

MEDICAL REHABILITATION PROGRAMS IN INSURANCE CASE STUDY AND NEW REALITIES**A.M. Kurmanov, A.B. Bekmagambetov, A.Ye. Sabidullina[✉], L.I. Yedilbayeva**

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The purpose of this study is to analyze the impact of social protection measures for employees in the Republic of Kazakhstan based on the social insurance system, with a focus on coverage of necessary medical services. This article will provide a broad overview of current literature on social protection measures for workers, justifying the choice of research methods. The results will help to see the path of funds movement, as well as reflect current market prices for an approximate minimum package of necessary services and funds for the affected person. These data reflect the sufficiency of funds to cover a certain amount of necessary services and funds within the framework of current legislation. The following methods will be used: economic-statistical, evaluative-comparative, and logical and analytical. The current legislative framework for protecting the interests of workers in Kazakhstan will be identified. It is important to note that social protection for employees is an essential component of the economy, and reforms in this area must be effective in the long run. Kazakhstan is making efforts to improve its legislative framework in this regard. Cases that reflect modern market realities and the transformation of social protection will be presented. Social insurance for employees is an essential component of the overall social protection system for the population. This insurance provides financial support to employees in times of illness, injury, or temporary disability, as well as in the event of the loss of a primary provider for their family. This ensures the stability and security of working individuals and their relatives.

Keywords: employee health insurance, social protection of employees, Occupational safety and health, industrial accidents, Compensation for harm, medical rehabilitation measures.

САҚТАНДЫРУДАҒЫ МЕДИЦИНАЛЫҚ ОҢАЛТУ БАҒДАРЛАМАЛАРЫ: ІС ӘДІСІ ЖӘНЕ ЖАҢА ШЫНДЫҚТАР**А.М. Курманов, А.Б. Бекмагамбетов, А.Е. Сабидуллина[✉], Л.И. Едильбаева**Қазақстан Республикасы Еңбек және халықты әлеуметтік қорғау министрлігінің Еңбекті қорғау жөніндегі республикалық ғылыми-зерттеу институты, Астана, Қазақстан,
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Бұл зерттеудің мақсаты қажетті медициналық қызметтермен қамтуға баса назар аудара отырып, әлеуметтік сақтандыру жүйесіне негізделген Қазақстан Республикасындағы қызметкерлерді әлеуметтік қорғау шараларының әсерін талдау болып табылады. Бұл мақалада зерттеу әдістерін таңдауды негіздейтін қызметкерлерді әлеуметтік қорғау шаралары туралы заманауи әдебиеттерге кең шолу жасалады. Нәтижелер қаражаттың қозғалу жолын көруге көмектеседі, сонымен қатар зардап шеккен адамға қажетті қызметтер мен қаражаттың минималды пакетінің ағымдағы нарықтық бағаларын көрсетеді. Бұл деректер қолданыстағы заңнама шеңберінде қажетті қызметтер мен қаражаттың белгілі бір көлемін жабу үшін қолма-қол ақшаның жеткіліктілігін көрсетеді. Келесі әдістер қолданылады: экономикалық-статистикалық, бағалау-салыстырмалы және логикалық-аналитикалық. Қазақстандағы қызметкерлердің мүдделерін қорғау үшін қолданыстағы заңнамалық база айқындалатын болады. Қызметкерлерді әлеуметтік қорғау экономиканың маңызды құрамдас бөлігі болып табылатынын және бұл саладағы реформалар ұзақ мерзімді перспективада тиімді болуы керек екенін атап өткен жөн. Қазақстан осыған байланысты өзінің заңнамалық базасын жетілдіруге күш салуда. Қазіргі заманғы нарықтық шындықты және әлеуметтік қорғау жүйесінің трансформациясын көрсететін кейстер ұсынылатын болады. Қызметкерлерді әлеуметтік сақтандыру халықты әлеуметтік қорғаудың

жалпы жүйесінің маңызды құрамдас бөлігі болып табылады. Бұл сақтандыру қызметкерлерге ауырған, жарақат алған немесе уақытша еңбекке жарамсыз болған жағдайда және олардың отбасылары үшін негізгі асыраушысынан айырылған жағдайда қаржылық қолдау көрсетеді. Бұл жұмыс істейтін адамдар мен олардың жақындарының тұрақтылығы мен қауіпсіздігін қамтамасыз етеді.

Түйін сөздер: қызметкерлерді медициналық сақтандыру, қызметкерлерді әлеуметтік қорғау, Еңбекті қорғау, өндірістегі жазатайым оқиғалар, зиянды өтеу, медициналық оңалту жөніндегі іс-шаралар.

ПРОГРАММЫ МЕДИЦИНСКОЙ РЕАБИЛИТАЦИИ В СТРАХОВАНИИ: КЕЙС МЕТОД И НОВЫЕ РЕАЛИИ

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Целью данного исследования является анализ влияния мер социальной защиты работников в Республике Казахстан, основанных на системе социального страхования, с акцентом на охват необходимыми медицинскими услугами. В этой статье будет представлен широкий обзор современной литературы о мерах социальной защиты работников, обосновывающий выбор методов исследования. Результаты помогут увидеть путь движения средств, а также отражает актуальные рыночные цены на приближенно минимальный пакет необходимых услуг и средств для пострадавшего лица. Эти данные отражают достаточность денежных средств для покрытия определенного объема необходимых услуг и средств в рамках действующего законодательства. Будут использованы следующие методы: экономико-статистический, оценочно-сравнительный и логико-аналитический. Будет определена действующая законодательная база для защиты интересов работников в Казахстане. Важно отметить, что социальная защита работников является важным компонентом экономики, и реформы в этой области должны быть эффективными в долгосрочной перспективе. Казахстан прилагает усилия для совершенствования своей законодательной базы в этом отношении. Будут представлены кейсы, отражающие современные рыночные реалии и трансформацию системы социальной защиты. Социальное страхование работников является важным компонентом общей системы социальной защиты населения. Это страхование обеспечивает финансовую поддержку работникам в случае болезни, травмы или временной нетрудоспособности, а также в случае потери основного кормильца для их семей. Это обеспечивает стабильность и безопасность работающих людей и их близких.

Ключевые слова: медицинское страхование работников, социальная защита работников, охрана труда, несчастные случаи на производстве, возмещение вреда, мероприятия по медицинской реабилитации.

Introduction. Employee health insurance is part of a compulsory insurance system that aims to protect employees from financial risk associated with various social risks, including illness, disability, job loss, and old age. The purpose of this insurance is to provide social protection for employees and their families through the provision of benefits and compensation in case of an insured event. Occupational safety and health (OSH) are an essential part of the Decent Work program of the International Labour Organization (ILO). The ILO defines "decent work" as the right to productive

employment in conditions of freedom, equality, security, and human dignity, and states that work can only be considered decent if it is safe and healthy [1].

However, according to the Global Monitoring Report published by the World Health Organization (WHO) and the ILO, during 2016, 1.9 million people worldwide died from occupational diseases and injuries. Most of these deaths were due to respiratory and cardiovascular conditions [2]. Occupational accidents have a significant impact on people's well-being and can lead to high costs for social health and insurance systems in any country,

disrupting the sustainability of production systems and working life. To address these challenges, it is essential to implement effective measures that take full advantage of advances in safe, healthy, and decent work. These measures should aim to maintain a sustainable production system while ensuring the well-being of workers. Work-related injuries are a growing concern in the workforce, as they can have a significant impact on organizations, especially financially. However, researchers disagree on the definition of indirect costs associated with workplace accidents. This study uses simulated scenarios based on current market conditions to calculate costs.

The functions of providing medical rehabilitation for victims at work are not necessarily solved within the framework of the accident insurance system. In different EU countries, the situation with medical rehabilitation differs significantly from one another. In some countries, the NS and PP insurance system has responsibilities for all types of rehabilitation (including professional and social), in others - only vocational rehabilitation, in others – only medical rehabilitation [3].

Various cases were considered in the development of these scenarios, which were built upon examples from different industries. Despite the growing number of well-designed studies confirming the effectiveness of comprehensive rehabilitation programs from an evidence-based medicine perspective, access to them in the Republic of Kazakhstan remains somewhat difficult due to both the imperfections of the regulatory framework and the lack of insurance coverage for such programs.

In the last 2-3 years, there have been changes to the regulatory framework for medical rehabilitation, and therefore, it is of great practical interest to analyze the existing regulatory framework and its impact on simulated cases. The aim is to evaluate the effectiveness of the changes in the regulatory framework governing medical rehabilitation in Kazakhstan using case studies as an example.

This study expands the understanding, interrelation and interaction in the totality of understanding of medical rehabilitation and

insurance, and reflects modern market realities in the framework of the implementation of current legislative acts in this area based on the given cases based on market prices in Kazakhstan.

Materials and methods. The investigation relies on a comprehensive analysis of international and national statistical reports, as well as official publications issued by prominent international financial institutions, serving as the foundation for our research. The main research methods for the development are: a method of systematization and generalization for a comprehensive review of the mechanisms of state assistance to the development of the medical rehabilitation, a method of analyzing documents for studying legislation in the field under study and a method of logical generalization for the development of conclusions. All the legislative acts and regulations specified in this article in the field under study are valid documents and are relevant.

In order to evaluate the state of infrastructure development within the Republic of Kazakhstan regarding medical rehabilitation services provided within the context of insurance coverage, it is crucial to assess the efficacy of resource allocation within the rehabilitation process. When a country maintains a conducive regulatory environment characterized by low levels of corruption, coupled with the implementation of effective laws, governmental programs, and strategic development plans, it significantly impacts the behavior of subjects.

Employee insurance is an essential component of the social protection system for the population. It provides financial protection for employees in case of illness, injury, temporary disability, or loss of a breadwinner. This helps ensure stability and security for workers and their families.

The basic principles of employee insurance include mandatory participation in the system for all working citizens, solidarity in covering risks, and fair distribution of financing between employees and employers.

Employee social security systems can vary from country to country depending on legislation and socio-economic conditions, but their goal is always to provide social protection for workers. In general,

employee social insurance plays an important role in ensuring the stability and well-being of employees and their families. It provides them with protection against financial risks associated with work.

However, the amounts allocated for medical rehabilitation of injured employees may not always be sufficient to cover all their needs. In order to determine the level of coverage in modern Kazakhstan, we have studied the legislative framework and built case models.

Results and discussion. Industrial accidents and occupational illnesses not only cause harm to individuals and their families, but also significantly impact society's economy. The International Social Security Association estimates that the annual cost of non-fatal workplace accidents alone amounts to approximately 4% of the global gross domestic product [4].

In recent years, there has been a trend towards a decrease in workplace accidents [5]. This can be attributed to preventive measures and initiatives implemented by companies and government agencies, as well as the increasing proportion of the workforce employed in sectors with lower accident rates, such as services [6]. The reintegration of workers into the workforce through the support provided by state occupational accident insurance is a critical aspect that may significantly impact the effectiveness of occupational rehabilitation services and individuals' utilization of medical services.

The specific composition of the workforce, psychological factors, and the level of healthcare provided in the event of industrial accidents all play a crucial role in determining whether individuals who have sustained work-related injuries to their neck, back, or shoulders will return to the labour market or resume their original employment [7-9].

For instance, several demographic variables such as gender and income, as well as psychosocial factors such as an individual's confidence level, can significantly influence the likelihood of patients returning to their pre-injury employment. Furthermore, rehabilitation-related factors, such as the successful completion of rehabilitation programmes, also play a pivotal role in facilitating

the reintegration process [9]. Industrial accidents and their repercussions have emerged as a significant concern in contemporary society. The construction industry, in particular, bears a notable responsibility, accounting for a staggering 21.5% of fatalities and 12.7% of injuries [10]. Beyond the incalculable loss of human lives and societal well-being, these occurrences have a direct impact on the organizational structure and operational efficiency of companies, resulting in a decline in productivity and profit margins. In the legislative framework of the Russian Federation, medical rehabilitation is defined as a comprehensive set of medical and psychological interventions aimed at either the full or partial restoration, and in some cases, compensation for impaired or lost functions of an affected organ or system. This process also involves maintaining bodily functions during acute pathological processes or exacerbations of chronic conditions. Furthermore, it encompasses preventive measures, early detection, and correction of potential functional impairments in damaged organs or systems, aiming to prevent disability, enhance quality of life, maintain employment capacity, and promote social reintegration of patients into society [11-12].

In the context of Kazakhstan, the government is actively working to expand and enhance the infrastructure of rehabilitation centers across the country, with a focus on providing comprehensive healthcare services for the rehabilitation of individuals. Pursuant to the regulations on medical rehabilitation, as stipulated in Decree No. 21381 dated October 9, 2020 [13], the process of medical rehabilitation constitutes a comprehensive array of medical services designed to preserve, partially or fully restore, and (or) replace impaired and/or lost functions of an individual's body.

In the year 2013, Order No. 759, issued by the Ministry of Healthcare of the Republic of Kazakhstan on December 27th, 2013 [14], formalized a standard for the provision of medical rehabilitation services to the population within the country, mandating that such rehabilitation be delivered through a multidisciplinary approach involving medical professionals from various

specialties, with a phased approach to restoring patients' health status. On January 31, 2024, the Ministry of Health of the Republic of Kazakhstan issued Order No. 20 [15], which approved the Rules for Reimbursement of Expenses for Preventive and/or Rehabilitation Measures under Compulsory Insurance for Employees in the Performance of Official Duties. These Rules establish the procedure for the reimbursement of expenses related to preventive and/or rehabilitation measures. Within the framework of this document, rehabilitation measures are defined as a set of actions aimed at restoring a worker's professional capacity and reducing their level of disability.

The term "preventive measures", in turn, refers to initiatives designed to establish and enhance safe working conditions and provide mechanisms for their compensation.

A comprehensive list of preventive measures has been established, providing guidance on the types of measures that policyholders can seek reimbursement for from their insurers under the provisions of the "Law of the Republic of Kazakhstan on Compulsory Insurance of Employees against Accidents in the Performance of Labor (Official) Duties"[16].

The mechanism of harm caused by injury to health is explored in greater detail below. Should the employee have been asked a question at the time of an accident or occupational injury, and his presence at the scene could be explained by the fulfillment of his work obligations, he is entitled to receive social compensation, including reimbursement for expenses incurred by employees in the course of their labour or other duties as prescribed by the laws of the Republic of Kazakhstan.

1. Compensation for damage caused by damage to health from the employer's funds.

- Compulsory social benefits for disability.

In accordance with Article 133 of the Labor Code of the Republic of Kazakhstan [17], in case of an occupational injury or injury to health, the employer is obliged, at his own expense, to pay employees social benefits for temporary disability in the amount of one hundred percent of the average

salary from the first day of disability. The basis for the payment of social benefits for temporary disability are disability certificates.

- Compensation for damage caused by damage to health

According to paragraph 3 of Article 122 of the Labor Code of the Republic of Kazakhstan [17], when harm is caused to an employee related to the establishment of the degree of loss of professional ability from five to twenty-nine percent inclusive, the employer is obliged to reimburse the employee for lost earnings and expenses caused by damage to his health. The amount of expenses caused by damage to health reimbursed by the employer during the period of determining the degree of disability may not exceed two hundred and fifty monthly calculation indices established for the corresponding financial year by the law on the republican budget at the time of payment.

A guaranteed amount of free medical care at the expense of budgetary funds is provided to citizens regardless of the status of insurance:

- ambulance services, including with the involvement of medical aviation in certain cases;

- Primary health care services (PHC)

Specialized outpatient medical care: services for injuries, poisoning or other urgent conditions;

- Medical rehabilitation:

- in the treatment of the underlying disease;

- for tuberculosis patients;

Palliative care.

Citizens who regularly pay contributions to the CSHI and have the status of "INSURED" can receive a wider range of medical services without paying them additionally. The list of compulsory social health insurance also includes medical rehabilitation.

The employer must pay social benefits for temporary disability either until the person fully recovers and goes to work, or until the employee is examined and the medical and social examination (ITU) determines the disability and the degree of loss of his professional ability to work.

- Voluntary health insurance and voluntary social benefits

Kazakhstan maintains a high level of private spending on medical care.

Collective agreements may provide for one-time payments by the employer for burial and loss of a breadwinner, depending on the composition of the family, if death occurred as a result of an occupational injury or occupational disease, as well as benefits for various disability groups.

2. Compensation for damage caused by damage to health from an insurance company (with which the employer is obliged to conclude a compulsory accident insurance contract for the employee).

A) In accordance with paragraph 2 of Article 19 of the Law of the Republic of Kazakhstan "On compulsory insurance of an employee against accidents in the performance of his/her labor (official) duties" [16] compensation for additional expenses caused by damage to the employee's health in case of establishing the degree of loss of professional ability from thirty to one hundred percent is carried out by the insurer on the basis of documents confirming these expenses are presented by the employee or the person who incurred these expenses. At the same time, expenses for medical care provided within the guaranteed volume of free medical care and in the system of compulsory social health insurance are not subject to reimbursement.

The total amount of insurance payments for reimbursement of additional expenses caused by damage to health may not exceed the following amounts (in monthly calculation indices established for the corresponding financial year by the law on the republican budget):

- when determining the degree of loss of professional ability to work from thirty to fifty – nine percent inclusive - 500;
- when determining the degree of loss of professional ability to work from sixty to eighty – nine percent inclusive - 750;
- when determining the degree of loss of professional ability to work from ninety to one hundred percent inclusive – 1,000.

B) In accordance with Chapter 2 of the Rules for Reimbursement of Costs for Preventive Measures and (or) Rehabilitation Measures [15], the insurer, in addition to reimbursing the additional costs specified in paragraph A, reimburses the policyholder and (or) the beneficiary for the costs actually incurred (part of the costs) for preventive measures (according to the list) within the limits the sum insured provided for in the employee's compulsory accident insurance contract. The maximum amount of reimbursement of the costs of the policyholder and (or) the beneficiary may not exceed 6 (six) percent of the paid insurance premium calculated on the expiration date of the compulsory employee accident insurance contract concluded between the policyholder and the insurer.

C) In accordance with Chapter 3 of the Rules for Reimbursement of Costs for Preventive Measures and (or) Rehabilitation Measures, the insurer, in addition to reimbursing the additional costs specified in paragraph A, reimburses the policyholder and (or) the beneficiary for the costs actually incurred (part of the costs) for social and (or) vocational rehabilitation in accordance with Appendix 3 (see Table 1) to The Rules and the MR for the IPAR of persons with disabilities (not included in the guaranteed amount of free medical care and compulsory social health insurance). The maximum amount of reimbursement of the costs of the policyholder and (or) the beneficiary may not exceed 6 (six) percent of the paid insurance premium calculated on the expiration date of the compulsory employee accident insurance contract concluded between the policyholder and the insurer.

An important point for citizens of the Republic of Kazakhstan is that if the list of documents necessary for reimbursement of costs is available in electronic form in databases or information systems of state bodies, it is not required to be provided by the policyholder or beneficiary. The insurer can access this information through the organization responsible for maintaining the database.

To calculate the amount of compensation, the insurer obtains the necessary documents from the database or information system with the consent of the beneficiary through the same organization.

The insurer is still responsible for reimbursing costs associated with rehabilitation measures for events that occur during the validity period of the employee's mandatory accident insurance policy. After the initial determination of the degree of loss of ability to work due to an injury, the injured employee is entitled to receive compensation for the costs of one sanatorium treatment, regardless

of their individual rehabilitation program. The reimbursement of these expenses is carried out up to a maximum of 100 times the monthly index established by law for the corresponding financial year in the republican budget. This compensation is based on documents confirming the expenses incurred.

Table 1 - Appendix 3 to the Rules for Reimbursement of costs for preventive (or) rehabilitation measures. Measures for social and (or) vocational rehabilitation

1. Social rehabilitation	psychological support, assistance and correction services;
	medical and psychological consultations;
	consultations on rehabilitation and a healthy lifestyle.
2. Professional rehabilitation	workplace modernization to improve work processes and employee adaptation;
	training in professional retraining and advanced training courses;
	provision of therapeutic and preventive nutrition for medical reasons;
	auto-correction (use of bandages, orthoses, corsets) depending on the working conditions and the production process.
3. Restorative and reconstructive rehabilitation	rehabilitation and rehabilitation therapy (medication, physical, occupational therapy, kinesiotherapy, manual therapy, spa recreation);
	reconstructive surgery: services for restoring the integrity of the human body systems responsible for movement, restoring the biological functions of the skin, maximizing functional abilities and recovery, minimizing the consequences caused by an industrial accident;
	prosthetic and orthopedic care (selection and use of means of movement, orthoses, orthopedic shoes);
	development and training of programs using step-by-step tasks and actions as a prerequisite for involvement in functional training in elementary self-care activities (including self-care).
4. Speech therapy and language rehabilitation	clinical and/or instrumental examinations, diagnosis, treatment and management of speech, voice, language, fluency and swallowing disorders that affect the ability to communicate;
	acquisition of communication systems and devices for persons with disabilities in verbal communication.

Source: compiled from the source [15]

1. State benefits for disability due to labor injury or occupational disease.

In accordance with Article 937 of the Civil Code of the Republic of Kazakhstan [18], when a citizen is injured or otherwise damaged, the victim's lost earnings (income), which he had or definitely could

have had in connection with the establishment of his degree of loss of professional ability to work in the performance of his labor (official) duties, is subject to compensation for the entire period of disability. This type of compensation payments belongs to the compulsory social insurance system and is regulated

by the Law of the Republic of Kazakhstan "On Compulsory Social Insurance" [19]. The State Social Insurance Fund (Fund) is formed on the basis of social contributions that the employer is obliged to make. In this context, the employer is a payer of social contributions. The employer makes monthly social contributions for its employees in the form of 5% of the salary of each employee. At the same time, an independent employed person, for example, an individual entrepreneur, can also be a payer. The recipient of the social payment is a person for whom payments were made, or who paid social contributions to the State Social Insurance Fund (SSIF). SSIF is established by the state as an off—budget organization and is not included in the state budget system.

In case of compensation for earnings or part of it, the disability pension assigned to the victim in connection with an occupational injury, as well as other pensions assigned both before and after an occupational injury, are not counted towards compensation. Also, the earnings received by the victim after the injury are not counted towards the compensation for harm.

In accordance with paragraph 3 of Article 248 of the Social Code of the Republic of Kazakhstan [20], persons with disabilities of groups I and II are exempt from paying mandatory pension contributions (hereinafter – OPV) if the disability is established indefinitely. These categories can pay OPV upon application (voluntarily).

In accordance with paragraph 6 of Article 248 of the Social Code of the Republic of Kazakhstan, agents for persons with disabilities of groups I and II are exempt from paying mandatory pension contributions from the employer (hereinafter – OPVR), if the disability is established indefinitely.

In accordance with article 26 of the Law "On Compulsory Social Health Insurance", contributions for persons with disabilities (regardless of the group and the validity period of the disability certificate) are paid by the State. Employers are exempt from paying CSHI deductions for employees with disabilities in accordance with paragraph 3 of article 27 of the CSHI Law.

In accordance with paragraph 5 of the Social Code of the Republic of Kazakhstan, people with disabilities receive the state social disability allowance for the entire period of disability (ITU), which depends on the subsistence minimum (PM) established for the current year: disabled people of group I - 2.20 PM, disabled people of group II - 1.83 PM, disabled people of group III - 1.61 PM.

The case method made it possible to apply theoretical knowledge to solving practical problems regarding the monetary coverage of the needs of the injured person during work. This approach compensates for an exclusively scientific approach and provides a broader understanding of the business and market processes.

Case 1. Injury at the production site (see Table 2).

An employee (engineer) of the airline, while performing his official duties at a technical warehouse, was hit on the shoulder as a result of the departure of the mechanism parts.

First aid was provided at the scene by paramedics (a health center paramedic, as the injury was sustained on the territory of the enterprise). Next, the victim was transported to a medical facility. As a result of the accident, according to the Rehabilitation Routing Scale, the patient was assigned 3 (Severe dysfunction and disability), ICD 10 S42 [21].

The treatment was carried out in inpatient conditions, providing round-the-clock medical supervision, treatment, care, as well as the provision of a bed with meals.

After the transfer of the patient from the specialized department to the rehabilitation department within the same medical organization, physiotherapy and massage, as well as consultations with other specialists, are prescribed according to indications. All of the above expenses were covered under the CSHI.

At the company, at the scene of the accident, occupational safety and health specialists took measures to organize an investigation of the accident and prepare investigation materials, and notifications of the incident were sent to a number of authorities. The accident was classified by

the commission conducting the investigation as an industrial accident, as a result of which an industrial accident act was issued. One copy of the act on the investigation of a group industrial accident, together with copies of the investigation materials, was sent to the executive body of the insurer (within three days). Upon notification of an insured event that occurred during the period of insurance coverage under the employee's compulsory accident insurance contract, the insurer immediately registered it and submitted information on this insured event to the organization for the formation and maintenance of a database in accordance with the regulatory legal act of

the authorized body for regulation, control and supervision of the financial market and financial organizations.

During the medical examination, the degree of loss of professional ability to work was determined from thirty to fifty-nine percent, inclusive, for 6 months. The victim required additional expenses caused by damage to his health, which are not included in the costs of medical care provided within the guaranteed volume of free medical care and in the compulsory social health insurance system. These expenses are covered by the insurance company in the amount of 500 MCI for 2024 (3,692 tenge).

Table 2 - Calculation according to case No. 1 on medical rehabilitation (loss of professional ability to work from 30 to 59%)

Sources of payment	Tenge
1. Guaranteed volume of free medical care, including [22-24]:	49 080
1.1 Emergency medical care (transportation to a medical institution)	18 000
1.2.MRI of the shoulder joint	22 000
1.3. Examination by a doctor (primary) - surgeon	2 700
1.4. Primary surgical treatment of the wound	3 700
1.5. Novocaine blockade	1 300
1.6. Dressing	1 380
2. Compulsory social health insurance, including [25-31]:	223 000
2.1. Round-the-clock medical supervision, treatment, care, 10 days (12,000 tenge for 1 day, observation and care of a patient in a hospital)	120 000,00
2.2. Provision of a bed with meals, 10 days (4,200 for 1 day, stay in an inpatient ward)	42 000,00
2.3. Physiotherapy (1,500 tenge per session)	15 000
2.4. Massage (2500 tenge per session)	25 000
2.5. Consultations with other specialists (Doctor's consultation (first category) - 4200 tenge per 1 appointment)	21 000
3. Compulsory insurance of employees against accidents in the performance of their work (official) duties	2 053 000
3.3. Additional expenses caused by damage to the employee's health (up to 500 MCI, where the MCI is 3,692 tenge in 2024)	1 846 000
3.4. Reimbursement of preventive measures to the policyholder (6% of the insurance premium) $3450000 \times 6\% = 207,000$ tenge	207 000
Total:	2 325 080

Source: compiled from the source [15]

In accordance with Chapter 2 of the Rules for Reimbursement of Costs for Preventive Measures and (or) Rehabilitation Measures, the insurer, in addition to reimbursing the additional costs specified above, reimburses the policyholder and (or) the beneficiary for the costs actually incurred (part of the costs) for preventive measures (according to the list) within the insurance amount provided for by the compulsory insurance contract an employee from accidents. The maximum amount of reimbursement of the costs of the policyholder and (or) the beneficiary may not exceed 6 (six) percent of the paid insurance premium calculated on the expiration date of the compulsory employee accident insurance contract concluded between the policyholder and the insurer.

Reimbursement was carried out by the insurer to the current account of the policyholder and (or) the beneficiary, opened in a second-tier bank and indicated in the application, within 7 (seven) business days from the date of receipt of the application and all documents.

Case 2. Injury at the production site (covered by the loss of earnings for 6 months by the insurance company, see Table 3).

An employee of a transport company, while performing his official duties at the workplace (warehouse of goods), suffered a head injury as a result of a fall of incorrectly fixed loads (goods / parts) of vehicles.

First aid was provided at the scene, which was provided by medical workers (a health center paramedic, since the injury occurred on the territory of the enterprise). Next, the victim was transported to a medical facility. As a result of the accident, according to the Rehabilitation Routing Scale, the patient was assigned 4 (Gross dysfunction and disability), ICD 10 S01.9 [20]. Treatment was provided in inpatient conditions, providing round-the-clock medical supervision, treatment, care, as well as the provision of a bed with meals.

After the transfer of the patient from the specialized department to the rehabilitation department within the same medical organization, physiotherapy and massage, as well as consultations

with other specialists, are prescribed according to indications. All these expenses were covered within the framework of the CSHI.

At the company, at the scene of the accident, occupational safety and health specialists took measures to organize an investigation of the accident and prepare investigation materials, and notifications of the incident were sent to a number of authorities. The accident was classified by the commission conducting the investigation as an industrial accident, as a result of which an industrial accident act was issued. One copy of the act on the investigation of an industrial accident, together with copies of the investigation materials, has been sent to the executive body of the insurer (within three days). Upon notification of an insured event that occurred during the period of insurance coverage under the employee's compulsory accident insurance contract, the insurer immediately registered it and submitted information on this insured event to the organization for the formation and maintenance of a database in accordance with the regulatory legal act of the authorized body for regulation, control and supervision of the financial market and financial organizations.

As a result, a monthly insurance payment was assigned to the injured employee as compensation for damage related to the loss of earnings (income) by the employee in connection with the establishment of the degree of loss of professional ability from 60 to 89 percent inclusive, which is carried out by the insurer for a period of 6 months (where it is necessary to take into account that the amount of average monthly earnings (income), taken into account for the calculation to be reimbursed for lost earnings (income) does not exceed ten times the minimum wage, established for the relevant financial year by the law on the republican budget, on the date of conclusion of the contract of compulsory insurance of an employee against accidents.)

Compensation was carried out by the insurer to the current account of the policyholder and (or) the beneficiary, opened in a second-tier bank and indicated in the application after the fact of confirmation of the insured event.

Table 3 - Calculation according to case No. 2 for medical rehabilitation (taking into account the insurance company's coverage of the loss of earnings for 6 months)

Sources of payment	Tenge
1. Guaranteed volume of free medical care, including [22-24]:	41 700
1.1 Emergency medical care (transportation to a medical institution)	18 000
1.2. MRI of the head	21 000
1.3. Examination by a doctor (primary) -surgeon	2 700
1.4. Primary surgical treatment of the wound	3 700
1.5. Novocaine blockade	1 300
1.6. Dressing	1 380
2. Compulsory social health insurance, including [25-31]:	474 300
2.1. Round-the-clock medical supervision, treatment, care, 24 days (12,000 tenge for 1 day, observation and care of a patient in a hospital)	288 000,00
2.2. Provision of a bed with meals, 24 days (4,200 for 1 day, stay in the ward of the inpatient department)	100 800,00
2.3. Physiotherapy (1,500 tenge per session)	22 500,00
2.4. Massage (2500 tenge per session)	37 500,00
2.5. Consultations with other specialists (Doctor's consultation (highest category) - 5000 tenge for 1 appointment)	25 000,00
3. Basic income (MCI 3,692 tenge in 2024; minimum wage 85,000 tenge in 2024, the legal limit is 850 000 tenge) :	3 236 000
4.1. Compensation for lost earnings for 6 months* Approximately	510 000
4.2. Monthly insurance payment to an employee as compensation for damage at work for 6 months* Approximately	70 833
4.3. Additional expenses caused by damage to the employee's health (up to 750 MCI, where the MCI is 3,692 tenge in 2024)	2 769 000
4.4. Reimbursement of preventive measures to the policyholder (6% of the insurance premium) $3450000 \times 6\% = 207,000$ tenge	207 000
Total:	3 992 500

Source: compiled from the source [15]

Conclusion. Based on the findings of the study, several conclusions can be drawn. There is a substantial body of research dedicated to the specific aspects of industrial accidents and occupational diseases in various countries, including an analysis of the state's role in this context. To examine the state's involvement, the legal framework of the Republic of Kazakhstan is presented, along with case studies used for analysis.

Within the scope of this research, the constructed scenarios by the authors revealed that the allocated amounts within the legally established limits are insufficient to meet all the needs of those

affected. The developed set of scenarios allowed for a comparison of market prices in Kazakhstan, considering the legally defined resources.

Overall, Kazakhstan demonstrates a commendable approach in its policy-making, grounded on-The right to compensation is designed to safeguard the rights and interests of individuals who have suffered harm in the course of their employment. However, in order to identify additional incentives for allocating financial resources towards supporting victims, expanding infrastructure, and enhancing the quality of rehabilitation centers across the country, it is essential to examine the experiences of various

nations. These measures should be aligned with the most pressing issues in the realm of social security.

The role of the state in the development of medical rehabilitation in Kazakhstan is one of the central, determining ones. First of all, we are talking about the creation of favorable economic and political conditions, which researchers attribute to the number of determining factors in the development of medical rehabilitation services provided within the framework of insurance coverage. In the context of economic conditions, we are talking about the degree of state regulation of the industry. The rules for reimbursement of expenses for preventive (or) rehabilitation measures, social and (or) professional rehabilitation measures include a fairly wide range of services, which today are quite expensive services and goods on the market of Kazakhstan. According to the

researchers, the examples given in the cases are the minimum package of what the victim will be able to receive and do not confirm sufficient data of services for the recovery of the sick person and his successful return to society. This study is only the initial stage, reflecting market realities, and the data for a comparative analysis of the level of adequate insurance coverage should still be studied in subsequent studies.

Financing: *The scientific results were obtained within the framework of program-targeted funding by the Ministry of Labor and Social Protection of the Population of the Republic of Kazakhstan (scientific and technical program No. BR22182673 «Transformation of the state mechanism of social guarantees in respect of persons employed in harmful working conditions in the modern context».*

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