



LEGAL PROTECTION OF PARTICIPANTS OF THE REGIONAL CONTRIBUTION ASSISTANCE SOCIAL SECURITY AGENCY IN CHOOSING A FIRST-LEVEL HEALTH FACILITY

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ABSTRACT

In order to guarantee that all citizens, notably individuals who have enrolled in national health insurance, are capable of getting medical care without any barriers, national health insurance is necessary. This research indicates to analyze the legal safeguards provided for individuals that are part of the national health insurance program whenever choosing first level health facilities. This study combines a normative and empirical approach for examining the laws and regulations controlling the legal entitlements of national health insurance participants, as well as their implementation in practice. Legal materials for this study were collected from books, magazines, articles, papers, journals, newspapers, and works by legal experts to obtain relevant secondary legal data. The findings are presented systematically, linking the materials to address the research problem comprehensively. In the analysis phase, which is crucial for the study, the collected data is processed and interpreted to uncover truths that answer the research questions. The legal material was analyzed qualitatively using descriptive-analytical methods. This approach relates the identified issues to literature, expert opinions, and applicable legal regulations. The outcomes of the research reveal that, despite legal regulations granting national health insurance participants the opportunity to choose first-level health care facilities, this right is still violated. The key hurdles include the limited number of first-level health facilities that partner with national health insurance, unequal distribution of health facilities, and a lack of socialization from national health insurance. The research presented here suggests raising socialization about national health insurance participants' rights since deciding on first level healthcare facilities, raising the number of joining forces primary level with health facilities, and more rigorous oversight of participant rights implementation. With these efforts, it is envisaged that the rights of national health insurance participants to choose first level health facilities may be properly preserved and enable expanded access and quality of health services in Indonesia.

Keywords: legal protection; national health insurance; participant rights; primary health facilities

INTRODUCTION

In the era of reform and steady advancement, the Indonesian government's attention is increasingly focused on arguing for human rights, especially during the realm of health (Nasution, 2005). Health is a human right and one of the categories of welfare that must be got in accordance with the principles of the Indonesian people, as stated in Pancasila and the Republic of Indonesia's 1945 Constitution. A person's right to health is built on two fundamental freedoms: the right to health care and the right to self-determination (Komalawati, 2007).

There is a need to examine the current information and socialization system so that national health insurance participants understand their rights and the procedures they must follow. This is also necessary

to increase the quality of health services and participant satisfaction, as well as to avoid confusion, which may affect access to and quality of health care received. The correct First Level Health Facility selection is highly significant, because it immediately influences the quality of services obtained by participants, as well as their right to optimal access in compliance with applicable legislation.

As part of the government's efforts to accomplish the ultimate level of health and the goal of progressing toward a healthy Indonesia, the government provides national health insurance, specifically among those who cannot afford to be regulated legally. However, in actuality, there are various issues, such as the public's assumption that the Health Sector Social Security Organizing Agency covers all health-care costs, as well as the lack of comfort promises took over by participants from national health insurance. This suggests that the enforcement of legal protection of the rights of poor participants of the Medical Insurance Contribution Recipient in the context of human rights has not been accomplished something. Based on the description above, this research intends to assess legal protection for participants who are part of the national health insurance program when choosing first-level health facilities.

METHOD

The present research was conducted utilizing normative juridical research, which is research that is based on applicable legal laws or norms (Ibrahim, 2006). Research based on primary legal materials by studying theories, conceptions, legal principles, legal norms, and legislation connected to this research and the normative juridical approach, also known as the literary approach, this research employs a statutory approach and a conceptual approach. According to Irwansyah (2021), the statutory approach is essentially carried out by reviewing all laws and regulations relevant to the situation (legal issue) at hand. This research method prioritizes legal resources in the form of legislation as a basic reference in research. This statutory approach, for example, is carried out by evaluating the consistency or conformity between the Constitution and the law or between one law and another.

Normative juridical research examines written law from the perspectives of theory, philosophy, comparison, structure, consistency, general explanation, articles, and legal language (Marzuki, 2023). Primary legal material is defined as authoritative legal content, which is the outcome of authorized institutions' actions (Mukti & Yulianto, 2010). Secondary legal materials encompass legal opinions, doctrines, and theories derived from legal literature, research findings, scholarly articles, and relevant websites. These materials primarily serve to elucidate primary legal materials, aiding researchers in comprehending and analyzing them more effectively. The inclusion of secondary legal materials enhances the depth and context of legal research. Tertiary legal materials are resources that offer essential guidance and explanations, serving as a bridge to understanding primary and secondary legal materials (Sunggono, 2002).

The collection of legal materials for this research involves gathering resources such as books, magazines, articles, papers, journals, newspapers, and works by legal experts to obtain relevant materials that support the study. The research findings are presented in systematically organized descriptions, ensuring that the secondary legal materials are interconnected and aligned with the research problems. This approach ensures a cohesive and comprehensive analysis tailored to the study's objectives. The analysis of legal materials represents a critical stage in any study, as it involves processing and utilizing the data to uncover truths that address the research questions effectively. This study employs a qualitative analysis technique, specifically descriptive-analytical, which focuses on examining a particular problem in conjunction with relevant literature, expert legal opinions, and applicable laws and regulations (Soerjono & Mamudji, 1990).

RESULT AND DISCUSSION

The concept of legal protection narrows the broader meaning of protection to matters related specifically to law. Legal protection pertains to rights and obligations, where individuals, as legal subjects, have the right and duty to engage in lawful actions (Daffa et al., 2023). Law Number 40 of 2004 concerning the National Social Security System grants individuals the right to select their preferred First-Level Health Facility for receiving medical services. Choosing an appropriate First-Level Health Facility facilitates easier access, higher-quality care, and a more comfortable treatment experience. This right, guaranteed to all National Health Insurance participants, is further supported by various regulations issued by the Health Social Security Agency.

Regulation Number 4 of 2019 on the Transfer of Health Insurance Participants in Health Facilities outlines the procedural mechanisms for transferring participants between First-Level Health Facility while reinforcing participants' rights to choose their health providers. Additionally, Regulation Number 1 of 2017 concerning Equalization of Participants in First-Level Health Facilities focuses on balancing the distribution of participants across First-Level Health Facility to ensure equitable access to care. National Health Insurance participants can modify their designated First-Level Health Facility through the Health Social Security Agency office or the mobile application. Access to healthcare is a fundamental human right, as articulated in Article 1, Paragraph 1 of the Health Law, which defines health as a complete state of physical, mental, spiritual, and social well-being, enabling individuals to live socially and economically productive lives.

As the sovereign authority, the state is tasked with ensuring the welfare of its people, including equitable access to healthcare. Health serves as a key indicator of a nation's welfare and reflects the government's success in upholding the constitutional mandate to provide justice and quality health services (Khan, 2021). However, the public's need for accessing healthcare services in collaboration with the National Health Insurance remains challenging, with obstacles such as the distance to facilities and the quality of services. One of the underlying causes is the issue of healthcare financing and the fact that Universal Health Coverage has not yet been fully achieved in Indonesia (Diah et al, 2022).

Under its legal mandate, Health Social Security Agency is responsible for managing health-related social security for all Indonesian citizens, encompassing promotive, preventive, curative, and rehabilitative services, alongside the provision of essential medications (Wahyati, 2012). Despite these efforts, numerous complaints persist regarding service quality at both First-Level Health Facility and hospitals. Issues such as delays in emergency care, insufficient medication quality, limited inpatient capacity, and inadequate hospital facilities highlight the need for ongoing improvements. Legal protections for underprivileged patients in hospitals are governed by laws such as the Health Law (Law Number 17 of 2023), the Medical Practice Law (Law Number 29 of 2009), and the Hospital Law (Law Number 44 of 2009). These frameworks aim to secure participants' access to healthcare services while addressing systemic challenges within the healthcare system.

The primary objective of health insurance is to ensure participants receive essential health benefits and protection in meeting basic health needs. National Health Insurance offers several advantages, including comprehensive benefits at affordable premiums, cost and quality control, sustainability in health service financing, and portability, which allows utilization across Indonesia (Ministry of Health Indonesia, 2023). Social security serves as a form of social protection to ensure individuals can meet their basic needs for a dignified life, as emphasized in Article 1, Paragraph 1 of Law Number 40 of 2004. Presidential Regulation Number 82 of 2018 concerning the responsibility of Health Insurance in implementing these provisions. Previous regulations, such as Presidential Regulation Numbers 12 of 2013, 111 of 2013, 19 of 2016, and 28 of 2016, further refine the legal framework governing health

insurance (Pratiwi, 2021).

As a public institution, Health Social Security Agency is expected to guarantee fair and affordable access to healthcare for all Indonesians, ensuring comprehensive protection within and beyond registered health facilities. However, instances such as the unauthorized transfer of participants designated First-Level Health Facility highlight the need for stronger legal protections to uphold participants' rights. Relevant laws and regulations emphasize participants' rights to access health facilities, transparency in services, and proper administrative processes by the organizing body.

CONCLUSION

The transfer of First-Level Health Facility for National Health Insurance participants is regulated by Law Number 24 of 2011, Presidential Regulation Number 82 of 2018, National Health Insurance Regulation Number 6 of 2018, and Minister of Social Affairs Regulation Number 21 of 2019. These laws ensure participants can transfer First-Level Health Facility after three months of enrollment, except in cases like changes in domicile or medical necessity. Participants are legally protected to choose First-Level Health Facility without discrimination and receive quality healthcare. First-Level Health Facility must not refuse participants, including those transferring, and any refusal can be reported as an administrative violation. Complaints regarding First-Level Health Facility transfers or services can be filed through National Health Insurance care centers, local offices, or the Ombudsman. Local governments also support equitable access and resolve administrative barriers for National Health Insurance participants.

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