

## STATE RESPONSIBILITY IN REALIZING THE BENEFITS OF NATIONAL HEALTH BASED ON DIGNITY JUSTICE

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### ABSTRACT

*The National Health Insurance is held to ensure that the insurance participants receive health care benefits and protection to meet basic health needs. This study aims to analyze the principles and responsibilities of the state in realizing the benefits of a dignified justice-based national health insurance. The research method uses the constructivism paradigm, with sociological juridical approach. It is descriptive analytical research type, with primary and secondary data types. Data sources are in the form of primary legal materials, secondary legal materials, and tertiary legal materials. Methods of data collection by observation, interviews, and literature study. Qualitative analysis method. The findings in this study are that the National Health Insurance refers to the principles of the National Social Security System (SJSN), including the principle of mutual cooperation, the principle of non-profit, the principle of portability, the principle of mandatory participation, and the principle of mandated funds. The responsibility of the state in realizing the benefits of national health insurance based on dignified justice, namely the Provision of Basic Benefit Packages in Health Insurance, health services organized by the government must be supported by health workers as the achievement of the highest health degree. The implementation of health services includes health services for individuals and health services for the community, which includes promotive, preventive, curative and rehabilitative approaches in accordance with Law Number 36 of 2009.*

*Keywords:* State Responsibility; SJSN; Justice: dignity;

### INTRODUCTION

The National Social Security System, hereinafter abbreviated as SJSN, is a procedure for administering social security programs by a number of social security administering bodies.<sup>1</sup> Through SJSN, the community is expected to be able to meet proper basic needs in the event of an event that can result in loss or reduction of income due to illness, accident, loss of job, and retirement. SJSN includes several social security programs, namely health insurance, work accident insurance, pension insurance, old age insurance, and death insurance for the population through compulsory participant contributions which are administered by several social security administering bodies.<sup>2</sup>

As the implementation of the SJSN Law, 2 (two) Social Security Administering Bodies were formed, namely Health Social Security Administering Body (or commonly referred to as BPJS Health) and Employment Social Security Administering Agency (or commonly referred to as BPJS Employment) as regulated in Law Number 24 of 2011 concerning Social Security Administering Bodies. Both of these bodies are public legal entities tasked with administering social security programs, and BPJS Health started its first operational activities on January 1, 2014 by organizing the National Health Insurance.

The National Health Insurance is held with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs. This program is organized nationally based on the principle of social insurance and the principle of equity. The principles of social insurance include mutual cooperation (between rich and poor, healthy and sick, old and young, and high and low risk), mandatory and non-selective participation, contributions based on percentage of wages/income and are non-profit. The equity principle means that there is equality in obtaining services according to their medical needs which are not tied to the amount of contributions that have been paid.

In the implementation of the National Health Insurance program which is entering its 6th (sixth) year, BPJS Health always experiences a deficit every year and makes the Government provide bailout funds so that the National Health Insurance program can continue. In 2015, the Government provided a bailout amounting to Rp5,000,000,000,000.00 in 2016 amounting to Rp6,827,891,000,000 in 2017 amounting to Rp3,600,000,000,000.00 in 2018 amounting to Rp10,256,466,000,000.00 and in 2019 amounting to Rp.14,000,000,000,000.00.<sup>3</sup>

Thus, it is interesting to observe and study further, to get answers to the principles and responsibilities of the state in realizing the benefits of national health insurance based on dignified justice, in the regulation of National Health Insurance, in particular the norms regulated in Presidential Regulation Number 82 of 2018 concerning Health Insurance. Health, which in the end became the basis for the reconstruction of Presidential Regulation Number 82 of 2018 concerning Health Insurance.

<sup>1</sup> Indonesia, the 1945 Constitution of the Republic of Indonesia.

<sup>2</sup> Indonesia, the Law on the National Social Security System. UU no. 40 Th. 2004. LN No. 150 Th. 2004. TLN No. 4456

<sup>3</sup> The explanation from the Head of the Health Insurance and Financing Center of the Ministry of Health, was delivered at the Budget Impact Analysis (BIA) Discussion Meeting on Basic Needs-Based Health Insurance Benefits, August 11, 2020.

## RESEARCH METHOD

Constructivism paradigm, a paradigm that views that the science of law is only dealing with laws and regulations. Law as something that must be applied, and more likely not to question the value of justice and its usefulness for society. The study of law and its enforcement only revolves around what is right and what is not right, what is wrong and what is not wrong and other forms that are more prescriptive. The research approach used in this research is sociological legal research or commonly called sociological juridical research<sup>4</sup>. In this study, law is conceptualized as an empirical phenomenon that can be observed in real life. The types of data used are primary and secondary data. To obtain primary data, the researcher refers to data or facts and legal cases obtained directly through research in the field, including information from respondents related to the object of research and practice that can be seen and relates to the object of research. The secondary data are done by means of literature study.<sup>5</sup> This secondary data is useful as a theoretical basis to underlie the analysis of the main problems in this study. The data analysis method used is qualitative analysis, namely by paying attention to the facts that exist in field practice which are then compared with the descriptions obtained from the literature study. From this analysis, it can be seen the effectiveness of the legal system that is educative.

## RESEARCH RESULTS AND DISCUSSION

### a. PRINCIPLES OF THE NATIONAL SOCIAL SECURITY SYSTEM (SJSN)

With the enactment of Law Number 40 of 2004 concerning the National Social Security System, the Indonesian nation has had a Social Security system for all Indonesian people. In order to realize the objectives of the national social security system, it is necessary to establish an organizing body in the form of a public legal entity based on the principles of mutual cooperation, non-profit, openness, prudence, accountability, portability, mandatory participation, mandated funds, and the results of the management of the Social Security Fund are used entirely for program development and an amount of -the amount is for the benefit of the Participant.

The National Health Insurance refers to the following principles of the National Social Security System (SJSN):

#### 1. The Principle of Mutual Cooperation

In SJSN, the principle of gotong royong means participants who are able to help underprivileged participants, healthy participants help those who are sick or who are at high risk, and participants who are the healthy help the sick. This is realized because SJSN membership is mandatory for all residents, without discrimination. Thus, through the principle of mutual assistance, social security can foster social justice for all Indonesian people.

#### 2. Non-Profit Principle

The management of mandated funds by the Social Security Administering Body (BPJS) is a non-profit, not for profit oriented. On the other hand, the main objective is to fulfill the greatest interests of the participants. Funds collected from the community are mandated funds, so that the results of their development will be utilized as much as possible for the benefit of participants. The principles of transparency, prudence, accountability, efficiency, and effectiveness. These management principles underlie all fund management activities originating from participant contributions and the results of its development.

#### 3. The Principle of Portability

The principle of social security portability is intended to provide continuous security to participants even if they change jobs or reside within the territory of the Unitary State of the Republic of Indonesia.

#### 4. The principle of participation is mandatory

Mandatory participation is intended so that all people become participants so that they can be protected. Although participation is mandatory for all people, its implementation is still adjusted to the economic capacity of the people and the government as well as the feasibility of implementing the program. The first stage starts from workers in the formal sector, at the same time the informal sector can become participants independently, so that in the end the National Social Security System (SJSN) can cover all the people.

#### 5. Trust Fund Principle

Funds collected from participant fees are deposited with the organizing bodies to be managed as well as possible in order to optimize these funds for the welfare of participants. The principle of Social Security Fund Management Results is used entirely for program development and for the greatest benefit of the participants.

As mandated by Law Number 40 of 2004 concerning the National Social Security System, a Social Security Administration Agency was formed through Law Number 24 of 2011 concerning the Social Security Administering Body. With this Law, 2 (two) BPJS are established, namely BPJS Health and BPJS Employment. BPJS Health started operating in organizing the Health Insurance Program on January 1, 2014 and was the institutional transformation of PT Askes (Persero).

BPJS Health is tasked with building a network of Health Facilities that will cooperate in the delivery of health services. To ensure the availability and quality of health services for Participants, BPJS determines the selection criteria for Health Facilities and selects Health Facilities that are eligible to cooperate.

Then, BPJS Health is also tasked with monitoring and maintaining the network of health facilities by monitoring and evaluating the implementation of cooperation agreements/contracts, carrying out a service utilization review (utilization review), conducting re-selection during contract extensions (recredentialing).

<sup>4</sup> Sukarmi, Anis Mashdurohatun, and Denny Suwondo, Impact of Traffic Congestion on Economic Welfare of Semarang City Community, Journal of Xidian University, Volume 16, Issue 2, 2022, pp.569-579.

<sup>5</sup>Anis Mashdurohatun, Yuris Tri Naili, Teguh Prasetyo, Amin Purnawan, "Regulating The Management Of Private Higher Education Based On The Values Of Justice", Journal Of Legal, Ethical And Regulatory Issues; Vol. 24, Iss. 5, (2021).pp. 1-9.

**b. STATE RESPONSIBILITY IN REALIZING THE BENEFITS OF NATIONAL HEALTH INSURANCE BASED ON DIGNITY JUSTICE**

Dignified justice is a concept of justice based on Pancasila, one of which is imbued with the precepts of a just and civilized humanity, so that dignified justice can be concluded as justice that places humans according to their nature, or justice that humanizes humans. "The scope of the theory of dignified justice is not only the disclosure of the abstract dimensions of the applicable legal rules and principles. <sup>6</sup>Furthermore, the dignified justice theory also reveals all the legal rules and principles that apply in the legal system, in this case the legal system referred to as the Indonesian positive legal system; or a legal system based on Pancasila. That is why, Dignified Justice, is mentioned in the title of this book as a legal theory based on Pancasila."<sup>7</sup> The theory of dignified justice is not only concerned with the layers of legal foundations that appear on the surface of a legal system. Justice is one of the goals of law in addition to legal certainty and legal benefits. The essence of law rests on the idea of justice and moral power. The idea of justice is never separated from its relation to the law, because talking about the law, clearly or vaguely, is always talking about justice too."

In the theory of dignified justice, justice is a legal goal which simultaneously or automatically contains legal certainty and usefulness. The essence of law rests on the idea of justice as a value that has moral strength. The view of the dignified justice theory is in line with the view that justice is never separated from its relation to the law, because talking about law, clearly or vaguely, is always talking about justice as well. In the perspective of dignified justice theory, the purpose of law, namely justice, rests on the idea that law is to humanize humans.

The theory of benefit (*al-istislah*)<sup>8</sup> is a study that is so popular among scholars of Islamic law and is generally understood as the equivalent of the term *al-mashalih al-mursalah*<sup>9</sup> in the study of *maqashid al-syari'ah* (the purpose of the revelation of shari'ah). National Health Insurance in an Islamic perspective, where the benefits of the National Health Insurance are closely related to the protection of the soul (*maqashid al-nafs*), so that in formulating the policy these benefits must be carefully considered in order to realize the mental protection (*maqashid al-nafs*).

Basic services vary from country to country depending on social, economic and epidemiological conditions. Basic services have been established, the state must prepare the ability of health workers, medicines, tools and health resources needed to provide health services. Determination of basic health benefits aims as a reference in achieving various development expectations, namely increasing efficiency, equity, accountability, political empowerment and reducing poverty levels, there are key justifications in determining basic health benefits, namely:

- a. Determination of the main priorities based on effectiveness and cost, namely the selection of interventions based on cost-effective health services with a large impact on improving health status
- b. Poverty reduction. Some diseases can cause a family to become poor, it is hoped that with these basic benefits it can prevent these conditions
- c. even distribution. Basic health benefits explain the minimum services that must be available to everyone without any discrimination so that equity will be achieved.
- d. Political empowerment and accountability, with basic benefits that must be provided to everyone will involve various parties including the government, health facilities and insurance companies.<sup>10</sup>

Based on Presidential Regulation No. 72 of 2012 explains that the health financing model in Indonesia is a health system with mixed health financing, for public services it is financed through taxes while private services are financed in insurance/social security schemes.

In Law Number 36 of 2009, the determination of basic health services refers to the category of health services, namely public health services and services. In Government Regulation Number 2 of 2018 concerning Minimum Service Standards, it regulates basic services whose funding is sourced from the APBN/APBD while basic clinical services, ideally include the basic benefit package in the health insurance program.

**1. Provision of Basic Benefit Packages on Health Insurance**

The basic benefit package is a number of individual services that are covered under a social health insurance program. Determination of the basic benefit package is important so that equitable distribution of health services can be realized. The benefit package guaranteed in health insurance is a comprehensive service that is adjusted to the availability of funds. The basic benefit package should be aimed at improving the primary health goals, ensuring financial protection and responding to consumer needs. In addition, the basic benefit package must ensure program continuity, equal distribution of services, efficient and affordable

<sup>6</sup>Anis Mashdurohatun Lestari, F., And Uki Tukinah. (2020) Consumer protection of the listing of standard clause in e-commerce transactions based on the value of Pancasila justice. International Journal of Advanced Science and Technology, 29 (6), pp. 1520-1531.

<sup>7</sup>Teguh Prasetyo, 2017, *Pembaruan Hukum, Perspektif Teori Keadilan Bermartabat*, (Malang: Setara Press, 2017), pg. 43.

<sup>8</sup> This term is based on the Qur'an Surah Al-Baqarah verse 220 which is translated as follows, "...and they ask you about orphans, say that doing good to them is better, and if you associate with them, then they are your brothers. . And Allah knows who does mischief from the one who makes repairs...". As for the definition of *istislah* according to the terminology of experts, there are different formulations among scholars. Among them, Al-Gazali, *istislah* is *maslahah* that does not have evidence from the *syara'* in the form of certain texts that indicate its cancellation and not taken into account. According to Abdul Wahab Khallaf, *maslahah mursalah* is *maslahah* that is not prescribed by *shari'a* and there is no *shari'a* argument' to admit or reject it. According to Moh. Adib Salih, *maslahah mursalah* is *maslahah* which is included in the formation of law (by *shari'ah*) and according to its purpose, and does not have a specific argument from *syara'* to be accepted or rejected. According to Abu Zahrah, *istislah* is *maslahah* that is in line with *maqashid al-syari'* and there are no specific instructions that prove it is recognized or rejected. See Nur Asiah, *Istislah and Its Application in the Determination of Islamic Law*, Journal of Dictum Law, Volume 14, Number 2, December 2016

<sup>9</sup> The scope of *al-mashalih al-mursalah* is every benefit that is included in the purpose of making *shari'ah* (*maqashid al-syari'ah*), which consists of five main benefits, namely maintaining religion (*maqashid al-din*), protecting souls (*maqashid li al-din*), guarding reason (*maqashid li al-'aqli*), guarding offspring (*maqashid li an-nasabi*), and guarding property (*maqashid al-mali*). See Mursyidin Ar-Rahmani, *Al-Istislah Theory in the Application of Islamic Law*, Journal of Islamic Law and Al-Qadha Legislation, Volume 4, Number 2, 2017.

<sup>10</sup> 23 WHO, op.cit.

costs.<sup>11</sup> Benefit package that guarantees in the program, to calculate program income, the determination of the benefit package takes into account the following elements: a. Epidemiological perspective, helps in identifying common diseases and causes of death. b. Cost-effectiveness perspective, on minimum services for public health services and also clinical services, which consist of sick child services, family planning, prenatal and delivery services, treatment of tuberculosis cases and sexually transmitted diseases. c. Equity Perspective. The same and standardized health services are available in health facilities for groups of people who have the same needs/horizontal equity. Some health services are too expensive and cannot be excluded from the benefit package because they are more cost-effective in reducing mortality and improving quality of life. Consideration of health services for chronic and severe diseases and health conditions that affect a person's entry into poverty/vertical equity. Consideration of disease prevention efforts at the individual and family level so as to avoid poverty. d. Formulation of benefits packages and health service providers. Service providers determine what services are needed and financed through the social health insurance scheme,<sup>12</sup> while the implementation of the health insurance program determines a list of services that are guaranteed/positive and not guaranteed by the provider, so it is difficult to determine payment scenarios for different health facilities. e. The concept of support value.

Another assessment of health insurance is determined by the magnitude of the cost burden, which is in accordance with the purpose of health insurance in maximizing the carrying value without forgetting the contribution that must be made by the community.<sup>13</sup> The benefit package consists of three categories, namely intervention-related criteria, disease-related criteria, and community-related criteria, with criteria<sup>14</sup> that are often used, namely: cost-effectiveness, effectiveness, equity, budget impact, and necessity and burden of disease.

In making the social health insurance benefit package, the following steps are needed, namely: a. Assess the current state, by analyzing the situation of the availability and capabilities of the existing infrastructure. b. Analysis of service utilization patterns. The pattern of utilization of health services describes the use of services in hospitals for outpatient and inpatient care, and FKTP for outpatient services. The results of the analysis are needed in determining medical costs and planning for future health infrastructure modifications. The level of use is influenced by several factors, namely patterns of illness, clinical practice, availability of the latest infrastructure, financing mechanisms, co-payments, and the culture and habits of patients at home. c. Determine strategic goals and priorities. The health services used as well as catastrophic services with preventive intervention are services that are included in the positive list. A number of high-priority interventions and services can be selected through a list that serves as the initial package to be built as the base package. d. Health promotion and education. Social health insurance can support the activities and tasks of public health organizations in the implementation of health promotion and education which is manifested in the form of: - Social health insurance that pays for health facilities in fulfilling tasks and health education - The organizer integrates the payment system through co-payment or reimbursement by doing risky life, namely doing risky sports, drug abuse and smoking habits. - The organizers issue an additional permit for workers who have jobs in risky and unhealthy places. e. Making standards in diagnosis and treatment services. After the definition of the basic benefit package, standard guidelines for diagnosis and treatment as well as the proper use of drugs must be available as part of the quality assurance mechanism. f. Selection of health facility providers g. Basic benefit package h. Quality assurance i. Scaling up<sup>15</sup>

## 2. Products of laws and regulations related to the right to health as part of the right to a decent life

Article 28H of the 1945 Constitution explains that everyone has the right to live in prosperity, to have a place to live and to have a good and healthy environment and have the right to health services. The right to health services is further regulated in Article 9 of Law Number 39 of 1999 concerning Human Rights which also regulates women and children who have special rights, where women have the right to obtain special protection in work that threatens safety and is related to the function of reproduction, namely health services such as menstruation, pregnancy, childbirth and the opportunity to breastfeed children, while the rights of children are contained in Article 62 explaining the rights of children to obtain health services and proper social security adjusted to their physical and mental spiritual needs, while Article 5 of the Law - Law Number 36 Year 2009 explains that health services are the right of everyone with safe, quality, and affordable health services.

In achieving a state of health both physically, mentally and spiritually as well as socially where it is possible for people to live productively, socially and economically,<sup>16</sup> the government has the responsibility to plan, manage, implement, foster, as well as supervise the implementation of equitable and affordable health efforts. includes the implementation of national health insurance, where the community has the obligation to respect the right of everyone to obtain a healthy environment by living a healthy life, improving health status, and participating in social health insurance.<sup>17</sup>

## 3. Legislation regarding Health Insurance and Social Insurance

Sources of financing for the provision of health services come from the government, local government, private sector, community and other sources. This is in accordance with Article 172 of Law Number 36 of 2009, where the funding allocated by the government is aimed at public health services with a priority for the poor, neglected children, elderly groups, while health financing from private sources is managed through a system national social security based on Law Number 40 of 2004 concerning SJSN and/or commercial insurance which refers to Law Number 3 of 1992 in conjunction with Law Number 40 of 2014. In Law Number 40 of 2004 concerning the National Social Security System which contains social security arrangements, one of which is a health insurance program which has the aim of ensuring all program participants receive health care and protection to fulfill basic

<sup>11</sup> N. Mboi, op.cit., hal 91–97.

<sup>12</sup> Anna Kurniati, Ellen Roskam, Ferry Efendi, op.cit.,

<sup>13</sup> Charles Normand, Alex Weber, Social Health Insurance: A Guidebook For Planning. (Germany: VAS – Verlag für Akademische Schriften, 2019)

<sup>14</sup> Ramin Hayati, et al, Scoping Literature Review on The Basic Health Benefit Package and Its Determinant Criteria. 26, s.1: Globalization and Health Biomed Central, Vol. 14, 2018.

<sup>15</sup> Charles Normand, Alex Weber, op.cit.

<sup>16</sup> WHO, State of The World's Nursing 2020: investing in education, jobs and leadership, 2020.

<sup>17</sup> WHO, Arguing for Universal Health Coverage. (Geneva: World Health Organization, 2013).

needs for health, where program participants include all citizens who pay contributions or contributions that have been paid by the government.

The implementation of the program on health insurance is based on the principles of social insurance (i.e. an insurance program with the aim of providing financial protection, the risk of being transferred can be calculated, the risk of costs not being insured) and equity (which is the principle of equality in obtaining standardized health services according to the medical needs of each participant). while the principle of social insurance is based on Law 40 of 2004, which includes mutual cooperation among participants, compulsory participation without going through selection, contributions based on a percentage of wages and being non-profit.

The implementation of the social security program of the Social Security Administering Body (BPJS) in accordance with Law Number 24 of 2022, is based on the following principles:

a. The principle of mutual cooperation, namely jointly among all participants to bear the burden of social security costs, namely participants are required to pay a premium according to their income level. b. Non-profit principle, which prioritizes business management by prioritizing results in the development of funds for the benefit of participants. c. The principle of openness makes it easier for participants to access good, complete, clear and precise information. d. The principle of prudence, managing funds carefully, thoroughly, safely and in an orderly manner. e. The principle of accountability, with the implementation of programs and financial management that are carried out accurately and then accounted for. f. The principle of portability provides guarantees for participants to access health services even if participants change their place of work or residence in the territory of the Republic of Indonesia. g. The principle of participation is mandatory, residents must become program participants in stages. h. The principle of Trust Funds, Contributions and Development Results Funds, which are deposited by participants which can be used for the maximum benefit of participants. i. Principles The results of the management of social security funds are intended as program development and for the benefit of the participants as much as possible.<sup>18</sup>

The benefits of the health insurance program are services for individuals, consisting of promotive, preventive, curative and rehabilitative services which include drugs and medical consumables according to the needs of participants.

In the attachment of Article 22 of Law Number 40 of 2004, health services are the benefits of the program consisting of health services and counseling, outpatient care, inpatient care, family planning services, immunization, emergency room services and other actions including heart surgery. All health services are carried out according to standardized quality and types of services to ensure program sustainability and participant satisfaction.<sup>19</sup> With the breadth of health services, it is adjusted to the changing needs of participants and the financial capacity of BPJS so that caution is needed.

#### 4. Legislation related to Health Services and Efforts (Health Services).

Health services organized by the government must be supported by health workers as the achievement of the highest degree of health. The implementation of health services includes health services for individuals and health services for the community, which includes promotive, preventive, curative and rehabilitative approaches in accordance with Law Number 36 of 2009.

Individual health services are measures aimed at curing disease and restoring one's health, while for public health services it is aimed at maintaining and improving health in the community or group which includes preventing the spread of disease. The implementation of health services in accordance with the mandate of Law Number 36 Year 2009, consists of: Health Services (Individual Health Services, Public Health Services); Traditional Health Services (Services Using Skills, Services using potions); Health Promotion and Disease Prevention; Healing of disease with its recovery through organ transplantation, implanting drugs and/or medical devices, reconstructing plastic surgery, and using stem cells; reproductive health (pre-pregnancy, pregnancy, childbirth, and after delivery; pregnancy management, contraceptive devices, and reproductive health); family planning; school health; sports health; health services for disasters (health services in emergency response; post-disaster health services); blood service; Dental and oral health (individual dental health services, services; community dental health; school dental health efforts); prevention of visual and hearing impairments; security and use of pharmaceutical preparations and medical devices; dimension health; food and beverage security; maternal and child health (pregnancy period; exclusive breastfeeding for 6 months; complete immunization; parenting; protection from discrimination and violence); safety of addictive substances; post-mortem; adolescent health; health of the elderly and people with disabilities; Nutrition for all life cycles begins in the womb (improvement of diet according to balanced nutrition; improvement of nutrition awareness behavior, physical activity, and health; improvement of access and quality of nutrition services in accordance with advances in science and technology; and improvement of food and nutrition awareness systems); occupational health; infectious and non-communicable diseases; mental health; environmental Health.

In Presidential Regulation Number 72 of 2012 concerning the National Health System, it is explained that health efforts are health services that include improvement, prevention, treatment and recovery, which can be carried out with conventional or traditional, alternative and complementary health services with education and training that prioritizes safety, quality, and useful. The priority of health efforts to efforts that have great power in achieving development goals in the health sector specifically for vulnerable groups, namely mothers, infants, children, the elderly and the poor. In Presidential Regulation No. 72 of 2012, health efforts are divided into three levels of effort and implementation in an integrated, sustainable, and complete manner in a unified service system that refers.

## CONCLUSION

The principles of the National Social Security System (SJSN) include the principle of mutual cooperation, the principle of non-profit, the principle of portability, the principle of mandatory participation, and the principle of trust funds. The responsibility of the state in realizing the benefits of national health insurance based on dignified justice, namely the Provision of Basic Benefit Packages in Health Insurance, health services organized by the government must be supported by health workers as the

<sup>18</sup> Indonesia, Law Number 24 of 2011 concerning the Social Security Administration (BPJS). Jakarta

<sup>19</sup> Ratna Dwi Wulandari, Agung Dwi Laksono, Ratu Matahari, The Effects of Health Insurance on Maternity Care in Health Services in Indonesia. International Journal of Innovation, Creativity and Change. Volume 14, Issue 2, 2020.

achievement of the highest health degree. The implementation of health services includes health services for individuals and health services for the community, which includes promotive, preventive, curative and rehabilitative approaches in accordance with Law Number 36 of 2009.

## **BIBLIOGRAPHY**

- Achmad Ali. *Menguak Teori Hukum (Legal Theory) dan Teori Peradilan (Judicialprudence) Termasuk Interpretasi Undang-Undang (Legisprudence)*, Kencana Prenada Media Group, Jakarta. 2009.
- Anis Mashdurohatun, Yuris Tri Naili, Teguh Prasetyo, Amin Purnawan, "Regulating The Management Of Private Higher Education Based On The Values Of Justice", *Journal Of Legal, Ethical And Regulatory Issues*; Vol. 24, Iss. 5, 2021.
- Anis Mashdurohatun Lestari, F., And Uki Tukinah. (2020) Consumer protection of the listing of standard clause in e-commerce transactions based on the value of Pancasila justice. *International Journal of Advanced Science and Technology*, 29 (6)
- Anna Kurniati, Ellen Roskam, Ferry Efendi
- Charles Normand, Alex Weber, *Social Health Insurance: A Guidebook For Planning*. Germany: VAS – Verlag für Akademische Schriften, 2019
- Indonesia, Law Number 24 of 2011 concerning the Social Security Administration (BPJS). Jakarta
- Indonesia, the 1945 Constitution of the Republic of Indonesia.
- Indonesia, the Law on the National Social Security System. UU no. 40 Th. 2004. LN No. 150 Th. 2004. TLN No. 4456
- Lawrence M. Friedman. *The Legal System A Social Science Perspective*, Russel Sage Foundation, New York, pp.14.1975.
- Mursyidin Ar-Rahmaniy, Al-Istislah Theory in the Application of Islamic Law, *Journal of Islamic Law and Al-Qadha Legislation*, Volume 4, Number 2, 2017.
- Nur Asiah, *Istislah and Its Application in the Determination of Islamic Law*, *Journal of Dictum Law*, Volume 14, Number 2, December 2016
- Ramin Hayati, et al, *Scoping Literature Review on The Basic Health Benefit Package and Its Determinant Criteria*. 26, s.l.: Globalization and Health Biomed Central, Vol. 14, 2018.
- Ratna Dwi Wulandari, Agung Dwi Laksono, Ratu Matahari, *The Effects of Health Insurance on Maternity Care in Health Services in Indonesia*. *International Journal of Innovation, Creativity and Change*. Volume 14, Issue 2, 2020.
- Sukarmi, Anis Mashdurohatun, and Denny Suwondo, *Impact of Traffic Congestion on Economic Welfare of Semarang City Community*, *Journal of Xidian University*, Volume 16, Issue 2, 2022
- Teguh Prasetyo, 2017, *Pembaruan Hukum, Perspektif Teori Keadilan Bermartabat*, Malang: Setara Press, Malang.
- The explanation from the Head of the Health Insurance and Financing Center of the Ministry of Health, was delivered at the Budget Impact Analysis (BIA) Discussion Meeting on Basic Needs-Based Health Insurance Benefits, August 11, 2020.
- WHO, *Arguing for Universal Health Coverage*. (Geneva: World Health Organization, 2013).
- WHO, *State of The World's Nursing 2020: investing in education, jobs and leadership*, 2020.

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