

## Health Legislation's Impact on Healthcare Quality in Indonesia

Ahmad Saad Ahmad AL-Dafrawi<sup>1\*</sup>, Muhammad Fadhl Abiyoga Gunawan<sup>2</sup>, Imelda Rahma Subandi<sup>3</sup>

<sup>1</sup>Faculty of Law, Universitas Islam Indonesia, Yogyakarta, Indonesia

<sup>2</sup>Faculty of Law, Universitas Islam Indonesia, Yogyakarta, Indonesia

<sup>3</sup>Faculty of Law, Universitas Islam Indonesia, Yogyakarta, Indonesia

Corresponding author's email: [234101612@uii.ac.id](mailto:234101612@uii.ac.id)

### Abstract

Effective health law enforcement is crucial for Indonesia's health sector, yet little data shows significant improvements in healthcare quality. This study examines the impact of health legislation on healthcare quality and access in Indonesia, highlighting the strengths and weaknesses of current policies. Using a descriptive normative approach, this qualitative study assesses the reality of healthcare services for Indonesian citizens. Healthcare services for the insured are inequitable, with minimal cost differences between wealthy and low-income individuals.

Keywords: Indonesian health law; Healthcare Program; Health Insurance; Healthcare Legislation; Service delivery; Service Quality

### 1. Introduction

Indonesia gained sovereignty on August 17, 1945, and is a democratic nation with a presidential government that includes both the executive and legislative branches [1]. The national emblem of Indonesia is the Garuda Pancasila, an eagle with the words Unity in Diversity (or *Bhinneka Tunggal Ika*), which is thought to be the soul of Indonesian democracy in a multicultural society [1].

In Indonesia, various health-related laws and regulations have been enacted to support the development of the health sector [2]. The goal of health development in Indonesia is to enhance awareness, willingness, and also the ability of individuals to lead a healthy lifestyle [2]. This aims to achieve the highest possible standard of health as a part of efforts to realise public welfare, as stated in the preamble of the 1945 constitution [2]. Given the significance of health, the 1945 Indonesian Constitution (*Undang-Undang Dasar Negara Republik Indonesia 1945*) expressly acknowledges it as a basic right of its people. According to Article 28H, paragraph no.1,

*"Every person is entitled to live prosperous, physically and spiritually, to have a place to reside, and to acquire a good and healthy living environment as well as be entitled to obtain health care [3]."*

These constitutional provisions demonstrate the Indonesian government's dedication to guaranteeing all of its people have access to high-quality healthcare [4]. These clauses serve as the cornerstone of numerous health policies and initiatives aimed at advancing public health, enhancing the standard of healthcare, and guaranteeing equitable and accessible access to care [4]. Indonesia has ratified several international health-related Treaties and conventions [4].

Article 24 of the Convention on the Rights of the Child (CRC), which Indonesia ratified, mandates Indonesia to give children access to proper health services, including medical treatment and preventative care [4]. Furthermore, Indonesia complies with the World Health Organization's International Health Regulation, which contains provisions aimed at improving healthcare systems and guaranteeing public health availability, including the availability of necessary medical services [5].

A comprehensive analysis of how Indonesian health laws shape the performance and accountability of the national health system requires a theoretical foundation that merges the World Health Organization's (WHO) conception of health-systems governance with established governance frameworks in academic literature[6]. This integrated foundation provides a strict conceptual structure for examining the role of legal instruments in determining interaction patterns, authority distribution and decision-making mechanisms within the health sector[6].

This study aims to investigate how health legislation affects the quality of health services in Indonesia by analysing existing policies' strengths and shortcomings and measuring their impact on healthcare accessibility. By evaluating these parameters, this study hopes to shed light on the efficiency of Indonesian health legislation.

## **2. Background**

WHO describes health-systems governance as the set of processes, institutions and relationships used to guide and manage the health system, involving government bodies, healthcare providers, communities, civil-society groups and private actors[6].

WHO also states that strong governance depends on a strategic policy framework supported by oversight, regulations, incentives, system design, and accountability, to ensure services that are accessible, equitable, efficient, affordable, and high quality[6]. It further emphasized that governance is carried out through formal policy tools, especially laws and regulations, which make legislation a central mechanism, influencing system performance[6]. Governance frameworks in the literature strengthen this view by explaining how system outcomes are shaped by the interactions of actors with different interests, motivations, and power within the health system[7].

Principal-agent theory adds that government results depend on how well incentives are aligned, how information gaps are managed, and how accountability is enforced between principals and agents in the system[7]. Institutional analysis further shows that formal rules, informal norms, and power distribution influence the behaviour of actors and the effectiveness of governance Arrangement[7]. Multi-level governance theory supports this by showing that governance takes place at the constitutional, collective, and operational level where government, Community groups, and providers each play roles that together determine system performance[7].

The combined use of WHO's perspective and these academic theories allow Indonesian health laws to be viewed not only as local documents, but as governance instruments that Divine accountability, regulate provider behaviour, shape incentives and determine the fairness and effectiveness of the national health system[6], [7].

In 2013, Indonesia, the world's 4th largest population nation, stated that it was going to offer inexpensive medical services to all of its citizens in a period of seven years [8]. Providing healthcare facilities and financial support for public health is one of the government's key responsibilities in achieving general welfare [9]. To fulfill this duty, the government established the National Social Security System-healthy Indonesian Card (SJSN-KIS), with the Social Security Administering Body (BPJS Kesehatan) managing the implementation of health insurance and healthcare services for the public [9].

The government has assigned the government-owned Health Insurance Administering Agency (BPJS Kesehatan) to arrange health insurance for all Indonesians, with a particular focus on government employees, civil servant recipients, TNI/POLRI, veterans, Pioneers of Independence and their families, as well as other businesses or private citizens, [10], in accordance with Law No. 24 of 2011 on the Social Security Administering Body (Badan Penyelenggara Jaminan Sosial, or BPJS) [10]. This can be seen as the government's commitment to ensuring that everyone has access to healthcare. On October 24, 2019, former Indonesian President Joko Widodo signed Perpres No. 75/2019 on health coverage [11].

The government is going to raise the first-class service premium to Rp 160,000 per month per person and the second-class service premium from Rp 51,000 to Rp 110,000 per month in accordance with this new legislation [11]. The cost of the third-class service was up by 64 percent, from Rp 25,500 per person to Rp 42,000 monthly [11]. Low-income individuals refused to accept the Health Insurance Provider institution's rise in fee rates [3]. As a result of this demonstrations, Presidential Regulation No. 75/2019 on health insurance has been given constitutional review by the Supreme Court, thereby nullifying the policy that raised prices for the Health Care and Social Security Agency (BPJS Kesehatan) [12]. Furthermore, despite the deployment of JKN-KIS, it has been reported that roughly forty million Indonesians still undocumented in the scheme, implying that their healthcare continues to be excluded by the system [9].

### 3. Definition of Terms

This study has numerous exact terminology that require specific definitions:

1. **The Indonesian Ministry of Health (Kementerian Kesehatan or Kemenkes):** It is a government ministry in charge of putting in order public health affairs in Indonesia. It is driven through the Indonesian Minister, who is part of the Indonesian Council of Ministers and is responsible in front of the President [13]. The ministry's fundamental mission is to carry out government affairs in the health sector, supporting the president in administering the country [14].
2. **National Health Insurance Program (JKN):** A government initiative called the National Health Insurance Programme (JKN) gives Indonesians financial stability so they may afford their essential medical needs. JKN is a social insurance program that covers all aspects of health care, including preventative, curative, rehabilitation, and promotional care [15].
3. **Quality:** In the opinion of the American Society for Quality, concerning technical usage, quality could have two meanings: (1) the features of a product or service that

influence its capacity to satisfy, please, or imply needs and (2) a product or service without any insufficiency [16].

#### **4. Method**

This study embraces a qualitative descriptive approach, immersing itself in a thorough library-based research methodology, primarily focusing on a comprehensive literature review as the principal means of data collection and analysis. At the core of this exploration are secondary sources, meticulously curated from a diverse array of scholarly resources, including academic books, peer-reviewed journal articles, and a selection of authoritative documents from the Indonesian Ministry of Health, alongside insightful governmental reports. We used well-known search engines like Google Scholar and ResearchGate.net to accomplish this effort, in addition to finding material written in languages other than English. To ensure the utmost relevance and precision, the sources were chosen with great care, grounded in their credibility, recency of publication—predominantly within the last eight years—and their recognition within the academic community. For a well-rounded institutional perspective, the study incorporates critical documents and statements from the Centre for Health Financing and Insurance (CHFI). Additionally, it examines key regulations, such as the influential Presidential Regulation (Perpres) No. 19 of 2016, which plays a pivotal role in shaping the health financing landscape in Indonesia. The study at hand does not merely present opinions and facts; rather, it adopts a clear and unified academic approach to presentation and analysis.

#### **5. Consider the problem**

The implementation of health legislation plays a crucial role in shaping the quality of healthcare services in Indonesia. Various regulations were aimed at improving healthcare accessibility, service standards, patient protection, and the welfare of the citizens. These laws are designed to ensure that all citizens receive adequate healthcare services, regardless of their socioeconomic background as mentioned in the Indonesia constitution. However, despite the government's efforts, significant challenges remain in ensuring that these laws effectively enhance healthcare quality across all regions of Indonesia. Issues such as unequal distribution of medical professionals, particularly between urban and rural areas. Many remote regions continue to face a shortage of healthcare workers. This imbalance in medical personnel affects the overall quality and accessibility of healthcare services.

Another critical challenge is the financial sustainability of Indonesia's healthcare system, particularly the National Health Insurance Program (JKN) administered by the Social Security Administering Body (BPJS Kesehatan). The increase in health insurance premiums under the (Presidential Decree/Perpres) No. 75/2019 significantly increased health insurance contribution and led to raising concerns among the public, particularly low-income groups. This situation highlights the complexities of balancing healthcare funding with accessibility and affordability for all citizens with health legislation also having a crucial part in the welfare of its citizens.

#### **6. Study question**

1. How significant is the impact of health legislation on health services in Indonesia

2. How has the increase in BPJS Kesehatan contributions affected healthcare accessibility and service quality?

3. What are the key challenges in implementing health insurance policies on healthcare accessibility in Indonesia?

## 7. Study Hypotheses

1. The first hypothesis states that the weaker the healthcare system in Indonesia, the more likely it is to be a result of weak or insufficient law. As the healthcare provided to citizens becomes weaker, the risks increase.

2. If health legislation is not effective enough, this could lead to an unintended increase in government spending.

## 8. Limitations

In fact, this study, a legal study, will be limited to examining the importance of obtaining the necessary medical care, a minimum of which the Indonesian state is obligated to provide to all its citizens, regardless of their origins, religions, or areas of residence. This study does not seek, or attempt, to examine the extent of the legal liability of the Indonesian Ministry of Health, or any of its medical personnel, for failure to provide the necessary medical care to Indonesian citizens. Nor will this study delve into issues of financial compensation resulting from errors by Indonesian medical personnel. Examples of international court decisions include: (Powell v. United Kingdom, No. 45305/99) [17]. (Gheorghe v. Romania, no. 19215/04) [18]. (Ilhan v. Turkey, no. 22277/93) [19].

## 9. Result and Discussion

Indonesia's healthcare system is experiencing notable rehabilitation operated by earnest people [20]. From 2014, the Indonesian government has devoted healthcare with the exchequer to schools of medicine and hospitals owned by the domestic governments to intensify the standard of patient care by setting afloat the National Social Health Insurance Scheme [20]. Indonesia aims to develop infrastructure that enhances people's welfare, including essential public health service facilities that are crucial for national development [21]. Over the years, Indonesia has passed numerous laws and rules governing public health initiatives, healthcare facilities, and medical professions. For instance, Law No. 17 of 2023 on Health [22]. The law was passed in response to the Indonesian Health Transformation Plan, which consisted of six essential foundations:

1. The transformation of primary health care;
2. Referral health care;
3. Health resilience;
4. Financing for healthcare;
5. Human resources;

6. And health technology [22].

Based on the Health Law, a hospital is a health service facility that organizes a comprehensive individual health service through promotive, preventative, curative, rehabilitative, and/or palliative health services through providing inpatient, outpatient, and emergency care services. A patient is defined as an individual who receives health services from medical and/or healthcare professionals [23]. Health legislation may function as an approach of formalizing commitments and goals, establishing the essential components of health system design, and facilitating multisector cooperation to accomplish the health system objectives [24]. From the institutional and official side... the Social Security Organizing Agency (BPJS) is one type of health service that strives to provide each participant with adequate health insurance in order to fulfill the medical requirements of the Indonesian people [25]. Former Indonesian President Joko Widodo, on the other hand, issued Presidential Regulation Number 75 of 2019, which amends Presidential Regulation Number 82 of 2018 regarding Health Insurance. This Presidential Regulation officially raises the fee rates to the Health - Social Security Institution for non-wage and non-worker participants by 100 percent [3]. The reason on the increasing of BPJS is due to financial loss [26]. Not only that, according to Donald Pardede, Head of the Centre for Health Financing and Insurance (CHFI) at the Ministry of Health, Indonesia used to lack of proper health insurance system like BPJS Kesehatan [26]. As result it causing more people use BPJS services than expected. He said that BPJS originally planned for 120 million members, but the number grew to 134 million [26]. To keep the program running and help cover this growing cost the government decided to increase the monthly payments, it's written in Presidential Regulation (Perpres) No. 19 of 2016 and it's applied to all BPJS classes [26]. Then, the Indonesian government has developed a more sophisticated and contemporary health insurance system in an attempt to meet its legal duties, which is:

The National Health Insurance Program (JKN) is a government initiative that offers financial security to the Indonesian population, enabling them to access their essential health care needs. JKN is a social insurance scheme that delivers comprehensive health care coverage, including promotional, preventative, curative, and rehabilitation services [15]. This kind of will have a substantial impact on society because those who cannot afford the premiums may be forced to downgrade their memberships or be excluded from the health-care system, [27] only one-third of Indonesia's 74 million informal workers receive government subsidies for insurance premiums, while the other two-thirds must sign up in the national health insurance on their own [27].

Indonesians benefit through the JKN program, which covers both private and public hospitals who choose to participate in the system. Those in conventional jobs are liable for a rate for insurance equivalent to 5% of their monthly earnings, including 1% payable by the worker and 4% paid by their boss [28]. As of 2019, only half of independent workers paid premiums; assuming this reflects the group's ability to pay, raising premiums will further reduce the ability of these vulnerable groups to purchase health insurance, and informal workers who are relatively healthy and fit will most likely be out from the insurance

membership [27]. It's proven by 77,489 Jambi city citizens who participated in BPJS Health were behind regarding their monthly contributions [29].

If we look on the national data, it shows that in all off Indonesia there are fewer hospital especially the class D and general hospitals [30]. It may result in restricted entry to medical services and congestion, reducing service quality [31]. Since people usually use BPJS in hospital, raising the BPJS fees doesn't make much sense and doesn't seem fair and reasonable [30]. If we refer to Universal Health Coverage, it is a health insurance system that guarantees that every citizen in the population has equitable access to excellent preventive, curative, and rehabilitative health care at inexpensive fees [9]. In The UHC itself contains two core elements, namely: Access to fair and quality health services for every citizen, and protection of financial risks when citizens use health services [9]. From these two elements itself are the challenge of implementing healthcare insurance policy to remain accessible in Indonesia. The increase of the BPJS is affecting the welfare of the society [30]. The welfare of the people must be realized for all citizens in a continuous, equal, and fair way [30]. One of the problems that are unsolved is the implementation of a social security system for all Indonesian [30]. This has not yet aligned with the mandate of the article 28H paragraph (3) of the 1945 constitution, which states that "Every individual has the right to social security to enable their full and dignified personal development", Furthermore in article 34 paragraph (2) emphasizes that "The state develops a social security system for all people and empower the weak and underprivileged in accordance with human dignity" [30].

The Indonesian healthcare system faces ongoing structural challenges, including insufficient funding, a shortage of doctors and hospitals, difficulty in delivering medicine to rural areas, and unequal access to health services across the country [32]. In conjunction with this, people frequently struggle to obtain proper healthcare due to a lack of available facilities and proficient medical professionals in the area [33]. The main problem is a serious lack of healthcare workers, which makes the health system less effective and less fair [34]. This shortage of trained professionals such as doctors, nurses, and other health worker are especially severe in remote areas, creating "healthcare deserts" where people have little to no access to essential medical services [34]. Due to a gap in the distribution of medical staff and health facilities between urban and rural areas, citizens in distant locations have difficulty receiving the required medical treatment [35]. Which mean that people living in those areas can't get the basic medical care they need. This highlights the importance of strengthening policies that prioritize infrastructure development and more equitable distribution of medical professionals [35].

Indonesia spent Rp 614.5 trillion (about US\$ 375.5 billion) on healthcare in 2023. THE is 57.4% financed by the public sector. While it is still rather high, out-of-pocket (OOP) spending was 28.6%, down from 30.6% the year before [36]. Significantly, spending on primary health care (PHC) rose 18.3% over pre-pandemic levels, resulting in greater availability of necessary medical treatments [36].

## 10. Suggestions

1. Implement an income-based structured contribution system with contributions determined by a citizen's income level. This will alleviate the financial burden on low-income and informal workers, many of whom are unable to pay premiums consistently and risk being excluded from the system.

2. Expand and enhance healthcare infrastructure in underprivileged and rural areas by constructing more Class D and general hospitals, along with community medical centres (Puskesmas) equipped with basic amenities. This will reduce the necessity for long-distance trips to urban areas for essential medical care.

3. Ensure that all BPJS-accredited healthcare facilities adhere to nationally recognised service quality standards, such as personnel competence, equipment availability, and patient safety protocols. Independent auditors and a system for evaluating public health services should be employed to guarantee compliance.

4. Strengthen the legal foundation for health systems and primary healthcare. Indonesia already possesses Law No. 17 of 2023, but the implementation remains inadequate, particularly in developing primary healthcare services. Primary healthcare is the first and most crucial line of the health system. Therefore, additional regulations are required to underscore the significance of primary services. A robust legal framework is vital to ensure long-term commitment and sustainable budgeting.

5. Ensure equitable distribution and training of healthcare professionals. A significant issue in our health system is the shortage of medical personnel in remote areas. The government must invest more in the training and distribution of healthcare workers; training medical personnel from their respective regions can encourage them to return and serve their communities. Countries with strong primary healthcare systems rely not only on health workers but also on well-trained community health cadres who assist in delivering care and promoting health at the local level. This approach guarantees services are more accessible and evenly distributed nationwide.

## 11. Conclusion

In Indonesia, the surging population presents a critical and persistent challenge that hinders the government's capacity to deliver essential healthcare services to every citizen. Alarmingly, the government has been sluggish in enacting legislation that guarantees access to high-quality healthcare. This lack of action is not just a bureaucratic oversight; it is driving the poor deeper into economic despair and rapidly eroding the savings of hard-working individuals and civil servants. It is imperative that swift and decisive measures be taken to ensure that quality healthcare is a right for all Indonesians.

## 12. Abbreviations

**BPJS:** Badan Badan Penyelenggara Jaminan Sosial;

**CHFI:** Centre for Health Financing and Insurance;

**JKN:** The National Health Insurance Program.

## 13. Declarations

The authors of this article would like to clarify that no experiments involving human subjects or animals were conducted in the course of our research. Furthermore, we have

carefully chosen not to disclose the names of any hospitals, ensuring confidentiality and respect for all individuals and institutions involved.

#### 14. Conflict of Interest

The researchers state that they have no conflicts of interest regarding the publishing of this academic work.

#### 15. Availability of Data and Materials

All of the data included in this study, which the researchers used to accomplish their study, is free and publicly available. None of the researchers intended or attempted to violate the copyrights of individuals, institutions, or organizations, whether national or international.

#### 16. Authors' Contribution

All three researchers conducted this study, in the following order:

**Initial title:** Muhammad and Imelda 100%. **Final title:** Ahmad 100%.

**Abstract:** Ahmad.

**Keywords:** Ahmad 100%.

**Introduction:** Muhammad 40%, Imelda 35%, Ahmad 25%.

**Background:** Ahmad 45%, Imelda 40%, Muhammad 15%.

**Definition of terms:** Ahmad 100%.

**Methodology:** Ahmad 100%.

**Study problem:** Imelda 90%, Muhammad 10%.

**Limitations:** Ahmad 100%.

**Study questions:** Imelda 65%, Muhammad 35%.

**Study hypotheses:** Ahmad 100%.

**Discussion and results:** Muhammad 35%, Imelda 35%, Ahmad 30%.

**Suggestions:** Muhammad 50%, Imelda 50%.

**Conclusion:** Ahmad 100%.

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