

Juridical Analysis Of The Implementation of The BPJS Kesehatan Program in Improving Access to Health Services in Indonesia

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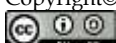
Abstract

Healthcare is a constitutional right guaranteed by the 1945 Constitution of the Republic of Indonesia, yet access disparities remain a serious problem in Indonesia. This study aims to analyze the legal aspects of implementing the BPJS Kesehatan program to improve access to health care and identify existing legal barriers. The research method employs a normative legal approach, using statutory and conceptual frameworks, and analyzes primary, secondary, and tertiary legal materials through a qualitative, descriptive-analytical approach. The results indicate that the BPJS Health program has a strong legal foundation based on the 1945 Constitution of the Republic of Indonesia, Law No. 40 of 2004 on the National Social Security System, Law No. 24 of 2011 on the Social Security Administration Agency, and Law No. 17 of 2023 on Health, with an enrollment coverage of 89% of the population (242 million people). However, implementation faces legal challenges: a gap between regulations and practice, a financial deficit of Rp 13 trillion, delays in claim payments, and weak legal protection for participants. The study recommends regulatory reform, improvements to the financial system, strengthening of legal protection mechanisms, and enhanced coordination among institutions to achieve equitable and sustainable Universal Health Coverage.

Keywords: BPJS Kesehatan, National Health Insurance, Legal Protection, Access to Health Services, Universal Health Coverage

Abstrak

Pelayanan kesehatan merupakan hak konstitusional yang dijamin oleh Konstitusi Republik Indonesia tahun 1945, namun kesenjangan akses masih menjadi masalah serius di Indonesia. Studi ini bertujuan untuk menganalisis aspek hukum implementasi program BPJS Kesehatan untuk meningkatkan akses pelayanan kesehatan dan mengidentifikasi hambatan hukum yang ada. Metode penelitian menggunakan pendekatan hukum normatif, dengan menggunakan kerangka hukum dan konseptual, serta menganalisis materi hukum primer, sekunder, dan tersier melalui pendekatan kualitatif, deskriptif-analitis. Hasil penelitian menunjukkan bahwa program BPJS Kesehatan memiliki landasan hukum yang kuat berdasarkan Konstitusi Republik Indonesia tahun 1945, Undang-Undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional, Undang-Undang Nomor 24 Tahun 2011 tentang Badan Administrasi Jaminan Sosial, dan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, dengan cakupan pendaftaran sebesar 89% dari populasi (242 juta jiwa). Namun, implementasinya menghadapi tantangan hukum: kesenjangan antara peraturan dan praktik, defisit keuangan sebesar Rp 13 triliun, keterlambatan pembayaran klaim, dan perlindungan hukum yang lemah bagi peserta. Studi ini merekomendasikan reformasi peraturan, perbaikan sistem keuangan, penguatan mekanisme perlindungan hukum, dan peningkatan koordinasi antar lembaga untuk mencapai Jaminan Kesehatan Universal yang adil dan berkelanjutan.



Kata kunci: BPJS Kesehatan, Jaminan Kesehatan Nasional, Perlindungan Hukum, Akses ke Layanan Kesehatan, Jaminan Kesehatan Universal

Introduction

Health services are a basic right of every citizen guaranteed by the constitution. Article 28H paragraph (1) The 1945 Constitution of the Republic of Indonesia affirms that everyone has the right to live a prosperous life in birth and mind, to live, and to have a good living environment and health services. Mandate This constitutional amendment is strengthened by the presence of Law Number 17 of 2023 concerning Health which affirms the role of the state in providing equitable, quality, and affordable health services for all people without discrimination (Ida Ayu Ista Nariswari et al., 2025).

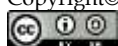
The reality on the ground shows that the gap in access to health services is still a serious problem in Indonesia. Data from the Ministry of Health in 2023 notes that the disparity in health services between urban and rural areas is still very high, with the ratio of doctors per 100,000 population in remote areas only reaching a quarter of the WHO standard (Ministry of Health of the Republic of Indonesia, 2023). Geographical inequality, limited health facilities, uneven distribution of medical personnel, and financial barriers are the main factors that hinder people, especially vulnerable and low-income groups, from obtaining proper and quality health services (Afifah, 2024). This is contrary to the principles of social justice and human rights guaranteed by the constitution.

In order to realize equitable access to health services and ensure health protection for all Indonesian people, the government has initiated the National Health Insurance (JKN) program through the Health Social Security Administration Agency (BPJS) (Djamhari et al., 2020). This program is implemented based on Law Number 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning the Social Security Organizing Agency, which was later strengthened by Law Number 17 of 2023 concerning Health (Andrika et al., 2023).

BPJS Kesehatan is a public legal entity formed to provide health insurance programs for the entire Indonesian population. Since its launch on January 1, 2014, BPJS Kesehatan has become a major pillar in the national health system with the aim of providing health protection to all Indonesian people through a mandatory and comprehensive social health insurance mechanism (Azmi et al., 2024). By the end of 2023, BPJS Kesehatan membership has reached more than 242 million people or around 89% of the total population of Indonesia, making it one of the largest health insurance programs in the world (Mediana, 2023).

The JKN-KIS (National Health Insurance-Healthy Indonesia Card) program managed by BPJS Kesehatan covers a variety of health services, ranging from first-level health services to advanced referral health services. This program is designed to eliminate financial barriers that have been the main obstacles for people to access health services, especially for poor and underprivileged groups (Fadhia Chairunnisa, 2024). Based on BPJS Kesehatan data in 2023, the Contribution Assistance Recipient (PBI) program has covered more than 96 million underprivileged people whose contributions are fully borne by the government (Mediana, 2023).

The presence of BPJS Kesehatan has brought significant changes in the healthcare landscape in Indonesia. Millions of people who previously did not have access to health services can now take advantage of health facilities without having to worried about high medical costs (Wulan et al., 2022). A study conducted by Afifah (2024) shows that the JKN program has increased the utilization of public health services, especially for outpatient and



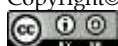
inpatient services, with the number of visits to health facilities increasing significantly since the implementation of this program (Afifah, 2024). This program has also encouraged the improvement of the referral system, the improvement of the quality of health services, and the expansion of health infrastructure in various regions (Elungan & Tjenreng, 2025).

However, the implementation of the BPJS Kesehatan program in practice still faces various challenges and complex problems. Some of the crucial issues that often arise include: delays in payment of claims to health facilities that have an impact on service quality, limited referral quotas that hinder patient access to specialist services, disparity in service quality between health facilities in urban and rural areas, BPJS Kesehatan's financial deficit which reaches Rp 9.56 trillion in 2024, and public complaints related to convoluted administrative procedures and long waiting times services (Mediatama, 2025). The 2024 report of the House of Representatives of the Republic of Indonesia also indicates that there are various problems in the implementation of health regulations that need to be addressed immediately by the Ministry of Health, including related to service standards and supervision mechanisms for health facilities in collaboration with BPJS (Kurniawati et al., 2022).

Another problem that is no less important is the lack of optimal participation of BPJS Kesehatan, especially in the informal worker segment and people living in remote areas. BPJS Kesehatan data shows that the level of compliance with contribution payments in the non-wage earner segment is still low, with arrears reaching trillions of rupiah (Mundiharno, 2012). There are still millions of Indonesians who have not been registered as BPJS Kesehatan participants or experience obstacles in paying contributions regularly (Meman et al., 2021). This condition is exacerbated by the gap in public understanding of the rights and obligations of BPJS participants, as well as the lack of health literacy among the lower middle class. This condition raises questions about the effectiveness of the implementation of the universal health insurance program in Indonesia (Fitra et al., 2025).

From a legal perspective, there are several juridical issues that need to be studied in depth. First, regarding the regulation of the rights and obligations of participants, health facilities, and BPJS Kesehatan itself within the framework of applicable laws and regulations (Nasution, 2005). In practice, inconsistencies are still found between the legal norms contained in laws and regulations and implementation in the field, especially related to minimum service standards, referral mechanisms, and the protection of patient rights (Basri et al., 2025). Second, related to law enforcement mechanisms and dispute resolution arising from the implementation of the BPJS Kesehatan program. Third, it is related to legal protection for BPJS Kesehatan participants in obtaining their rights to quality and affordable health services (Philipus M. Hadjon, 1987).

Law Number 17 of 2023 concerning Health has regulated more comprehensively the health insurance system, including the role of BPJS Kesehatan in implementation of health services (Widjaja, 2023). This regulation mandates the improvement of a more integrated, accountable, and patient satisfaction-oriented health service system. However, the implementation of these regulations in the field still requires an in-depth study to ensure that the BPJS Kesehatan program is truly effective in increasing access to health services and realizing the ideal of universal health coverage in Indonesia (Sobeang, 2022). Various derivative regulations such as Government Regulation Number 28 of 2024 concerning Health Insurance, Regulation of the Minister of Health Number 21 of 2024 concerning the Implementation of Health Services, and Regulation of the Minister of Health Number 26 of 2024 concerning Health Service Tariffs also need to be evaluated for the effectiveness of their implementation (Iskandar, 2025).



Based on the background that has been described, this study formulates some of the following main problems: What is the juridical basis of the BPJS Kesehatan Program in the National Health Insurance System in Indonesia? How is the implementation of the BPJS Kesehatan Program in increasing access to health services in Indonesia? What are the juridical problems faced in the implementation of the BPJS Kesehatan Program in Indonesia? What is the legal protection for BPJS Kesehatan participants in obtaining quality health services?

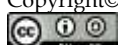
This study aims to analyze and explain the juridical basis of the BPJS Kesehatan Program within the framework of the National Health Insurance System, analyze the implementation of the program in an effort to improve access to health services for all Indonesian people, identify and analyze various juridical problems that arise in the implementation of programs in the field, as well as analyze the legal protection mechanism for BPJS Kesehatan participants and formulate policy recommendations laws that can increase the effectiveness of the implementation of the BPJS Kesehatan Program in realizing fair and sustainable Universal Health Coverage.

Theoretically, this research is expected to make an academic contribution to the development of health law, especially related to social security and the right to health, enrich the treasure of juridical research on the implementation of the national health insurance program in Indonesia, and become a reference for its ongoing research related to the legal aspects of health services and social security. Practically, this research is expected to provide input and recommendations for the government and policymakers in improving regulations related to BPJS Kesehatan, provide an overview for BPJS Kesehatan regarding the juridical obstacles faced and their solutions, increase public understanding of the rights and obligations as participants and available legal protection mechanisms, and provide clarity for health facilities regarding legal aspects in cooperation with BPJS Health.

This research is based on several fundamental theories in health and human rights law. The Welfare State Theory is the main foundation that mandates the state to be responsible for ensuring the welfare of its citizens, including in the health sector, where Indonesia as a country welfare has a constitutional obligation to provide equitable and affordable health services for all people as mandated in the 1945 Constitution of the Republic of Indonesia. Human Rights Theory is an important foothold where the right to health is part of fundamental human rights based on Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia and international legal instruments such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Legal Protection Theory from Philip

M. Hadjon divided legal protection into two forms, namely preventive legal protection which aims to prevent disputes through the regulation of standards, procedures, and supervision mechanisms, and repressive legal protection which aims to resolve disputes through complaint mechanisms and legal channels. The Social Security Theory is based on the principle of mutual cooperation where individual risks are jointly borne by the community, which is applied by the BPJS Kesehatan Program through a mandatory and comprehensive social insurance mechanism.

The key concepts used include BPJS Kesehatan as a public legal entity formed based on Law Number 24 of 2011 to implement health insurance programs, National Health Insurance (JKN) as a comprehensive health insurance program based on the principles of social insurance and equity, Access to Health Services as the ability and convenience of the community to obtain health services that include aspects of availability, geographical affordability, financial affordability and service quality, Universal Health Coverage (UHC) as



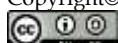
a condition where all residents can access quality health services without experiencing financial difficulties, and Participant Legal Protection as a guarantee provided by law to BPJS Kesehatan participants to obtain their rights in health services and dispute resolution.

Several previous studies are important references in this study. Afifah (2024) shows an increase in the utilization of health services since the implementation of JKN, especially for outpatient and inpatient services. Pratiwi (2018) identifies various obstacles to the implementation of the JKN program from a legal perspective and analyzes the gap between regulations and practices in the field. Sobeang (2022) provides a comparative perspective of Indonesia's health insurance system with Cuba's which provides lessons from systems in other countries. Ardinata (2020) analyzes the state's obligations in fulfilling the right to health as part of human rights. This research provides a new contribution by focusing on a comprehensive juridical analysis that includes the legal basis, implementation, problematics, and legal protection of participants in one integrated study, so that it is expected to provide a comprehensive overview of the juridical aspects of the implementation of the BPJS Kesehatan Program in improving access to health services in Indonesia.

This research is important to be conducted in order to analyze the juridical aspects of the implementation of the BPJS Kesehatan Program, identify existing legal barriers, evaluate the gap between legal norms and practices in the field, and formulate policy recommendations that can strengthen the legal and legal foundations of the increase the effectiveness of the BPJS Kesehatan program in ensuring equitable, equitable, and sustainable access to health services for all Indonesian people (Ardinata, 2020). Thus, this research is expected to make a significant academic contribution to the development of health law in Indonesia and become an input for policy makers in improving the national health insurance system.

Methods Research

This study uses normative legal research methods with statute approaches and conceptual approaches to analyze the legal arrangements and implementation of BPJS Kesehatan in improving access to health services and legal protection for participants (Marzuki, 2021). The data sources used consist of primary legal materials in the form of laws and regulations related to BPJS Kesehatan and the national health insurance system, secondary legal materials including health law textbooks, scientific journals, articles, research results, and government reports, as well as tertiary legal materials such as legal dictionaries and encyclopedias (Mamuji, 2018). Data collection techniques are carried out through library research and documentation studies on laws and regulations, literature, and relevant documents (Mukti Fajar ND and Yulianto Achmad, 2017). The data that has been collected is analyzed qualitatively by descriptive-analytical method through the stages of identifying legal norms, inventorying laws and regulations, systematic interpretation, evaluating regulatory implementation, and drawing conclusions (Soekarto, 2019). The results of the analysis are presented descriptively to provide a comprehensive and systematic overview of the juridical analysis of the implementation of the BPJS Kesehatan Program in improving access to health services in Indonesia as well as legal protection for participants.



Results and Discussion

The Juridical Basis of the BPJS Kesehatan Program in the National Health Insurance System

The BPJS Kesehatan program has a comprehensive and strong legal foundation hierarchy, starting with from the constitutional level to the technical regulations of implementation, as follows:

a. Constitutional Basis

The 1945 Constitution of the Republic of Indonesia Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia is the highest constitutional foundation that affirms that everyone has the right to live a prosperous life in birth and mind, to live, and to get a good and healthy living environment and the right to health services. This provision affirms that health services are a constitutional right that must be fulfilled by the state.

b. Foundations of International Law

1. The Universal Declaration of Human Rights (UDHR) Article 25 recognizes the right of everyone to a standard of living that is adequate for the health and well-being of himself and his family, including food, clothing, housing, and health care.
2. The International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 12 recognizes the right of everyone to enjoy the highest attainable standard of physical and mental health.

c. Laws and Regulations at the Legislative Level

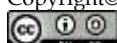
1. Law Number 40 of 2004 concerning the National Social Security System Becomes a legal umbrella for the implementation of the social security system with the principles of mutual cooperation, non-profit, openness, prudence, accountability, portability, and compulsory participation. This law regulates five social security programs including health insurance.
2. Law Number 24 of 2011 concerning the Social Security Administration Agency regulates the establishment of BPJS Kesehatan as a public legal entity responsible for organizing the health insurance program, determining the functions, duties, and authorities of BPJS Kesehatan, and regulating the mechanism for implementing the health insurance program.
3. Law Number 17 of 2023 concerning Health affirms the government's obligation to ensure the availability of health service facilities and provide health insurance to increase public access. This regulation strengthens an integrated and accountable health service system.

d. Government Regulations

1. Government Regulation Number 28 of 2024 concerning Health Insurance regulates in detail the mechanism for the implementation of health insurance, including membership, contributions, benefits, and health services.
2. Presidential Regulation Number 82 of 2018 concerning Health Insurance Regulates further regarding the implementation of the national health insurance program, including the amount of contributions and class of treatment.

e. Regulation of the Minister of Health

1. Regulation of the Minister of Health Number 28 of 2014 concerning Guidelines for the Implementation of the JKN Program Provides technical guidelines for the implementation of the JKN program in all health facilities.
2. Regulation of the Minister of Health Number 21 of 2024 concerning the Implementation of Health Services in Health Service Facilities regulates the standards



for the implementation of health services in health facilities in collaboration with BPJS Kesehatan.

3. Regulation of the Minister of Health Number 26 of 2024 concerning Health Service Tariffs in the Implementation of the Health Insurance Program regulates the payment system and health service rates in the JKN program.
4. Regulation of the Minister of Health Number 3 of 2023 concerning Minimum Service Standards in the Health Sector Establishes minimum standards that must be met in provision of health services to BPJS participants.
5. Regulation of the Minister of Health Number 43 of 2023 concerning National Standards for Hospital Accreditation regulates accreditation standards that must be met by hospitals that collaborate with BPJS Kesehatan.
6. Regulation of the Minister of Health Number 19 of 2016 concerning the Integrated Emergency Management System regulates the referral system and handling of emergency cases in the JKN program.
7. Regulation of the Minister of Health Number 5 of 2022 concerning the Organization and Work Procedures of the Ministry of Health regulates the organizational structure and authority of the Ministry of Health in supervising the JKN program.

f. BPJS Kesehatan Regulations

BPJS Kesehatan Regulation Number 1 of 2014 concerning the Implementation of Health Insurance regulates the technical mechanism for the implementation of the health insurance program by BPJS Kesehatan, including registration procedures, payment of contributions, and health services.

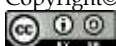
g. Position and Characteristics of BPJS Kesehatan

Based on the juridical basis above, BPJS Kesehatan has a special position as a public legal entity formed based on the law with characteristics: formed for the public interest, has public authority, is subject to public law, and is directly responsible to the President. The main function of BPJS Kesehatan is to organize a health insurance program with tasks including participant registration, collection of contributions, management of social security funds, payment of health service benefits to health facilities, and supervision of the implementation of health services in accordance with applicable regulations.

This comprehensive hierarchy of laws and regulations shows that the BPJS Kesehatan program has a strong and complete legal foundation, starting from the constitutional level to the implementation technical regulations, which should be able to ensure legal certainty in the implementation of the national health insurance program. However, the strength of this juridical foundation needs to be balanced with effective implementation on the ground to realize the goal of equitable and sustainable Universal Health Coverage.

The right to health is a constitutional right guaranteed in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states that everyone has the right to live a prosperous life in birth and mind, to live, and to have a good and healthy living environment and the right to health services (MPR, 1945). This constitutional recognition is in line with international legal instruments such as the Universal Declaration of Human Rights Article 25 and the International Covenant on Economic, Social and Cultural Rights Article 12 which recognize the right of everyone to adequate health standards (Ardinata, 2020).

The implementation of the constitutional mandate is realized through a comprehensive hierarchy of laws and regulations. Law Number 40 of 2004 concerning the National Social Security System is the legal umbrella for the implementation of the social security system with the principles of mutual cooperation, non-profit, openness, prudence, accountability,



portability, and compulsory participation (Salangka et al., 2023). Law Number 24 of 2011 concerning the Social Security Administration Agency regulates the establishment of BPJS Kesehatan as a public legal entity responsible for organizing the health insurance program. The latest regulation through Law Number 17 of 2023 concerning Health emphasizes the government's obligation to ensure the availability of health service facilities and provide health insurance to increase public access.

BPJS Kesehatan has a special position as a public legal entity formed based on the law with characteristics: formed for the public interest, has public authority, and is subject to public law. The main function of BPJS Kesehatan is to organize a health insurance program with tasks including participant registration, collection of contributions, management of social security funds, and payment of health service benefits in accordance with applicable provisions (Azmi et al., 2024).

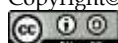
Implementation of the BPJS Kesehatan Program in Increasing Access to Health Services

The JKN Program Membership and Universal Coverage System adheres to the principle of compulsory participation for all Indonesian residents with a clear and structured division of participant categories. The first category is Contribution Assistance Recipients (PBI) whose contributions are paid in full by the government, covering more than 96 million underprivileged people and intended for the poor and underprivileged. The second category is non-PBI which consists of Wage Recipient Workers (PPU), which is formal employees with contributions paid with their employers, Non-Wage Recipient Workers (PBPU), which are informal workers who pay independent contributions, and Non-Worker groups which are other community groups that pay their own contributions. 38 By the end of 2023, BPJS Kesehatan membership has reached more than 242 million people or around 89% of the total population of Indonesia, making it one of the largest health insurance programs in the world. This achievement shows the government's commitment to realizing Universal Health Coverage (UHC) which is the target of national health development. However, there are still around 11% or around 30 million Indonesians who have not been registered as BPJS Kesehatan participants, especially from informal worker groups and communities in remote areas. The challenge in achieving universal membership is also related to the level of compliance with contribution payments, especially in the PBPU segment which records a high level of arrears.

b. Benefits of Comprehensive Health Services

The JKN program provides comprehensive benefits including promotive, preventive, curative, and rehabilitative services through a tiered service system. The tiered referral system consists of three levels: First-Level Health Facilities (FKTP) as the initial gateway, Advanced Level Referral Health Facilities for specialist services, and sub-specialty services at national referral hospitals (Elungan & Tjenreng, 2025). The scope of these benefits includes various types of services such as medical consultations, diagnostic supporting examinations, medical procedures, surgery, hospitalization, drug services and consumable medical materials, ambulance services, and other necessary health services according to medical indications. This system aims to control costs, increase efficiency, ensure quality of service, and encourage strong primary health services.

The breadth of this benefit coverage makes the JKN program a health insurance system that is not only curative but also preventive and promotive. This approach is in line with the healthy paradigm that emphasizes efforts to prevent diseases and improve public health



degrees, not just treatment when sick. Thus, the JKN program is expected to contribute to improving the quality of public health as a whole in the long term.

Increased Utilization of Health Services

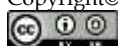
The implementation of the JKN program has significantly increased the utilization of health services. Afifah's research (2024) shows an increase in visits to health facilities for outpatient and inpatient services since the implementation of the program (Afifah, 2024). BPJS Kesehatan data in 2023 recorded more than 220 million visits to FKTPs and more than 25 million referral cases to FKRTL, showing the success of the program in reducing people's financial barriers. The increase in the utilization of health services is also reflected in the increasing number of visits for preventive services and routine health check-ups, which before the JKN program was often ignored by the community due to cost considerations. The JKN program has changed public health behavior from being reactive (treating when sick) to more proactive (regular health checks). This is in line with the healthy paradigm carried out in the national health system that emphasizes prevention over treatment.

The Contribution Assistance Recipient Program (PBI) in particular has had a transformative impact in increasing the access of the poor to health services that were previously unaffordable. Prior to the JKN program, many poor people were forced to postpone or even not seek treatment at all due to cost limitations, which resulted in worsening health conditions and an increased risk of disease complications (Wulan et al., 2022). With the PBI program, the poor can now access quality health facilities and get comprehensive treatment without having to worry about costs, thereby reducing the risk of falling into deeper poverty due to high health expenditure (catastrophic health expenditure). Data shows that the PBI program has succeeded in significantly reducing the number of out-of-pocket payments or health costs that must be incurred directly by the poor.

Juridical Problems for the Implementation of the BPJS Kesehatan Program

The implementation of the BPJS Kesehatan program faces a gap between legal norms and practice in the field. Although regulations regulate minimum service standards, in practice there are still many complaints related to long waiting times, limited medicines and medical devices, and disparity in service quality between urban and rural areas (Basri et al., 2025). Tiered referral systems also face obstacles such as referral rejection due to full quota, delays in the referral process, and suboptimal referrals. Violations of patients' rights still occur, including service discrimination between BPJS patients and general patients and the lack of information provided to patients (Widjaja, 2023).

The financial deficit is a serious structural problem with a deficit of Rp 13 trillion in 2023. Juridically, the deficit threatens BPJS's ability to fulfill its legal obligations in accordance with Article 17 of the BPJS Law to guarantee benefit payments to participants. Factors that cause the deficit include: underpricing contributions, catastrophic high service costs, low compliance with contribution payments, especially in the PBP segment with trillions of rupiah in arrears, weak quality and cost control systems, and moral hazards from participants and providers. Late payment of claims to health facilities that should be paid a maximum of 15 working days is still a serious problem. This delay disrupts the cash flow of health facilities, hampers operations, and reduces service quality. Juridically, late payment can be qualified as default, but the bargaining position of health facilities is very weak in the face of BPJS as a monopsony in the national health insurance system.



Coordination between institutions faces various obstacles. The 2024 report of the House of Representatives of the Republic of Indonesia indicates problems in the implementation of health regulations related to service standards and supervision mechanisms. Problems include inconsistencies in central and regional regulations, overlapping authority, weak supervision and law enforcement, and lack of policy synchronization between sectors (Sobeang, 2022).

Legal Protection for BPJS Kesehatan Participants

The legal relationship between participants and BPJS Kesehatan is based on the regulation of rights and obligations in laws and regulations. Participant rights include: obtaining a participant's identity card, obtaining health service benefits at cooperating facilities, obtaining information about rights and obligations, submitting complaints, and obtaining quality services according to standards. Participant's obligations include: registering themselves, paying dues regularly, reporting data changes, complying with service procedures, and maintaining identity cards.

In the perspective of Philipus M. Hadjon's theory, legal protection is divided into preventive to prevent disputes and repressive to resolve disputes that occur.⁵⁹ Preventive protection is realized through the regulation of service standards, procedures, and supervision mechanisms, while repressive protection is through complaint mechanisms, dispute resolution, and sanctions enforcement.

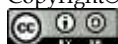
BPJS Kesehatan provides various complaint channels through Care Center 165, website, JKN mobile application, social media, and branch offices. However, the effectiveness of this mechanism is still constrained by the lack of serious follow-up, long settlement times, and lack of transparency in the complaint handling process. The dispute resolution mechanism can be taken through the internal channels of BPJS, independent institutions such as the Ombudsman, or formal legal channels through the courts (Astuti, 2009).

It is necessary to strengthen the legal protection of participants through: improving more detailed and implementable regulations, strengthening independent supervision mechanisms, improving transparency and accountability in the implementation of the program, as well as the provision of strict sanctions for violations of service standards. Reform of the health insurance system must ensure a balance between the rights and obligations of all parties to realize equitable and sustainable Universal Health Coverage.

Conclusion

Based on the juridical analysis that has been carried out, it can be concluded that the BPJS Kesehatan program has a strong legal foundation in the Indonesian constitutional framework, starting from Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, Law Number 40 of 2004 concerning SJSN, Law Number 24 of 2011 concerning BPJS, to Law Number 17 of 2023 concerning Health. The JKN program has succeeded in increasing access to health services with membership coverage reaching 89% of Indonesia's population (242 million people) and significantly increasing the utilization of health services, especially for the poor and underprivileged through the PBI program.

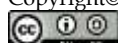
However, the implementation of the program still faces various serious juridical problems, including: the gap between legal norms and practices in the field related to service standards and referral systems, a financial deficit of Rp 13 trillion that threatens the sustainability of the program, late payment of claims that have an impact on service quality, and weak coordination and supervision between institutions. Legal protection for



participants has not been optimal, including weak complaint and dispute resolution mechanisms, so the rights of participants have not been fully guaranteed.

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