

LEGAL ANALYSIS OF LOCAL GOVERNMENT SUPPORT IN THE DISTRIBUTION OF PARTICIPANTS RECEIVING CONTRIBUTION ASSISTANCE TO PRIVATE PRIMARY HEALTH CARE FACILITIES

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Abstract

Local governments are crucial in managing the National Health Insurance (Jaminan Kesehatan Nasional, JKN). Despite various advancements, issues surrounding the uneven distribution of Participants Receiving Premium Assistance (PBI) persist and fail to meet the principles of justice. This situation also threatens the rights of JKN participants. This research aims to evaluate the support provided by local governments to the JKN program. The research methodology employs a juridical normative approach. Research findings reveal an agreement that all PBI participants must be registered with Community Health Centers (Puskesmas), resulting in limited freedom for PBI participants, including those who are impoverished and underprivileged, to select healthcare facilities by the provisions of the Health Law. Legally, local government support for the JKN program is explicitly stated in the Health Insurance Law (Badan Penyelenggara Jaminan Sosial (BPJS) Law) and Government Regulation Number 82 of 2018. However, the distribution of PBI participants has still not been fully implemented.

Keywords: *Health Insurance, Local Government, Private Sector.*

INTRODUCTION

National Health Insurance (Jaminan Kesehatan Nasional (JKN)) is a national program based on Law Number 40 of 2004 concerning the National Social Security System (UU SJSN). It aims to protect all Indonesian citizens from financial risks due to illness so that they can meet the basic needs of a decent life. Indonesia has chosen social health insurance because it can encourage universal coverage, prevent market failure, increase macro efficiency, ensure justice, and support health development as a manifestation of people's welfare.

The implementation of health insurance is further regulated based on Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS Law), in which the government

forms and appoints a health insurance organizing body as the sole operator of JKN for all Indonesian citizens. Through this program, all Indonesian citizens will receive the same health coverage, regardless of geographical, economic, social, cultural, religious, and political conditions in the region. The implementation of JKN has made BPJS Kesehatan the world's most significant social health insurance program with a single payment system. BPJS Kesehatan has implemented the National Health Insurance Program-Indonesian Healthy Card (JKN-KIS) since 2014.

The role and support of local governments are vital for the community's welfare and justice by the SJSN Law's mandate and its derivative regulations, including Presidential Regulation Number



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82 of 2018. After 8 years of JKN implementation by BPJS Kesehatan, much progress has been achieved. Among them are equal benefits for all citizens, comprehensive services that cover high-cost diseases, and increased access to health services for workers and the general public. Local governments have an essential role in implementing decentralization because it brings the government closer to the needs of the surrounding community, one of which is health (Saito, 2008). With decentralization through the role of local governments, it is hoped that individuals who were previously unable to be better cared for or were reluctant to seek medical care due to high costs will find it easier to overcome health problems since the implementation of JKN. This also directly impacts the productivity of workers and the general public. As predicted, the JKN program also positively impacts health spending.

However, behind the success above, there are still many underprivileged people who have not been able to access JKN because they have not registered, and people who have registered for JKN have difficulty accessing it because the Health Facilities are too far from where they live. This is triggered by problems in BPJS Regulation Number 1 of 2017 concerning the Equalization of Participants in Primary Health Facilities (Pemerataan Peserta di Fasilitas Kesehatan Tingkat Pertama (FKTP)), which have not been implemented. The number of Capitations in government-owned FKTPs is too excessive compared to the number of capitations in private FKTPs. So, the quality of health services will decline because participants exceed

the capacity that can be handled. FKTPs have not received the impact of Presidential Regulation No. 82 of 2018, which aims to equalize the distribution of JKN participants with the aim of humanity, improving health services, and the principle of justice.

Other data shows that in the *Memorandum of Understanding* (MoU) between the Regional Government and BPJS Kesehatan, there is a mutual agreement that all Regional Contribution Assistance Recipients (PBI) will be placed in FKTP owned by the regional government. This is certainly not in line with the principles and objectives of the SJSN Law and the BPJS Law. The Presidential Regulation on JKN states that regional governments must provide opportunities for Private FKTP to organize health services through the JKN program.

Unfair distribution results in JKN participants' rights not being violated by the law. Namely, the right to choose health facilities (fakes) cannot be realized, even though the law stipulates that everyone has the right to choose a health facility. Another condition is a decrease in the number of participants, both Contribution Assistance Recipients (PBI) and independent participants, which decreased by 224,149,091 in 2019 to 222,461,906 participants in 2020. This decline occurred due to the worsening national economy due to the COVID-19 pandemic, which increased the burden on local governments, reducing the number of PBI participants. (BPJS Kesehatan, 2022)

The principle of social security is based on the principle of portability, where people can quickly get access to

health services wherever they are (Arimbi, 2022). Presidential Regulation No. 82 of 2018, Article 7 regulates the transfer of participants, and paragraph (4) states that in a situation where participants registered at FKTP are not evenly distributed, BPJS Kesehatan can transfer participants to another FKTP. Transferring participants to another FKTP by paragraph (4) must consider the number of registered participants, the availability of doctors, health workers other than doctors, and facilities and infrastructure at the FKTP. This provision is regulated in BPJS Kesehatan Number 1 of 2017 concerning the equal distribution of participants in first-level health facilities. Unfortunately, not all of the above rules have been implemented.

By considering the gaps above, through this research, new policies will emerge that need to be improved in the legal system, especially in compliance with implementing applicable legal norms by the government. This aims to maximize local government support without exception, thus creating justice for the community, especially people with low incomes and private health facilities. This is because the National Health Insurance (JKN) is not only the responsibility of the central government alone but also a shared responsibility between the government, local governments, the private sector, and the community. Thus, this research is expected to be able to overcome the problem so that the community (PBI participants) can more easily access quality health services by the principles stipulated in the SJSN Law, and private health facilities can play an active role in

the success of the implementation of the JKN program.

RESEARCH METHODS

The research method used in this study is the normative legal approach, where legal norms, including laws and regulations, legal principles, and legal theories, are used as the foremost guidelines (Soerjono Soekanto dan Sri Mahmudji, 2003). This study has analytical descriptive specifications. The initial stage of the study involved a regulatory review and a systematic literature review. Through this stage, the research team searched for the existing initial situation, referring to relevant literature and laws and regulations.

This study does not involve direct field research. Data collection techniques are carried out through document studies. The data obtained are analyzed normatively qualitatively, where the data is described in sentences arranged regularly, logically, without overlapping, and effectively. The results of the discussion of the problems discussed in this study are used to conclude inductively and answer the issues that are the focus of the research. Researchers use an operational definition in the form of local government support in the JKN program, namely local government support for the JKN program, regarding the availability of health service facilities and infrastructure, PBI participants, and access to health services. Private primary health facilities are private health facilities that provide non-specialist individual health services.

RESULTS AND DISCUSSION

Current Distribution of PBI Participants to FKTP and the Importance of the Role of Private Health Services in Supporting Government Programs

In *Das Sollen*, participation has been regulated in the National Social Security System Law (SJSN). The SJSN Law regulates it entirely, despite overlaps and inconsistencies in its implementation. The policy regulation determining participation for the poor or disadvantaged, referred to as Contribution Assistance Recipient (PBI) participants, does not cause differences. However, many problems occur in the aspect of policy implementation, especially the distribution/distribution of PBI participants in health services, validation of PBI participants who are included in the category of disadvantaged or poor, related to the difficulties of the Regency/City Social Service in conducting verification and validation because there is no precise mechanism regarding the distribution of PBI participants covered by the APBN and APBD. However, this discussion will focus on the distribution policy of PBI participants (Aktariyani et al., 2020).

BPJS Kesehatan claims that the current number of participants has reached 90.34%. In December 2022, the number of participants reached 248,771,083 people, compared to Indonesia's population, which reached 275,361,267 people. In the segment of participants in the National Health Insurance (JKN) program in 2022, there are PBI as many as 44.6%, Wage Recipient Participants (PPU) as many as

24.9%, Non-Wage Recipient Workers (PBPU) as many as 12.4%, Non-Workers (BP) as many as 1.7%, and PBPU/BP Pemda as many as 16.4% (Badan Penyelenggara Jaminan Sosial Kesehatan, 2021).

PBI participants have the highest percentage compared to other JKN participants, which shows the government's serious commitment to providing social security to its citizens. However, the proportion of PBI APBN participants tends to decline, from 52.98% in 2016 to 42.42% in 2020 of the total participants. The decline in PBI APBD participants was due to the budget diversion for financing COVID-19. The number of participants in the PBI APBD segment also decreased by 2.6 million in 2020 (Dewan Jaminan Sosial Nasional dan BPJS Kesehatan., 2022).

The Presidential Regulation on National Health Insurance (JKN) explains that private health facilities are not required to cooperate. However, private primary health facilities that cooperate with BPJS Kesehatan dominate or have a more significant number, which is 51.85% (including 6,154 primary clinics, 4,922 individual practicing doctors, 1,187 dental practices, and 43 primary D hospitals). This number is more significant than health centers, which reached 43.29% (10,273), TNI clinics 2.49% (591), and Polri 2.35% (560) (Badan Penyelenggara Jaminan Sosial Kesehatan 2022). Although the data shows that the private sector has an excellent opportunity to contribute, this opportunity has not been fully utilized.

Health has always been an important issue and is the government's responsibility. The debate about the need

for health services with high costs and limited accessibility has always been a hot topic. The solution sought is how the health service system can be obtained efficiently and fairly and provide access to quality health services for the entire population. Health insurance is an essential solution, not only in certain countries but also throughout the world. These steps must be taken because poor health can contribute to social and economic instability and hinder development efforts (Garrett et al., 2009).

This is reinforced by the Universal Declaration of Human Rights (UDHR), which states that health is a human right that must be protected universally. UDHR has inspired citizens to realize social security (Health Insurance). In the Agreement, there is Article 22, which states that:

"Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and by the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality."

Considering social security's importance, Indonesia provides every citizen with the right to ensure legal certainty. Achieving *Universal Health Coverage* (UHC) in 2019 is a step forward in delivering human rights guarantees (Indonesia, 2020). UHC is not only related to the benefits and access to health services but also includes the coverage of participants who are expected to cover all citizens so that they can quickly obtain health services. *The World Health Organization* (WHO) conceptualizes UHC as the right for

everyone to access quality health services according to their needs, when and where needed, without experiencing financial hardship. This includes health promotion, prevention, treatment, rehabilitation, and palliative care throughout life (World Health Organization, 2023).

In the spirit of the philosophy underlying the formation of the SJSN Law, citizens' right to obtain health services will be easier and will not burden their pockets with high costs. Therefore, the BPJS Law and the JKN Presidential Regulation mandate that BPJS Kesehatan must cooperate with government and private health facilities. The regulation does not specify the form of cooperation between health facilities and BPJS Kesehatan. Government-owned health facilities that meet the requirements must cooperate with BPJS Kesehatan, while private health facilities do not have similar obligations. The central government and local governments are also required to provide opportunities for the private sector to participate in providing health facilities and health services.

The development of JKN participants reaching 90.34% of the Indonesian population and the number of first-level health facilities serving JKN participants reaching 248,771,083 is a proud achievement. However, this achievement has not achieved the expected equality because all PBI Participants are directed to Puskesmas by the central or regional government, although private health facilities have a greater dominance than Puskesmas.

Law Number 23 of 2023, Article 4 states, "Everyone has the right to determine the health services needed for

themselves independently and responsibly." However, the poor and disadvantaged (PBI participants) have no right to choose health facilities at all. The government responsible for implementing the law has not implemented this right.

Article 27, paragraph (1) of the 1945 Constitution states, "All citizens have equal standing before the law and government and are required to uphold the law and government without exception." Democracy also includes the principle of "equality before *the law*," which means that the law must be applied fairly and that every individual, including the ruler, must obey it. The law can function effectively and fairly if all parties comply with the principles of law (Atmadja, 2018).

Laws function as normative documents, reflect a nation's values, culture, and legal aspirations, and must be obeyed. So far, the effectiveness of the law is often measured by the extent to which society obeys the law, while the government is usually seen as not obeying the law. Legal effectiveness should include compliance by all parties, including the government. Every legal regulation has ideals, hopes, and goals that must be achieved, not only in regulation but also in guiding society toward a better life within the legal framework (Atmadja, 2018). Legal development refers not only to positive law but also to law broadly, which includes systems, materials, enforcement, and legal awareness (Yarsina, 2021).

When the government does not comply with precise legal rules, especially regarding rights and justice, the principle of justice will not be realized. This means that inequality and injustice remain,

especially for PBI participants. If the commitment to the 1945 Constitution as a constitution is to be realized, then the rule of law must apply to all, including the government. So far, the legal basis for cooperation between BPJS Kesehatan and regional government institutions is regulated in the BPJS Law and its derivative regulations, such as Government Regulation Number 85 of 2013. This cooperation covers various aspects, such as services to participants, fulfillment of benefits, management of human resources, information systems, increasing public awareness, and other elements agreed upon by both parties. Cooperation between BPJS and regional governments must be based on the duties and functions of regional government institutions and not in conflict with the law.

From the research results obtained, cooperation in the *Memorandum of Understanding* (MoU) stated that all PBI and Regional PBI participants were registered at first-level health facilities (except for all PBI and PBI Regional Participants throughout Indonesia; this was obtained from the results of interviews with BPJS Kesehatan in the Cimahi region. In the BPJS Kesehatan Meeting with the Quality Control and Cost Control Team (TKMKB) (BPJS Kesehatan, 2023), It was explained that as many as 159,309,626 JKN participants were registered in Health Centers throughout Indonesia and 8,469,185 participants were registered with private doctors. The standard ratio between doctors and JKN participants is 1:6190. In contrast, according to compliance with the standard ratio of doctors and participants, it is a maximum of 1:5000. Other data

also shows that 506 health centers do not have doctors. This truth must be implemented per BPJS Regulation No. 1 of 2017 Article 3 Paragraph (2): ... *"The stages of transferring Participants between FKTPs as referred to in paragraph (1) are carried out until the ideal ratio determined between the number of doctors and the number of Participants in one FKTP is achieved".* .. Article 3 Paragraph (3): ... *" The ideal ratio as referred to in paragraph (2) is 1 (one) doctor to 5000 (five thousand) Participants".* .. Article 4 Paragraph (2): ... *" The transfer of Participants from the original FKTP as referred to in paragraph (1) letter a is carried out if the ratio of the number of Participants and the number of doctors exceeds the ideal ratio by the provisions in the stages of Participant transfer".*

So far, the placement of PBI in the private sector is very minimal; if the consideration is because the cost of capitation to the health center is cheaper than capitation to the private sector, it does not mean that the existing provisions are violated which are regulated in the Health Law, namely a person's right to determine a choice. Presidential Regulation Number 82 of 2018 Paragraph (4) also states: ... *"If the condition of Participants registered at FKTP is not evenly distributed, BPJS Kesehatan can transfer Participants to another FKTP."* Furthermore, this provision is emphasized through BPJS Regulation Number 1 of 2017 Article 2 Paragraph (1): *" To guarantee and improve the quality of services to Participants, BPJS Kesehatan can transfer Participants from one FKTP to another FKTP."*

The transfer of participants to FKTP aims to bring health facilities closer to the participant's domicile and ensure that the ratio of the number of participants and doctors meets the ideal standards that have been set. Participants who object to the transfer can re-apply to the FKTP with the origin of the transfer or another FKTP of their choice by visiting the local BPJS office. This effort aims to provide participants with choices in obtaining health services that suit their desires and needs (Timon, 2023).

Fulfilling health rights for the community requires comprehensive and sustainable health development, including the availability of health support facilities and infrastructure. Sudikno Mertokusumo in Asikin Zaenal(Zaenal, 2012) explains that the law is a guarantee that must be appropriately implemented. Therefore, legislation made by an institution that has authority and authority must maintain the legal aspect so that the law can function properly and provide legal certainty.

It is essential to understand that current PBI participants may not get what they want because their choice of health facilities does not always match the proximity of their residence, the availability of medical personnel, and the facilities they have. This creates injustice for both participants and private clinics. The principle of portability in the SJSN Law and the BPJS Law emphasizes that JKN participants must be able to obtain health services wherever they are. The principles in legal norms are the truth that is the basis for thinking and behaving in the implementation of law and must be obeyed and implemented.

The purpose of the law is to provide clarity or certainty to positive law. In the

positivistic school, law requires "regularity" and "certainty" to support the smooth running of the legal system. Therefore, achieving legal certainty is necessary to protect the public and personal interests. Legal certainty is the main driving force in maintaining justice in society, building citizen trust in the government, and strengthening the government's authority in the eyes of citizens. (Julyano & Sulistyawan, 2019).

State institutions must meet the needs of their citizens. Therefore, administrative law, which legitimizes decision-making, must be appropriately implemented. This involves a series of legitimations to advance social welfare, order, and justice guaranteed by the rule of law. The policy-making process must be based on the principles and practices of administrative law.

When there are several health centers with limited doctors and service facilities, considering cooperation with private doctors can be a solution to ensure the ratio and justice according to the needs of the community. Although its implementation may require time and technical effort, the legal norms that have been made must still be upheld. This is part of a system of standards that regulate the behavior of society and government institutions to achieve common interests and justice. As expressed by Zaunidin H Ali, the same will drive the government to make rules that are based on moral principles and build a system of norms that must be obeyed by individuals and government institutions (Ali H Z, 2023).

The results of this study indicate an imbalance in the distribution of PBI JKN participants between health facilities, both in Puskesmas and private practice doctors.

This report aims to evaluate the policies taken by the government and local governments in distributing PBI participants to Puskesmas within the JKN framework. Although political preferences sometimes influence these policies, developing and complying with basic policies, tools, and administrative legal practices is essential to strengthen existing or future policies.

The increase in the number of PBI participants registered at Puskesmas impacts the quality of health services, difficult access, and the ratio of services provided by health workers. It is important to remember that the community, including the private sector, is vital in this task. Local governments may not always be able to achieve justice and prosperity without the active contribution of the community.

In line with Pohan in Soenyono, regions cannot necessarily achieve justice and public welfare without the active participation of the community. Development requires the contribution of three main elements: state institutions, government, and society (Soenyono, 2020). Regional governments have the right to make agreements or cooperate with various parties, with the note that this action does not conflict with applicable laws. Regional Government Law Article 17 Paragraph (1) emphasizes that regions have the right to determine regional policies to implement government affairs that are the region's authority. However, in deciding these policies, regions must ensure that these policies are based on norms, standards, procedures, and criteria determined by law.

The impact of local government's role on the JKN program is positive if local governments ensure that the community, especially the poor and vulnerable groups, has access to health services provided by JKN. This helps increase the coverage of public health services.

In principle, law and power have a reciprocal relationship. The law exists because a legitimate ruler makes it, and conversely, the actions of the ruler are regulated by the laws they make. The balance between law and power is key because the law is used to exercise control, and at the same time, in implementing the law, power is needed for law enforcers (apparatus) so that the law can be obeyed. Therefore, in addition to law and legal awareness, it is also important to have honesty and high morals among the rulers to benefit society. Because no matter how good the law is in limiting the behavior of the rulers, if the mentality and morals of the rulers are not good, in the end, the law will lose its meaning and may not be respected or heeded. (Safriani, 2017).

The uneven distribution of PBI participants impacts access to health services, particularly for PBI participants placed in FKTP with a less-than-ideal doctor-patient ratio experiencing a decline in service quality. This hinders their fundamental right to obtain adequate health services.

This is important to ensure that the PBI participant distribution policy is carried out per applicable legal norms to protect participant rights and maintain public trust. Health policies must be based on the principle of justice by optimizing

cooperation between the government, the private sector, and the community.

Legal Model of Regional Government Support for Health Insurance in Indonesia

Indonesia is a unitary state that applies the principle of decentralization in government implementation. This is regulated in the 1945 Constitution Article 18 Paragraph (1), which states that the Unitary State of the Republic of Indonesia consists of provincial areas, and each province consists of districts and cities. Each province, district, and city has a regional government regulated by law.

Based on these principles, implementing regional autonomy becomes a strong foundation, granting broad, accurate, and responsible authority at the regional level. Regional autonomy is realized through regulation, fair distribution of national resource utilization, and financial balance between the center and regions.

Furthermore, Law Number 23 of 2014 concerning Regional Government regulates the implementation of government affairs by regional governments by the principles of autonomy and assignment tasks, with the principle of the broadest possible autonomy within the framework of the Unitary State of the Republic of Indonesia by the 1945 Constitution. This law also mandates regional governments to manage various affairs such as education, health, public works, spatial planning, public housing, public order, and community and social protection. On this basis, regional governments hold significant responsibility for the welfare of citizens and play an essential role in the

implementation of government at the local level.

Health has been made a mandatory authority to be implemented by the regions; this can benefit the regions. The advantage is that the areas will be more focused on handling or developing health according to the aspirations and needs of their regions. However, one of the challenges is the "compartmentalization" of regions in each area. By the regional obligations in the Law above, regional governments can focus more on improving health levels by overcoming poverty, protecting the poor, and overcoming disasters. In addition, regional government programs must also strive to prevent market failure by providing essential health services to the National Health Insurance (JKN).

The welfare state refers to the role played by the state in providing various services and benefits to its citizens, such as income and health, as well as housing, education, and social security (Roza & Parlindungan S, 2019). National Health Insurance (JKN) and access to health are essential factors that cannot be separated. When health deteriorates, access to health services becomes very important. Still, financial problems often hinder such access or make health service costs very high, harming individuals. Therefore, JKN is essential in improving individuals' welfare and life expectancy. This opinion is supported by the Institute for Economic and Social Research, Faculty of Economics and Business, University of Indonesia (LPEM-FEB UI), which shows that health insurance can increase life expectancy. This is also in line with the research of Pahlevan Sharif et al., which emphasizes that with health insurance, a

higher quality of life can be realized, and this relationship is related to the reduction of financial burdens arising from direct and indirect costs of disease (Pahlevan Sharif et al., 2021).

Before the National Health Insurance (JKN) implementation, each region in Indonesia had its health insurance program, which was managed according to the region's policies. This resulted in differences in health insurance approaches and benefits between one area and another. However, since JKN was implemented in 2011, all health insurance programs have been centralized and regulated nationally. Because of the importance of JKN in providing equitable and quality health services, local governments need to support and play an active role in implementing JKN. This is regulated through regulations that are the basis for local governments to provide support and play an active role in implementing national health insurance. These regulations are regulated in Law No. 40 of 2004 and Presidential Regulation No. 82 of 2018. Local governments provide support and play an active role in the implementation of national health insurance by:

- a. Cooperating with other parties to implement the Social Security program. The cooperation is carried out with other parties related to collecting contributions from participants and employers and receiving contribution assistance. It is carried out with government agencies and local governments, state-owned enterprises, and regional-owned enterprises. In collecting contributions, the regional government is responsible for paying

- the contributions of regional PBI participants, namely JKN registered by the regional government.
- b. Residents not yet registered as health insurance participants, including village heads and village officials, can be registered with BPJS Kesehatan by the provincial or district/city government to become BPJS participants.
 - c. the central government and local governments are responsible for the availability of health facilities as health service providers for implementing health insurance programs. Local governments must also provide opportunities for the private sector to participate in fulfilling the availability of health facilities and the provision of health services.
 - d. Regional governments and health facilities are responsible for the availability of medicines, medical devices, and disposable medical supplies when implementing health insurance programs by their authority.
 - e. Providing support in the form of increasing the achievement of participation in its region through the issuance of regulations that require participation in the health insurance program in obtaining public services, compliance with contribution payments (implemented through the implementation of contribution payments in the right amount and on time), improving health services (implemented through the provision of health facilities, fulfillment of minimum service standards, and improving the quality of health

services) and other support. The regional government also plays a role in ensuring the sustainability of the JKN program through the contribution of cigarette tax as the right of each province/district/city. With a contribution of 75% (seventy-five percent) of 50% (fifty percent) of the realization of cigarette tax revenue for the right of each province/district/city. The contribution is directly deducted and transferred to the BPJS Kesehatan account. So far, cigarette tax support has provided additional health financing through JKN. However, evaluations are still being carried out because this condition does not guarantee *the sustainability of* BPJS Kesehatan, which is vulnerable to deficits.

- f. Regional governments that organize health insurance are required to integrate into JKN. Based on these provisions, regional governments have a massive role in the community JKN program.

JKN positively impacts the country, as conveyed by Teguh Dartanto in his research. His research shows that the JKN program impacts Indonesia's economic growth, both in the long term and the short term. In the long term, JKN will increase economic growth through improved health. Increased growth due to JKN contributes to life expectancy, school participation, and work output. Socio-economic development as one of the implementations of national development policies has produced much progress, including improving people's welfare (Dartanto et al., 2017).

Welfare must be enjoyed sustainably, somewhat, and evenly to reach everyone. The dynamics of Indonesian national development have given rise to challenges and demands for handling various unsolved problems. One of them is providing social security for all people, which is mandated in Article 28H paragraph (3) and Article 34 paragraph (2) of the 1945 Constitution. Social security is also guaranteed in the United Nations Declaration on Human Rights of 1948. ILO Convention Number 102 of 1952 emphasizes it, encouraging all countries to provide minimum protection to every worker through social security.

In general, the implementation of JKN is based on accountability and skills in organizing government. The principle of accountability states that no government cannot be accounted for. Therefore, the government that is said to be able to implement good governance can implement *good governance*.

The presence of the state aims to fulfill the needs of every citizen. The function of the state is to provide or facilitate its citizens to live safely and comfortably and develop well. JKN participants are entitled to receive health services in the JKN program. The central and regional governments are responsible for the availability of health facilities and the provision of health services to implement the health insurance program. Regional governments must develop a joint strategy with the central government and BPJS to increase the number of health facilities and types of health workers to improve equal access and quality of service. Efforts that can be made include (Yandrizal & Suryani, 2015):

a. Availability of resources;

- b. Providing opportunities for private doctors and clinics to collaborate with BPJS as FKTP;
- c. Cooperate with BPJS to meet the shortage of personnel;

Health rights must meet the principles of health service availability, accessibility, acceptability, and quality (Ardinata, 2020). High and low health is one of the indicators of measuring the degree of welfare and prosperity of a country (Arimbi, 2022). Timon also conveyed in his research that absolute public services that the government can provide are health maintenance and services because health is closely related to community welfare. For all absolute services, the state and its apparatus must offer quality services that are always readily available. Health insurance is held because of the state's responsibility to protect society from adversity (Timon, 2023).

The state's obligation to fulfill constitutional rights is protected through regulation, but regulation must be implemented through state activity in tangible forms. The existence of a situation where not everyone has the same opportunity to enjoy constitutional rights, so here, efforts to realize justice demand that injustice be eliminated. Regarding welfare, namely socio-economic improvement, everyone has the right to social security to fulfill basic needs for a decent life and increase their dignity towards realizing a prosperous, just, and prosperous Indonesian society. (Arimbi, 2020).

The state must strive for **social justice** by eliminating injustice in access to fundamental rights. Situations where not everyone has an equal opportunity to

enjoy constitutional rights must be addressed through concrete actions, such as subsidies, affirmations, or the provision of facilities for vulnerable and poor groups.

Efforts to realize justice and prosperity are part of the state's duties, which are normative and must be implemented actively and in real terms. Through policies that favor the people, proactive regulations, and programs that eliminate inequality, the state can fulfill the constitutional mandate and ensure that the rights of its citizens are fulfilled. Thus, the ideals of a prosperous, just, and prosperous Indonesian society can be achieved.

Social security is the state's responsibility, so it is included in state services (public services), which is the obligation to protect the rights of community members and their work and livelihoods. Therefore, in fulfilling the fundamental rights of citizens to health, the government is responsible for ensuring adequate access for every citizen to proper and optimal health services. It is an effort to respect, protect, and *fulfill*.(Khairunnisa & Sonhaji Agus Pramono, 2015)

National health insurance is the government's responsibility but also the responsibility of regional governments with the principle of regional autonomy. Regional governments are seen as instruments to achieve national priorities. This creates a constitutional commitment to broad regional government autonomy. (Ferrazzi, 2022). A study conducted by Martira and Harsanto stated that the implementation of UHC in Indonesia is carried out by dividing authority between the central government, regional

governments, and BPJS Kesehatan (Martira & Nursadi, 2020). In this case, the implementation of JKN as health financing is carried out centrally by BPJS Kesehatan, while the regions organize health services for JKN participants. From this division of authority, the financial relationship between the central government and regional governments is only limited to the authority detailed in the regional government law. Regional autonomy and decentralization policies through regional government law are implemented to realize welfare through the health and social sectors, which must be implemented. Autonomy strengthens the government in making credible future commitments to improve community needs if autonomy can play its best role (Soenyono, 2020).

The National Social Security System (SJSN) Law also introduces a new social contract that describes solidarity in providing health services between the government, individuals, communities, and the private sector. In this social contract, the government is a guarantor for people who are included among the poor and underprivileged through the National Health Insurance (JKN) program. Tom Baker said this social contract describes a “fair sharing” approach to financing health services. The concept of justice truly reflects the principle that health service financing must be carried out fairly while emphasizing the state's responsibility to maintain and improve the community's welfare as much as possible. Thus, this social contract creates a framework that reflects the government's commitment to supporting public health (Baker, 2011).

By the National Social Security System (SJSN) Law, regional governments have new responsibilities in formulating policies related to national health insurance. These policies affect aspects of health economics and health ethics. Although several challenges must be overcome in implementing the National Health Insurance (JKN) program, the principle of humanitarian service can serve as a basis for facing these challenges. Support from regional governments is essential in ensuring the smooth reform of government and private institutions to achieve the goals of solidarity and public welfare mandated by the SJSN Law. Cooperation between these institutions is the main foundation for providing equitable and quality health services for the entire community.

Standardizing the health insurance system through JKN replaces the previously disparate regional health programs. With this, there is more centralized management through BPJS Kesehatan, while local governments are tasked with supporting the implementation by providing health facilities and integrating local services into JKN.

So, the strategy that can be implemented by collaborating with the private sector is optimizing cooperation with the private sector to increase service capacity. Quality Improvement: Local governments must focus on improving the quality of services, including the availability of drugs and medical devices. Policy integration: To achieve universal health coverage (UHC), there needs to be synergy between the central government, regions, and BPJS Kesehatan.

The JKN program is the main instrument in realizing social justice and community welfare. However, its success is highly dependent on the support of local governments, cross-sector cooperation, and commitment to address challenges such as budget deficits, service disparities, and low accessibility in remote areas. Good policy integration between the central and local governments and applying sound governance principles will be the key to realizing equitable and quality health.

CONCLUSION

The government has set ideal rules, but their implementation does not always align with existing provisions. As a result, the distribution of Contribution Assistance Recipients (PBI) in the National Health Insurance (JKN) is currently not evenly distributed according to the benefits that JKN participants should receive.

1. The distribution policy of PBI participants must consider the principles of justice, legal certainty, and service effectiveness. Involving the private sector is a strategic step to overcome limitations in Puskesmas while providing choices to participants. With a comprehensive and collaborative approach, the government can improve the quality of health services, fulfill participant rights, and realize a just health system.
2. The private sector has a vital role in supporting the success of JKN, both in achieving justice for participants and the overall goals of JKN. The Regional Government Law provides essential health sector obligations,

which align with the National Social Security System (SJSN) Law and the Social Security Administering Agency (BPJS) Law. Furthermore, through technical regulations, namely Presidential Regulation Number 82 of 2018, regional government support has become more explicit with various forms of support for JKN. The regulation mandates regional governments to provide direct support in implementing government duties in the health sector.

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