

## Research Article

# Construction of BPJS National Health Insurance Membership Regulations in Indonesia

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**Abstract.**

The issuance of the BPJS National Health Insurance Law was a government effort to enhance the welfare of citizens by making it mandatory for them to become BPJS health insurance participants, with a deadline set for January 2019. However, as of May 2022, around 13.79% (according to Worldometer) or 12.26% (according to the Home Ministry) of citizens have not yet joined, due to various factors, including issues related to the BPJS health insurance membership regulations. This paper aims to provide clarity on the construction of health insurance membership regulations as outlined in Law Number 24 of 2011 concerning the Social Security Agency connected to the National Social Security System. The research utilized a descriptive analysis with a statutory approach, along with secondary data obtained through a library study to collect data, and systematic and teleological analysis to analyze the data. The results of the study indicate that the construction of BPJS health insurance membership regulations follows the *Stufen* theory, which is in accordance with the hierarchy of occupying concrete norms (Hans Kelsen) or *formalgezets* (Hans Nawiasky).

**Keywords:** construction, national health insurance, national social security system regulation

## 1. Introduction

The issuance of the Health Insurance Law for the Social Security Agency (BPJS/*Badan Penyelenggara Jaminan Sosial*) is intended to improve the welfare of Indonesian citizens in the health sector as one of the fulfilment of human right[1] [2] [3][4]. The law requires every Indonesian citizen (WNI/*Warga Negara Indonesia*) and foreign citizen (WNA/*Warga Negara Asing*) who has lived for at least six months in Indonesia to become a participant in the health insurance of BPJS[5]. The last deadline for applying for it was January 1, 2019 [6]. In fact, until May 2022, only 240,315,474 participants were registered[7]. If it is compared to the Worldometer version of the population, which is elaborated from the latest UN data until April 25, 2022 (278,752,361 people)[8] there

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was a 13.79% difference. Meanwhile, if it is compared to the Ministry of Home Affairs' version of the population (273879750 people), the difference was 12.26%.

Studies on BPJS health insurance tend to consider three things, namely BPJS health services[9][10][11][12][13][13][13], the implementation of BPJS health insurance[14][15] [16], and the implementation and application of its principles [17] [18]. Of these three things, no one has studied the aspect of membership regulatory construction of BPJS health insurance.

This study complements the shortcomings of previous research, particularly to clarify the construction of the BPJS national health insurance membership regulations linked to the National Social Security System. This becomes the focus of the study to understand the hierarchical anatomy of the membership regulatory construction of BPJS health insurance in the legal material aspect.

This study was based on an argument that the law plays a role in the development process[19], including the development of public health[20][21], as a guarantee for the continuity of an orderly development process as long as it is aligned [22] philosophically, juridically, and sociologically[23]. The law provides orientation and correction for the development; and power must be subject to law, not just give legitimacy to power. The law must be a tool (means) that cannot be ignored in the development process[22]. Thus, the law plays an important role in creating public welfare (*bonum commune communitas*) or for the general good (*pro bono publico*). However, if it is not aligned philosophically, juridically, and sociologically, the law will become a tool of power to oppress and suffer the people.

## 2. Literature Review

### 2.1. Legal Regulatory Construction

The construction defined in the online the Great Dictionary of the Indonesian Language (KBBI/*Kamus Besar Bahasa Indonesia*) is the arrangement and relationship of words in sentences or words[24]. Regulation according to the Collin Dictionary is a rule made by a government or other authorities to control the way something is done or the way people behave. Regulation is a set of rules to control an order that is made to be free from violations and obeyed by all its members[25]. So far, the use of the term regulation in Indonesia is still limited to just laws and regulations[25]. Based on these two understandings and the sociological facts on the meaning of the regulation, what

is meant by regulatory construction is the composition or form of legislation made by the government or certain authorities.

The definition of statutory regulations according to Law Number 12 Year 2011 concerning the Establishment of Legislation Article 1 Number 2 is a written regulation that contains legally binding norms in general and is established or determined by state institutions or authorized officials through the procedures stipulated in Legislation. It is further explained in Article 2 that Pancasila is the source of all sources of state law; and in Article 3 Paragraph (1) it is explained that the 1945 Constitution of the Republic of Indonesia is the basic law in statutory regulations.

The type, hierarchy, and power of the laws and regulations according to Article 7 Paragraph (1) and Paragraph (2) of Law Number 12 are determined as follows:

1. The 1945 Constitution of the Republic of Indonesia,
2. Decree of the People's Consultative Assembly,
3. Laws/Government Regulations in Lieu of Laws,
4. Government Regulation,
5. Presidential Regulation,
6. Provincial Regulations, and
7. Regency/City Regional Regulations.

This is in line with *Stufenbau* theory from Hans Kelsen theory that legal norms are tiered. Above the legal norm, there is a higher legal norm, so that there is no longer the highest legal norm unless it is pre-determined by the community (presupposed)[26][27][28]. The order of legal norms according to Kelsen starts from *Grundnorm* (basic norm) which is abstract (relative) then translated into *Generallnorm* (positive norm) and continued or individualized into *Concretenorm* (real or concrete norm) (Hans Kelsen)[29][30]. Meanwhile, according to Hans Nawiasky[31], apart from being tiered, legal norms are also grouped[32]. The grouping of legal norms in the state consists of four major groups, namely:

- (a) *Staatsfundamentalnorm* (State Fundamental Norms);
- (b) *Staatsgrundgesetz* (Basic Rules of the State/Primary Rules of the State);
- (c) *Formell Gezets* (Formal Law);
- (d) *Verordnung and Autonome Satzung* (Implementing Rules and Autonomous Rules).

This theory is used to see the relationship between legal regulations both vertically and horizontally to determine the harmonization and synchronization among legal regulations. Furthermore, there are three legal norms that can be reconstructed in Rudolph von Jhering's perspective. First, the legal norms must cover all areas of positive law. In making a construction, there should be no logical conflict in it. Third, the construction must be able to give a clear description of something[33]. This is in line with what is stated in Article 5 of Law Number 12/2011 concerning the Formation of Legislations, that in forming laws and regulations, it must be carried out based on the principles of establishing good laws and regulations, including a. clarity of purpose; b. the appropriate forming institution or official; c. the suitability between types, hierarchies, and payload materials; d. can be implemented; e. the usability and effectiveness; f. the clarity of formulation; and g. openness.

Based on the aforementioned perspective, it can be understood that basically *Stufenbautheorie* is a process of concretization[34]. Therefore, the whole norm ranging from the highest legal norms to the lowest level is a unity in an orderly (*samenhangende eenheid*) and logical (*Logische stufenbau*) structure, so that there should be no conflict or contradiction[26][27][28]. Based on this explanation, the legal institution is a system, which in all its rules and regulations must not conflict with each other. Therefore, every law formation and enforcement must be able to receive input from other fields which in turn can produce outputs that can be conveyed to the community[35].

## 2.2. National Health Social Security

There are several terms used to describe the meaning of social security, such as social security[36], social insurance, or commonly social welfare[37]. In the Merriam-America Dictionary, it is defined as the principle or practice or program of public provision (as through social insurance or assistance) for the economic security and social welfare of the individual and his or her family especially, capitalized both Ss: a U.S. government program established in 1935 to include old-age and survivors' insurance, contributions to state unemployment insurance, and old-age assistance. The definition of social insurance is a program who risks are transfer to and pool by an often government organization legally require to provide certain benefits [38].

Health social security is part of social security. Health is one of the basic human needs in addition to clothing, food, and shelter. Health is a state of well-being of body, soul, and social allowing everyone to live productively socially and economically (Article 1 point 1 of Law Number 23 of 1992) and it becomes the right of all human

beings[4] as stated in the Declaration of Human Rights article 25 paragraph (1). The 58<sup>th</sup> World Health Organization resolution in 2005 in Geneva recommended, “Every country needs to develop Universal Health Coverage (UHC) through a social health contribution mechanism to ensure sustainable health financing”. Thus, WHO has formulated three dimensions to achieve universal coverage.

The three dimensions of universal coverage according to WHO are (1) how large the percentage of the population is guaranteed; (2) how complete the guaranteed services are, and (3) how big is the proportion of direct costs that are still borne by the population. The first dimension is the guaranteed population. The second one is the guaranteed health services, for example whether only services in hospitals or including outpatient services. The third is the proportion of guaranteed health costs (Mundiharno, Roadmap to Universal Coverage, “Health Insurance”)[39].

Health Insurance according to Presidential Regulation Number 82 Year 2018 is “Guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs given to everyone who has paid the Health Insurance Contribution or the Health Insurance Contribution is paid by the Central Government or Local Government”[13][13][13][13]. According to Sri Rejeki Hartono, this social security must be interpreted as social insurance [40] since this insurance is required by the state for the community for having a mandatory fund collection mechanism derived from dues to provide protection against socioeconomic risks that happened to participants and or their family member[41].

Based on the Roadmap towards UHC, Indonesia has set January 1, 2019, as the target for all Indonesian citizens’ health to be covered[42] as can be seen in Figure 1 below:



Figure 1: Roadmap to Universal Health Coverage Participation (UHC).

### 3. Methods

The object of this study was the legislation related to BPJS national health insurance. Therefore, this study was normative legal research (doctrinal law) because it is a written law[43]

The data needed in this study was a complete description of the membership regulatory construction of BPJS health insurance and their legal systems. Thus, the type of data needed was secondary data. The data sources came from primary, secondary, and tertiary legal materials. Data was collected through library research.

Data analysis was carried out descriptively with a statutory approach. Meanwhile, the data analysis technique used systematic and teleological analysis.

### 4. Result and Discussion

#### 4.1. Legal Regulatory Construction of BPJS National Health Insurance

The legal regulatory construction of BPJS national health insurance is the implementation of the mandate of the Preamble to the 4th Paragraph of the Constitution of the Republic of Indonesia which was later revealed in the body of the 1945 Constitution Article 5 Paragraph (1) and Paragraph (2), Article 20, Article 28H Paragraph (1), paragraph (2), and paragraph (3), and Article 34 paragraph (1), paragraph (2) and paragraph (3). In addition, Pancasila is the source of all sources of state law, the 5th Precept. Based on the considerations in these articles, the government submitted the Law on the National Social Security System to the House of Representative, which was then jointly approved and ratified and enacted on October 19, 2004, namely the Law Number 40 concerning the National Social Security System in 2004. The Law on the National Social Security System Number 40 of 2004 Chapter III Article 5 Paragraph (1) states that the Social Security Agency must be established by law. In an effort to fill the vacancy on the social security agency, according to Article 5 Paragraph (3) of the SJSN Law Number 40 Year 2004, the existing social security agency is declared as the Social Security Agency.

The Social Security Agency that existed prior to the issuance of Law Number 24 Year 2011 concerning Social Security Agency were as follows:

1. Company (Persero) Labor Social Security (*JAMSOSTEK/Jaminan Sosial Tenaga Kerja*);

2. Company (Persero) Civil Service Savings and Insurance Fund (*TASPEN/Dana Tabungan dan Asuransi Pegawai Negeri*);
3. Company (Persero) Social Insurance of the Armed Forces of the Republic of Indonesia (*ASABRI/Asuransi Sosial Angkatan Bersenjata Republik Indonesia*); dan
4. Company (Persero) Indonesian Health Insurance (*ASKES/Asuransi Kesehatan Indonesia*).

Furthermore, based on the provisions of the Transitional Article 52 that the organizing bodies are still valid as long as they have not been adjusted to the Law on the National Social Security System, no later than 5 (five) years after the issuance of the Law on the National Social Security System. This means that the BPJS institution was planned for a law to be established on January 1, 2009. In fact, in that year the BPJS Law had not yet been issued due to tug-of-war between the government and the House of Representative and the occurrence of judicial review of the law, especially related to contributions as stated in Article 17 Paragraph (1).

This judicial review was submitted by the Pro-People Social Security Coalition consisting of Maemunah, Sugiarto, Sri Linda Yanti, Rohayati Ketaren, Yunus, Tutut Herlina, Engelbert Lukas Warouw, Marlo Sitompul, Dominggus Oktavianus, People's Health Council, City Poor People's Association, and The Indonesian Workers' Struggle Front. They submitted an application to the Constitutional Court, which at that time was held by Mahfud MD. Their application was rejected in its entirety because it was deemed that the Act did not conflict with the 1945 Constitution[44]. In addition, there has been a polemic in the community so that the organizing bodies as referred to in Article 52 Paragraph (2) could only be formed on November 25, 2011, in line with the issuance of Law Number 24 Year 2011 concerning the Social Security Agency.

The existence of this BPJS institution replaces and merges the existing organizing bodies, such as PT ASKES for implementing health insurance. The new social security agencies that can be developed are BPJS for employment and BPJS for health (Article 52 Paragraph (1), Paragraph (2) and Paragraph (3)).

After the issuance of Law Number 24 Year 2011 concerning the Social Security Agency, the government determined that social security would be implemented in stages. The first stage that will be paid by the government is the health insurance program. Since the enactment of Law Number 24 Year 2011 concerning the Social Security Agency, the government and related institutions have issued several regulations that support the implementation and achievement of the specified targets including sanctions, the amount of contributions, the appointment of health insurance implementing

partners such as hospitals, health centers, pharmacies, doctors, laboratories, and so on as well as the target for comprehensive coverage of membership on January 1, 2019.

The implementation of the health insurance legislation does not rely enough on the SJSN Law and the BPJS Law, but it is necessary to refer to Law Number 36 Year 2009 concerning Health. The derivative regulations that are used as the basis for implementing this health insurance are Government Regulation Number 101 Year 2012 concerning Contribution Assistance Recipients, Presidential Regulation Number 12/2013 which has subsequently undergone several changes. The roadmap for the health insurance legislation was prepared until 2019 [45] as shown in Figure 1 below:



Figure 2: Roadmap of Health Insurance Legislation.

As shown in the map, in 2018 there was an adjustment to the Presidential Regulation on Health Insurance, Presidential Regulation Number 12 and its amendments are revoked and replaced with Presidential Regulation Number 82 concerning Health Insurance. This regulation has been amended twice and the last change occurred in 2020 because there was pressure from the public who did not agree with the increase in BPJS contributions, so that Presidential Regulation Number 64 concerning the Second Amendment to Presidential Regulation Number 82 concerning Health Insurance was issued. While the implementation is technical in nature, several Regulations of the Ministry of Health and regulations of the Social Security Administering Body in the field of Health have been issued.

Regulations of the Minister of Health include Regulation of the Minister of Health of the Republic of Indonesia Number 4 Year 2017 concerning the Second Amendment to



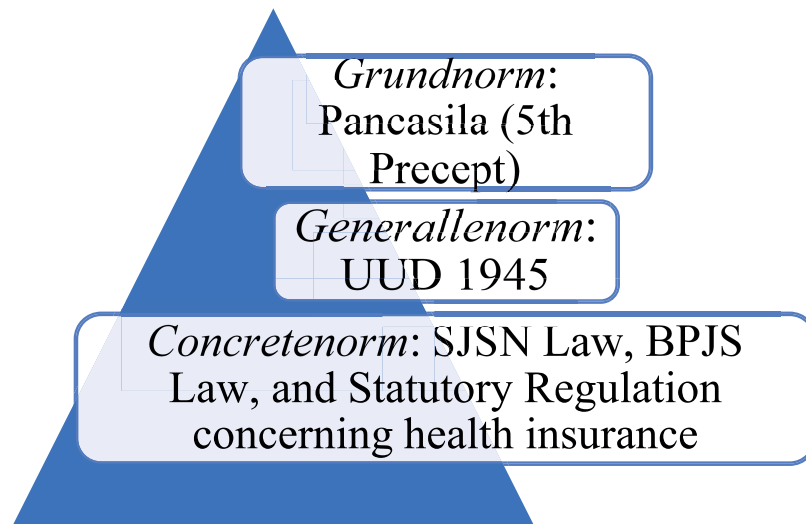
the Regulation of the Minister of Health Number 52 Year 2016 concerning Standard Tariffs for Health Services in the Implementation of the Health Insurance Program. Meanwhile, the regulations of the Social Security Agency in the Health sector include BPJS Health Regulation Number 4 Year 2014 concerning Procedures for Registration and Payment of Individual Participants of BPJS Health, BPJS Health Regulation Number 1 Year 2014 concerning the Implementation of Health Social Security, BPJS Health Regulation Number 6 Year 2016 concerning Changes Participation Status of Non-Wage Recipient Workers and Non-Working Participants in the Implementation of the National Health Insurance Program, BPJS Health Regulation Number 5 Year 2016 concerning Amendments to BPJS Health Regulation Number 1 Year 2015 concerning Procedures for Registration and Payment of Contributions for PBPJ Participants and Non-Working Participants; BPJS Health Regulation Number 2 of the Procedure for Payment of Contributions and Fines, BPJS Health Regulation Number 5 concerning Procedures for Billing, Payment and Recording of Health Insurance Contributions and Payment of Fines Due to Late Payment of Health Insurance Contributions, BPJS Health Regulation Number 4 concerning Guidelines for Participation Registration for Participants Wage Recipients other than State Administrators in the Health Insurance Program through the Utilization of Electronically Integrated Company Licensing Service Systems, BPJS Health Regulation Number 4 Year 2019 concerning Transfer of Health Insurance Participants in First Level Health Facilities, BPJS Health Regulations Number 3 Year 2020 concerning Procedures for Billing, Payments and recording of Health Insurance Contributions and Payment of Fines due to delays in Payment of Health Insurance Contributions.

Referring to the provisions of Law Number 12 Year 2011 concerning the Establishment of Legislation Article 7 and *Stufenbau* Hans Kelsen's theory, the BPJS national health insurance participation regulations in the form of the SJSN Law, BPJS Law and other laws and regulations occupy the *Concretenorm* level as shown in Figure 3 as follows:

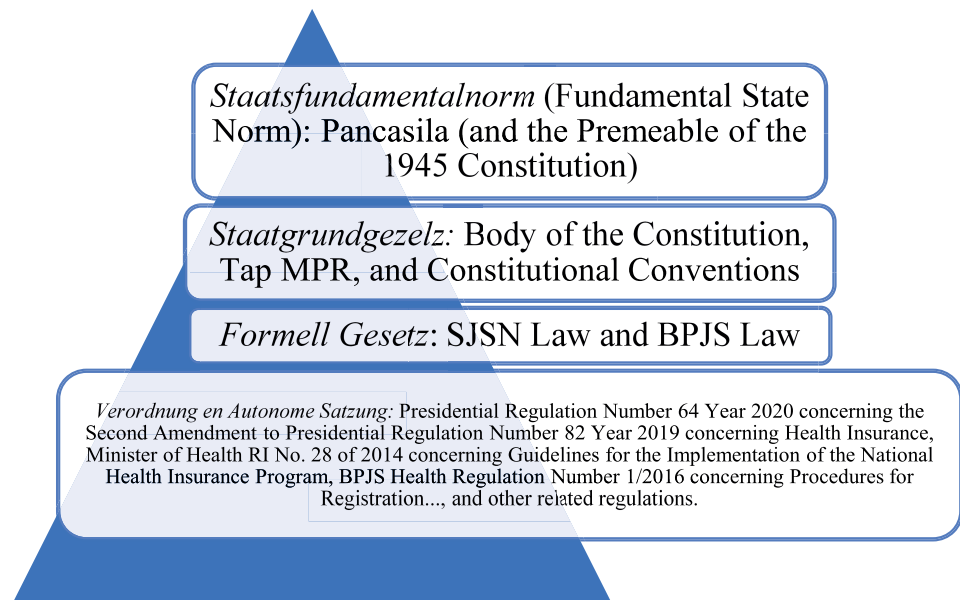
Likewise, when referring to the grouping of Hans Nawiasky, SJSN Law and BPJS Law occupy *Formell Gezets* and occupy *Verordnung* and *Autonome Satzung* level for other laws and regulations as implementing guidelines and technical guidelines as shown in Figure 4 below:

Furthermore, referring to Rudolph von Jhering's opinion, the regulation of BPJS National Insurance Health membership can be seen in table 2 below:

The factor causing the second indicator (there should be no logical contradiction in it) is not all appropriate since the legislation on BPJS national health insurance participation does not yet contain provisions that give the majority of the Indonesian population a choice, namely Muslims (87%) to transact in accordance with sharia in payment of



**Figure 3:** Hierarchical Structure of National Insurance Health BPJS Membership Regulations Hans Kelsen's Theory Perspective.



**Figure 4:** Hierarchical Structure of National Insurance Health BPJS Membership Regulations Hans Nawiasky's Theory Perspective.

TABLE 1: Analysis of Rudolf von Jhering's Opinion.

No	Rudolf Von Jhering Opinion Indicator	Analysis Results
1	All areas of positive law	Appropriate
2	There should be no logical contradiction in it	Noy Appropriate for All
3	Must be able to give a clear picture of something	Appropriate

participant fees. In legal terms, this is contrary to higher laws and regulations, namely

contrary to the 1945 Constitution Article 29 Paragraph (1) and Paragraph (2), where the State gives freedom and guarantees every Indonesian citizen to worship (practice) their own religion in accordance with their religion and belief. It means that there is still a logical contradiction in the philosophical aspect. The construction of this health insurance membership regulation has not accommodated the religious rights of the majority of Indonesians because there is no choice of sharia contract to pay BPJS health insurance contributions.

#### **4.2. BPJS National Health Insurance Membership in accordance with BPJS Law and the SJSN Law**

Health insurance membership in accordance with Law Number 24 Year 2011 concerning the Social Security Agency and other laws related to BPJS Law have been explained in Chapter III. The discussion of social security membership in Law Number 24 Year 2011 concerning the Social Security Agency in a legal material structure, begins with the discussion of Chapter I which discusses General Provisions that describe 4 (four articles), namely Article (1) narrates several terms that are deemed necessary to be understood; Article (2) narrates the principle of BPJS administration; Article (3) talks about “Objectives of Implementation”; and Article (4) talks about “BPJS principle”. Starting from Chapter II stipulating “Formation and Scope” to Chapter XVII which discusses “Closing Provisions”, all of them stipulate about BPJS, except in Chapter V, which discusses Participant Registration and Payment of Contributions and contains 6 articles, namely Article (14), Article (15), Article (16), Article (17), Article (18), and Article (19).

According to the laws and regulations in the SJSN Law Chapter V Article 19 Paragraph 1, all Indonesian citizens and foreign citizen who have worked for a minimum of 6 (six) months in Indonesia are required to become participants in the Social Security program. Health insurance is administered nationally based on the principle of social insurance and the principle of equity and aims to ensure that participants receive health care benefits and protection in meeting basic health needs. The deadline for self- and all family members registration is carried out no later than January 1, 2019, and 2019 is the target of achieving 100% of the Indonesian people covered by health as stipulated in the Roadmap for Achieving Universal Coverage.

Broadly speaking, participants are divided into two categories, namely Contribution Assistance Recipients (PBI/*Penerima Bantuan Iuran*) and Non-PBI participants. PBI participants are those who receive contribution assistance from the government on

condition that they must be Indonesian citizens (WNI), have an Identity Number registered with the Dukcapil and registered in the Integrated Social Welfare data (see Law of the Republic of Indonesia Number 13 Year 2011 concerning Handling the Poor). Non-PBI participants are those who do not receive contribution assistance from the government. Non-PBI participants consist of Wage Recipient Workers (PPU/*Pekerja Penerima Upah*), Non-Workers (BP/*Bukan Pekerja*), Non-Wage Recipient Workers (PBPU/*Pekerja Bukan Penerima Upah*). Even though in this Article all citizens are required to register with BPJS Health, there are differences in the provisions on the number of participants who must be registered by Non-PBI participants who come from the PPU group, and BP participants. The obligations of the PPU participant group for other family members registered in their Family Cards are stated in the rules in article 17 “may register other family members”. Meanwhile, non-PBI participants who are not workers (BP) are stated to be “obligated to register all family members listed on the Family Card”. In this aspect, it is found that there are inconsistencies in the settings.

Whereas in Law Number 40 Year 2004 concerning the National Social Security System Chapter I General Provisions Article 1 Number 1, it is explained that Social Security is a form of social protection to ensure that all people can meet their basic needs for a decent life. This means that the teleological aspect is still not fully achieved.

Judging from the legal norms contained in the BPJS health insurance membership regulations, it seems that the BPJS national health insurance program cannot be fully called social security because one of the main requirements is the obligation to register by paying monthly contributions and each member it bears. In addition, there are fines in the form of material as stated in Article 17 Paragraph (1) and public services in the form of not receiving health insurance benefits during the period of not making payments and not receiving other public services such as not being able to buy and sell land, not being able to extend vehicle registration number (STNK/*Surat Tanda Nomor Kendaraan*), and others as stated in Article 17 Paragraph (2) and its Elucidation. Therefore, according to Sri Rejeki, the national health insurance program for non-PBI participants is more appropriately called social insurance, which is an agreement involving two parties, namely the insured and the insurer. The insurer promises to compensate for the loss caused by something uncertain and unexpected. The responsibility of the insured is to pay the funds or premiums every month. Only in this case, it is required by the state for the community where there is a mechanism for collecting funds that are mandatory from contributions to provide protection against socio-economic risks that befall participants and or their family members as stated by Purwanto. However, for participants who are

borne by the government in paying their contributions (PBI participants), the program can be classified as a social security program

## 5. Conclusion

The construction of health social security membership regulations in terms of the hierarchical aspect of legal norms is in accordance with the *Stufenbau* theory of Hans Kelsen and Hans Nawiasky. However, in terms of legal material aspects related to BPJS national health insurance membership, there are still philosophical, juridical and sociological contradictions.

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## References

- [1] Sen A. "Why and how is health a human right?" *The Lancet*. 2008;372(9655 Elsevier B.V):2010. [https://doi.org/10.1016/S0140-6736\(08\)61784-5](https://doi.org/10.1016/S0140-6736(08)61784-5)
- [2] Mann JM, Gostin L, Gruskin S, Brennan T, Lazzarini Z, Fineberg HV. *Health and Human Rights*. 1994;1(1):6–23.
- [3] George E. "John Harrington and Maria Stuttaford (eds). *Global Health and Human Rights: Legal and Philosophical Perspectives* \* John Tobin. *The Right to Health in International Law*," *European Journal of International Law*. 2013;24(4). <https://doi.org/10.1093/ejil/cht072>
- [4] Perwira I. *Memahami Kesehatan Sebagai Hak Asasi Manusia*. Jakarta: JURNAL ELSAM; 2014.
- [5] Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial Nomor 24 Tahun 2011 Pasal 14.
- [6] Perpres 82, "Perpres Nomor 82 Tahun 2018 tentang Jaminan Kesehatan Nasional," Peraturan Presiden Republik Indonesia. 2018. [Online]. Available: <https://peraturan.bpk.go.id/Home/Details/94711/perpres-no-82-tahun-2018>
- [7] I Made Karistiawan. *BPJS Kesehatan* [Internet]. [Bpjs-kesehatan.go.id](https://bpjs-kesehatan.go.id). 2021 [cited 2021 Sep 22]. Available from: <https://bpjs-kesehatan.go.id/bpjs/>

- [8] Worldometer. Indonesia Population (2019) - Worldometers [Internet]. Worldometers.info. 2022. Available from: <https://www.worldometers.info/world-population/indonesia-population/>
- [9] Prakoso SB. Efektivitas Pelayanan Kesehatan Bpjs Di Puskesmas Kecamatan Batang. *Economics development analysis journal*. 2015;4(1):73–81.
- [10] Putri NE. Efektivitas Penerapan Jaminan Kesehatan Nasional Melalui BPJS dalam Pelayanan Kesehatan Masyarakat Miskin di Kota Padang. *Tingkap*. 2014;10(2):175–189.
- [11] Erniaty E, Harun H. Understanding the impacts of NPM and proposed solutions to the healthcare system reforms in Indonesia: The case of BPJS. *Health Policy and Planning*. 2020 Apr;35(3):346–353.
- [12] Hertati D. The effectiveness of the social security provider (BPJS) program in health services at Syarifah Ambami Rato Ebu Hospital, Bangkalan regency. *DIA: Jurnal Administrasi Publik*. 2021;19(2):143–153.
- [13] Nugraheni R, Kirana GR. The analysis quality of service and patient satisfaction participants of health BPJS in interior services in Hospital X of Kediri City. *Journal of Global Research in Public Health*. 2018;3(1).
- [14] Malik AA. Implementasi kebijakan diskresi pada pelayanan kesehatan badan penyelenggara jaminan kesehatan (BPJS). *Jurnal Ilmiah Kesehatan Sandi Husada*. 2019;8(1):1–8.
- [15] Kholis N, Ratnawati A, Farida YN. Customer satisfaction on the performance of social security administrator (BPJS) Health in Central Java, Indonesia. *International Journal of Organizational Innovation*. 2018;10(4):150–165.
- [16] Basuki EW, Herawati NR. Implementasi Kebijakan Jaminan Kesehatan Nasional oleh BPJS Kesehatan di Kota Semarang. *Journal of Politic and Government Studies*. 2016;5(4):221–230.
- [17] Pahlefi P, Herlina N, Manik H. Asas Penyelenggaraan Sistem Jaminan Sosial Nasional Oleh Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Kota Jambi. *Wajah Huk*. 2021;5(1):195–201.
- [18] Sriningsih S. “Penerapan Asas Proposionalitas dalam Kontrak Layanan Kesehatan antara Rumah Sakit dan Badan Penyelenggara Jaminan Sosial (BPJS),” *Jurnal Hukum dan Etika Kesehatan*. 2021:1-10. <https://doi.org/10.30649/jhek.v1i1.11>.
- [19] Mochtar K. *Pembinaan Hukum dalam Rangka Pembangunan Nasional*. Bandung: Bina Cipta; 1975.
- [20] Bappenas, “Modul Sinkronisasi RPJMD-RPJMN Bidang Kesehatan dan Gizi Masyarakat,” 2017. <https://perpustakaan.bappenas.go.id/e-library/>

file\_upload/koleksi/migrasi-data-publikasi/file/Panduan\_Perencanaan/file/  
ModulSinkronisasiPusat.pdf

- [21] Maemunah M. Rekonstruksi Hukum Standar Nasional Sumber Daya Manusia Penyelenggara Kesejahteraan Sosial Berbasis Nilai Keadilan Pancasila. Universitas Islam Sultan Agung; 2019.
- [22] Latipulhayat A. “Khazanah: Mochtar Kusumaatmadja,” PADJADJARAN JURNAL ILMU HUKUM (JOURNAL OF LAW). 2014;1(3):628. [Online]. Available: <https://jurnal.unpad.ac.id/pjih/article/download/7100/3328>
- [23] Budianto VA. “Arti Landasan Filosofis. Sosiologis, dan Yuridis.” <https://hukumonline.com/klinik/a/arti-landasan-filosofis--sosiologis--dan-yuridis-lt59394de7562ff/>
- [24] Arti kata konstruksi - Kamus Besar Bahasa Indonesia (KBBI) Online [Internet]. [kbbi.web.id](https://kbbi.web.id). [cited 2023 Jul 20]. Available from: <https://kbbi.web.id/konstruksi>
- [25] Literasi G. “Regulasi: Pengertian, Bentuk, dan Teori.” Gramedia, [Online]. Available: <https://www.gramedia.com/literasi/regulasi/>
- [26] Ranggawidjaja HR. Pengantar Ilmu Perundang-Undangan Indonesia. Bandung: Mandar Maju; 1998.
- [27] Kelsen H. General Theory of Law and State. New York: Russel & Russel; 1935.
- [28] Soeprapto MF. Ilmu Perundang-Undangan 1: Jenis, Fungsi, dan Materi Muatan. PT Kanisius; 2007.
- [29] Mertokusumo S. Teori Hukum (edisi revisi). Yogyakarta Cahaya Atma Pustaka; 2014. p. 83.
- [30] Asshiddiqie J, Safa’at MA. Teori Hans Kelsen tentang Hukum, I. Jakarta: Mahkamah Konstitusi RI, Sekretariat Jenderal dan Kenpaniteraan, 2006.
- [31] Nawiasky H. Allgemeine rechtslehre als system der rechtlichen grundbegriffe. 1948. p. 31.
- [32] Hamidi J. Hermeneutika Hukum: Sejarah, Filsafat, & Metode Tafsir. Malang: Universitas Brawijaya Press; 2011.
- [33] Al-Mubarak MA, Iman N, Hariadi FW. Rekonstruksi Undang-Undang Nomor 23 Tahun 2011 Tentang Pengelolaan Zakat (Analisis Hukum Ekonomi Syariah). Musyarakah: Journal of Sharia Economic. 2021;1(1):62–79.
- [34] Rahardjo S. Ilmu hukum. Bandung: Citra Aditya Bakti; 2000.
- [35] Pujirahayu EW. Pranata Hukum: Sebuah Telaah Sosiologis. Semarang: Badan Penerbit Universitas Diponegoro; 2011.
- [36] Thabrany H. Jaminan kesehatan nasional. Jakarta; 2015.
- [37] “Britannica,” [www.britannica.com](http://www.britannica.com)

- [38] Lynch ME, Education HI. Health Insurance Terminology: A Glossary. Health Insurance Association of America; 1992.
- [39] Mundiharno, "Peta Jalan Menuju Universal Coverage Jaminan Kesehatan- Jurnal Legislasi Indonesia. 2012;9,(2):207–222. [Online]. Available: <https://ejurnal.peraturan.go.id/index.php/jli/article/view/386/266>
- [40] Hartono SR. Hukum Asuransi dan Perusahaan Asuransi. 4th ed. Jakarta: Sinar Grafika; 2001.
- [41] Purwanto, "Pembaruan Definisi Asuransi dalam sistem Hukum di Indonesia (Insurance Definition Renewal in Law System Um in Indonesia)," Risalah HUKUM Fakultas Hukum Unmul. p. 87, [Online]. Available: <https://ejournal.fh.unmul.ac.id/index.php/risalah/article/view/130/80>
- [42] Thabrany H. Peta Jalan Menuju Jaminan Kesehatan Nasional 2012-2019. Dewan Jaminan Sosial Nasional; 2012.
- [43] Muhammad A. Hukum dan penelitian hukum. Bandung: Citra Aditya Bakti; 2004.
- [44] Ash, "MK Tolak Pengujian UU SJSN," 2011 Nov 21.
- [45] KK republik Indonesia, "Jaminan Kesehatan Nasional dalam Sistem Jaminan Sosial Nasional," Kemkes.go.id, 2016. [https://siha.kemkes.go.id/portal/files\\_upload/BUKU\\_PANDUAN\\_JKN\\_BAGI\\_POPULASI\\_KUNCI\\_2016.pdf](https://siha.kemkes.go.id/portal/files_upload/BUKU_PANDUAN_JKN_BAGI_POPULASI_KUNCI_2016.pdf)