of the social insurance fund — for the rest of the period, starting from the third day [38]. And since 2011 at the expense of the insurer benefits are paid for the first three days of TD, at the expense of the budget of the social insurance fund — for the rest of the period, starting from the 4th day of TD (in the wording of 08.12.2010 No. 343-FL).

The controlling role of the social insurance authorities in relation to employers in the issues of spending financial resources and in relation to medical organizations in the issues of temporary disability examination is increasing.

In the social and economic conditions that changed in the 1990s, the order of control over the organization of the examination of temporary incapacity for work is changing. This procedure is approved by the joint order of the Ministry of Health and the Social Insurance Fund from 06.10.1998 No. 291/167 [19]. Since 1995, medical institutions have introduced the position of deputy chief physician for clinical and expert work (CEW) or the position of deputy chief physician for the examination of temporary incapacity for work, whose functional responsibilities include internal control over the organization and conduct of the examination of temporary incapacity for work [18, 20]. The results of regular control are recorded in a record document — "Journal of clinical and expert work of a medical and preventive institution" (form 035/u-02) [32]. This document, approved in 2002, replaced the record form 035/u "Journal for recording the conclusions of the medical advisory committee", used since 1980 [15].

The duties of the deputy chief physician for CEW also include control over the maintenance of medical records, statistical recording and reporting, and analysis of MWTD indicators (TD status).

In the period from 1995 to 2011, the terms of one-time and sole issuance of a sick list were significantly increased: by the attending physician it is given one-time up to 30 calendar days, and by the CEW it is fiven one-time up to 30 calendar days and for a total period of 10–12 months [17]. Since 2012, the terms of issuance of s/l by an attending physician and one-time issuance by a medical commission have been reduced to 15 calendar days [40]. At the same time, in deciding the issue of the terms of issuance of s/l are guided by the indicative terms of TD for the most common diseases and injuries, approved by the Ministry of Health and the Social Insurance Fund in 2000. [36]. These terms are of a recommendatory nature. The medical commission, when deciding on the issuance of s/l for periods exceeding the indicative terms, takes into account not only medical criteria of working capacity, but also social criteria.

The key regulatory document that led to a radical change in the indicators characterizing the state of TD is the Federal Law No. 5487-1 of 22.07.1993 "Fundamentals of Legislation of the Russian Federation on the Protection of Citizens' Health", in which one of the patient's rights is the observance of medical confidentiality [28]. Since 1995, the s/l has lost its function as a statistical document on the basis of which MWTD records were kept and reports were prepared. It should be noted that during the period of existence of the sick leave (certificate of incapacity for work) 3 types of printed forms and one electronic version were created. The first (1937–1994) and the second (1995–2006) forms contained the columns "Diagnosis" and "Final Diagnosis". In the "perestroika years", when using the old-type forms, these columns were no longer filled in. And since 2007 and in the subsequent forms of the 2011 form and the electronic version in 2020, in order to respect medical confidentiality and protect the patient's personal data, the boxes for recording the diagnosis are not provided [21, 24, 25, 35, 37]. Consequently, at the level of organizations, which submit s/l for payment to the accounting department, there is information on the number

of workers, the number of cases and days of TD, but there is no data on the diagnosis of diseases to calculate the generally accepted statistical indicators of TD status. Only the calculation of indicators by types of TD remains available.

In medical organizations, the main statistical document for recording the state of temporary disability is the "Ticket for a completed case of temporary disability" (form No. 025-9/u-96), introduced in health care practice since 1997 [31]. Based on the information contained in these coupons, the state statistical report of a medical and preventive institution (MPI) of the form No. 16-TD "Information on the causes of temporary disability" is formed. Medical information allows to keep records of types of temporary disability, diseases by nosological forms and gender of the patient. And to the regional level of health care system management from all medical institutions are submitted information on the absolute values of cases and days of incapacity for work by nosological forms of diseases in general and with a breakdown by sex. In connection with the accelerating transition in the Russian Federation to legally significant electronic document flow, including the active implementation of electronic medical records and medical information systems in the daily work of medical organizations, it becomes possible to generate various statistical reports, including the form 16-TD, in the form of electronic documents [30, 34]. At the same time, the content of this statistical form remains unchanged.

At the same time, on the one hand, information on the number of working men and women has been added to the statistics of TD indicators since 1997, which ensures the calculation of generally accepted indicators with sex distribution [42]. On the other hand, at the level of a particular medical institution, due to the lack of information on the number of working population, it is possible to calculate only the average duration of one case of ST in the structure of morbidity with temporary disability from the indicators.

An innovation since 2007 was the payment of benefits not only at the main place of work, which required changes in the statistics of TD accounting and reporting [22]. Health authorities at the regional level present TD statistics by absolute values of the number of cases and days of incapacity for work in the region per year instead of the previous intensive values. At the regional level, as well as at the level of an individual hospital, only the calculation of the average duration of one TD case and the calculation of the TD structure remain unchanged. In general, at the federal level of the country, due to the expansion of the private sector of the economy, the problem of obtaining information on the number of employees arises. Thus, by 2007, the previous practice of maintaining and studying TD statistics on the basis of unified state documentation, including in the health care sector itself, was lost.

It is possible that the introduction of electronic document flow, including electronic certificates of incapacity for work and electronic medical records, will make it possible to calculate TD indicators "number of cases" and "number of days" per 100 workers in certain sectors of economic activity. In particular, the calculation of these indicators in the health statistics of medical workers is possible due to the creation of the federal register of medical workers (FRMW) and organizations (FRMO).

CONCLUSION

Despite the cardinal change in the management of SSI at TD — the creation of federal and regional branches of the social insurance fund, the main directions of support for workers at TD occurrence, established in the Soviet period, are preserved. The development of the activities of the Russian social insurance fund, in accordance with the legislation, is aimed at improving the types and amounts of social payments, quality control Examination of temporary disability. The initially laid principle of collegiality in the examination of temporary incapacity for work is preserved and improved throughout the functioning of the social insurance system. The realization of one of the principles of health protection in the Russian Federation — the preservation of medical confidentiality — required legislative changes in the form s/l, accounting and reporting documentation on the examination of temporary disability. As a consequence, the statistical information, which in Soviet times allowed to calculate in full the indicators characterizing the state of TD, has changed. Digitalization of various spheres of economic activity, as well as methodological solution of the issue of taking into account s/l at the patient's place of work (both main and part-time) when calculating TD indicators will allow to expand sectoral statistics.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpre-

tation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

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