JOURNAL OF INTERNATIONAL ISLAMIC LAW, HUMAN RIGHT AND PUBLIC POLICY

Journal of International Islamic Law, Human Rights and Public Policy (JISHUP Journal) | ISSN(e): 3031-2280
Volumes 3 No. 2 (2025)

# LEGAL IMPLICATIONS OF LIMITATIONS OF HEALTH FINANCING IN ENSURING ACCESS TO BASIC HEALTH SERVICES

**Erdi Effendi Nasution[1], Marice Simarmata[2]**
[1,2]Fakultas Program Pascasarjana Program Studi Magister Hukum Kesehatan,
Universitas Pembangunan Panca Budi, Indonesia.
Corresponding Email: erdidrg@gmail.com

Received : 12 March 2025
Revised : 28 March 2025
Accepted : 10 April 2025
Published : 21 May 2025
DOI : https://doi.org/10.59733/jishup.v3i2.141
Publish Link : https://jishup.org/index.php/ojs

**Abstract**

This research examines the legal implications of limited health financing in ensuring access to basic health services in Indonesia. It analyzes the legal provisions governing health financing and explores the challenges posed by limited funding in realizing the constitutional right to health for all citizens. The study reviews relevant legislation, including the Constitution, Human Rights Law, and the Health Law, alongside various health insurance schemes. The findings highlight the state's responsibility to provide equitable and just health services, while also addressing the obstacles to fulfilling these rights due to financial constraints. The research concludes with recommendations for strengthening health financing policies, improving governance, and ensuring equitable resource allocation to achieve universal health coverage and protect vulnerable populations.

Keywords: ***Health Financing, Basic Health Services, Legal Implications, Indonesia, Universal Health Coverage, Human Rights, Health Policy, Health Insurance, Access to Healthcare, Health***

## INTRODUCTION

### A. Background

Access to health services is part of Human Rights (HAM), so that the provision of health services is the responsibility of the state as part of the state's goal to achieve public welfare. Health is a healthy state both physically, mentally, and socially that helps humans to be able to live usefully in various aspects of life in society. The right to health is the right of every person to be healthy does not mean that the government must provide expensive health care facilities beyond its capabilities. Achieving higher health services means that the government and public officials make various policies and work plans to ensure the availability and affordability of health care facilities for all levels of society through a fast and timely response.[1]

The direct influence on the welfare and quality of life of the community in health services provided by the state makes the budget allocation through Article 409 paragraph (3) and paragraph (4) of Law No. 17 of 2023 concerning Health successfully attract public attention and it is undeniable that the allocation of the health budget plays a crucial role in the socio-economic aspects of the health sector. Through budget allocation, the government determines the amount of funds that will be allocated to the health sector so that this allocation affects the availability, accessibility and quality of health services provided by the government. Adequate budget allocation is the main key to ensuring equitable and affordable health services for the community.[2]

This is in line with Law No. 17 of 2023 concerning Health which prioritizes equitable health services for all levels of society, where the allocation of the health budget is not only directed at strengthening the health system and

[1]Indra Wahyu Bintoro and Anna Erliyana, "Democratic Transition and Fulfillment of Human Rights in the Realization of the National Health System (Comparative Study of Indonesia and Cuba)," Jurnal Darma Agung, Vol. 31, No. 5, 2023, pp. 535–550

[2]Ruli Agustin and Taufiqurrohman Syahuri, "Implementation of the Health Law: Implications for Public Welfare and the Perspective of Health Workers in Indonesia," Bacarita Law Journal, Vol. 4, No. 2, 2024, pp. 64–76

has a direct impact on the socio-economic welfare of the Indonesian people. In implementing these obligations, the State must refer to the general principles, namely:[3]

1 Respect for inherent dignity, individual autonomy, including freedom to make personal choices and liberty;
2 Non-discrimination;
3 Full and effective participation and inclusion in society;
4 Respect for differences and acceptance of persons with disabilities as part of human diversity and humanity;
5 Equality of opportunity;
6 Accessibility; and
7 Equality between men and women;

The Indonesian government has committed to achieving universal health coverage and has launched programs aimed at improving access to health services for the entire population. In 2014, the Indonesian government launched the National Health Insurance (JKN) program aimed at providing health protection for the entire Indonesian population. Through this program, Indonesians can have access to affordable basic and advanced health services with premium contributions according to their economic ability. Regional Health Insurance (Jamkesda) Program In addition to JKN, several local governments in Indonesia have launched the Regional Health Insurance (Jamkesda) program to provide additional health protection for local residents. This program aims to reduce the gap in access to health care between urban and rural areas and improve community welfare.[4]

Financing to support an inclusive and equitable health system remains a key issue. Although several health programs have been introduced as an effort to ease the burden of health costs for the community, budget deficits and limited financing in the health sector are challenges in ensuring the sustainability of these programs. Sufficient and efficient financing is needed so that all Indonesians can be served with equal quality.[5]

### B. Formulation of the problem

Based on this background, the problem formulation in this paper includes:

1. What are the legal provisions governing health financing to ensure access to basic health services in Indonesia?
2. What are the legal implications of limited health financing in ensuring access to basic health services?

### C. Purpose of the Paper

Based on the formulation of the problem above, there are also objectives in writing this paper including:

1. To review the legal provisions governing health financing in ensuring access to basic health services in Indonesia.
2. To examine the legal implications of limited health financing in ensuring access to basic health services.

## LITERATURE REVIEW

### A. Overview of Health Services

The state has an obligation to realize the rights of every citizen by preventing actions that can reduce the health status of the community, taking steps that guarantee the protection of public health and creating equal access to health services. Health service providers are required to improve the quality of better health services so as to provide satisfaction for the community as users of health services. Quality health services are services with the availability of health facilities consisting of the availability of health workers, basic health services, equipment and medicines.[6]

Health services are a form of public service context and must be implemented properly by the government. Health services are the right of every person guaranteed in the 1945 Constitution to make efforts to improve health levels, both individuals and groups or society as a whole. In order for the implementation of health services to achieve

[3]Frichy Ndaumanu, "Rights of Persons with Disabilities: Between Responsibility and Implementation by Local Governments," Jurnal HAM, Vol. 11, No. 1, 2020, pp. 131–150

[4]Sofi Indriani and Wiku Adisasmito, "Comparison of Universal Health Coverage Implementation Achievements in Asia and Indonesia," Journal Syntax Idea, Vol. 6, No. 5, 2024, pp. 2181–2189

[5]Azhar AR, Ismaidar, and Tamaulina Br. Sembiring, "Health Law Reform in Indonesia: Challenges and Opportunities in Realizing Universal Health," Journal of Innovative Research, Vol. 2, No. 1, 2025, pp. 380–386

[6]Hasrillah, Yaqub Cikusin, and Hayat, "Implementation of Public Health Services Through the BPJS Health Program (Study at the Kedungkandang Health Center, Malang City)," Journal of Research Innovation, Vol. 1, No. 12, 2021, pp. 2869–2882

the desired goals, services must meet various requirements, namely the availability of facilities and infrastructure, interconnectedness between patients and service providers, and easy to reach and quality.[7]

Law Number 17 of 2023 concerning Health explains that there are several types of health services, including:

1. Promotive health services, a series of health service activities that prioritize health promotion activities.
2. Preventive health services, activities to prevent a health problem or disease.
3. Curative health services, a series of treatment activities aimed at curing diseases and reducing suffering due to disease, controlling disease or controlling disability so that the quality of the patient can be maintained as optimally as possible.
4. Rehabilitative health services, a series of activities to return former sufferers to society, so that they can function again as members of society who are useful to themselves and society according to their abilities.

### B. Overview of Health Financing

In principle, health services prioritize promotive or preventive actions as their main barriers. Public health services are not only aimed at treating individuals who are sick, but also preventing and improving health levels through promotive actions. The form of health services is not only health centers or health centers, but also other forms of activities directly to improving health and preventing disease or indirectly affecting health improvement.[8]

Financing means funding that involves various parties, namely buyers, service providers and third parties, such as banks and insurance companies. Health financing includes payments made individually to obtain services to financing with health insurance for employees in the company. Health financing is not only thinking about how to get funding, but how to allocate the funds efficiently.[9]

Health financing is the amount and allocation of funds that must be provided to be used in health efforts according to the needs of individuals, groups and communities. Based on this understanding, health costs can be viewed from two angles, namely:[10]

1 Health Service Provider, is the amount of funds that must be provided to organize health efforts, then health costs from the service provider's perspective as the main issue of the government or the private sector, namely the parties who will organize health efforts. The amount of funds for health service providers refers more to all investment costs and all operational costs.

2 Service Users (Health Consumer), is the amount of funds that must be provided by utilizing service services. Health costs are the main problem for service users with certain limits, the government is involved in ensuring the fulfillment of health service needs for people in need. The amount of funds for service users refers more to the amount of money that must be spent to utilize health efforts.

## RESULTS AND DISCUSSION

### A. Legal Provisions Governing Health Financing in Ensuring Access to Basic Health Services in Indonesia

The availability of health services and medicines, a clean and healthy environment, and other health-related matters are vital factors for human survival. Matters governing the provisions on health services are regulated in Article 28 paragraph (1) of Law No. 17 of 2023 concerning Health, which states that the Central Government and Regional Governments are required to provide access to primary health services and advanced health services throughout Indonesia. This means that it is a joint obligation between the Central Government and Regional Governments to provide access to health services, both primary and advanced, in areas within the territory of the

[7]Yusuf Hariyoko, Yanuarius Dolfianto Jehaut, and Adi Susiantoro, "Effectiveness of Public Health Services by Community Health Centers in Manggarai Regency," Jurnal Good Governance, Vol. 17, No. 2, 2021, pp. 169–178

[8]Nurrahmi Aspawati, "Global Health Financing System," Jurnal Medika Hutama, Vol. 2, No. 4, 2021, pp. 1073–1079

[9]Yuliarti Pasau and Vip Paramarta, "Health Financing Management Strategy and Insurance in Health Services: Literature Study," Journal of Pharmaceutical and Health Science Students, Vol. 1, No. 4, 2023, pp. 1–10

[10]Fifi Anisa Nur Hidayati and Devi Pramita Sari, "Health Financing Planning in Hospitals," Proceedings of the National Health Information Seminar, Vol. 1, No. 1, 2022, pp. 226–233

Unitary State of the Republic of Indonesia.[11]The following are several regulations relating to health services, namely:[12]

1. 1945 Constitution

Everyone has the right to live in physical and spiritual prosperity, to live and have a good and healthy living environment, and to receive health services. This means that the state is responsible for providing adequate health care facilities and public service facilities.

2. Law no. 39 of 1999 concerning Human Rights

Every human being has the right to live in peace, security, happiness, and prosperity both physically and mentally. This highlights the need to take health seriously and implement health-related measures that are implemented in a way that continuously builds a healthy and strong society within the framework of human rights.

3. Law No. 17 of 2007 concerning the 2005-2025 RPJPN

The purpose of health development is to increase awareness, willingness, and ability to live healthily for everyone in order to realize the highest level of public health. Health development is carried out in accordance with the principles of humanity, empowerment, independence, justice, and equity by prioritizing the welfare of mothers, babies, children, the elderly and poor families.

4. Standard Norms and Regulations Number 4 on Human Rights

The SNP explains that the right to health includes not only the right to live a healthy life or freedom from disease, but also the right to access the highest attainable standard of health. This right includes a range of health services and basic prerequisites for health that must be available at the grassroots level. The SNP aims to ensure that policies and actions are in line with human rights norms, protect the fundamental rights of individuals, avoid social conflicts and foster mutual understanding and tolerance.

5. Law of the Republic of Indonesia No. 17 of 2023 concerning Health

The objectives of implementing a health system include a healthier lifestyle, better access and quality of health services, human resource management in the health sector, meeting the community's need for health services, increasing health resilience in emergency or epidemic situations, ensuring sustainable health financing and developing new technologies. Referring to Law No. 36 of 2009 concerning Health which was amended in Article I Paragraph 8 of Law No. 17 of 2023 concerning Health which states that health service facilities are places and/or tools used to provide health services to individuals or the community with a promotive, preventive, curative, rehabilitative and palliative approach carried out by the Central Government, Regional Government and the community.

Furthermore, Law No. 44 of 2009 concerning Hospitals explains that all individuals working in hospitals are considered Human Resources (HR), including medical and non-medical personnel. However, this regulation has also changed in Article 274 of Law No. 17 of 2023 concerning Health that Medical Personnel and Health Personnel in carrying out mandatory practices:

a. Providing health services in accordance with professional standards, professional service standards, operational procedure standards and professional ethics, as well as patient health needs;
b. Obtaining consent from the patient or his/her family for the actions to be taken;
c. Maintain patient health confidentiality;
d. Make and store records and/or documents regarding examinations, care and actions taken; and
e. Refer patients to medical personnel or other health workers who have the appropriate competence and authority.

This is as stated in Law No. 36 of 2014 concerning Health Workers that every person who devotes themselves in the health sector and has knowledge and skills obtained through education in the health sector which for certain types requires authority to carry out health efforts. Article 260 Paragraph 1 of Law No. 17 of 2023 concerning Health also states that every medical and health worker who will carry out practice is required to have a STR. The requirements as referred to in paragraph (2) are at least:

a. Have a diploma in health education and/or a professional certificate; and
b. Have a competency certificate.

[11]Pranasista Berliana Lajuck, Medityas Winda Krissinta, and Donal Simanjuntak, "Health as Part of Human Rights: A Case Study of the Disparity in Access to Health Services in a Primary Hospital in an Island Region," 6th Congress of MHKI, Vol. 1, No. 1, 2024, pp. 314–327

[12]Muhammad Japar et al., "Health Law Reviewed from the Protection of Human Rights," Journal of Legal Interpretation, Vol. 5, No. 1, 2024, pp. 952–961

The government also issued Government Regulation No. 28 of 2024 concerning Implementing Regulations of Law No. 17 of 2023 concerning Health. This Government Regulation has been expanded in terms of health services covered by telemedicine which are not only limited to consultation services between health facilities as regulated in Minister of Health Regulation No. 20 of 2019 concerning Telemedicine but also services between health facilities and the community. Article 562 of Government Regulation No. 28 of 2024 concerning Implementing Regulations of Law No. 17 of 2023 concerning Health states that:[13]

a. Human resources as referred to in Article 558 paragraph (6) letter c consist of:
   1) Medical personnel;
   2) Health Workers; and
   3) Health Support or Supporting Personnel.
b. Medical Personnel and Health Personnel as referred to in paragraph (1) letters a and b who carry out Telemedicine are required to have a STR and SIP.
c. Further provisions regarding STR and SIP in the implementation of Telemedicine as referred to in paragraph (2) are regulated by Ministerial Regulation.

This legal regulation is not only intended to provide protection for patients, but also to regulate professional standards and responsibilities of medical personnel and health institutions. The existence of clear legal protection for patients plays a role in building a relationship of mutual trust between patients and medical personnel. The role of this law is expected to improve the quality of national health services and ensure a sense of security and justice for all people who receive health services.[14]There are several types of health insurance available, namely:[15]

1 National Health Insurance (JKN), health insurance that existed during the SBY presidency. With this health insurance, the government hopes that all Indonesian citizens can get a guarantee of a healthy, prosperous and productive life.
2 Social Security Administering Body (BPJS), the social security administering body of JKN which has been in effect since January 1, 2014, consisting of BPJS Health and BPJS Employment. Membership of BPJS Health is mandatory for all Indonesian citizens.
3 Indonesia Healthy Card (KIS), KIS recipients are people from poor and disadvantaged backgrounds whose data is taken from BPJS PBI participants, so that there is no overlap between data in BPJS Kesehatan and KIS.
4 KJS (Jakarta Health Card), recipients of the Jakarta Health Card are poor residents of Jakarta who are already participants in Jamkesda, KJS and KIS. Community Health Insurance (Jamkesmas) and Regional Health Insurance (Jamkesda), health insurance that is both intended for the poor. However, Jamkesmas itself is a health financing program provided by the government to ensure that the poor can live healthy and productive lives. The BPJS Kesehatan PBI program provides BPJS Kesehatan membership free of contributions to the poor and vulnerable. While Jamkesda has a similar scheme to Jamkesmas.

This health insurance applies to all Indonesian citizens and has become the state's obligation to meet the needs of the community without discriminating one from another. The implementation of this program has a concept that is used is the concept of health insurance that covers the entire community. The concept of financing national health insurance is applied by the government divided into two forms of participation, namely Contribution Assistance Recipients (PBI and Non-Contribution Assistance Recipients (Not PBI). Contribution Assistance Recipients include people who come from the lower middle class and are classified as people who do not have their contributions paid by the state. While Non-Contribution Assistance Recipients (Not PBI) are participants who are not classified as lower middle class and are unable whose contributions are not paid by the state. Based on this, the state provides different treatment to its citizens in the implementation of health insurance.[16]

[13]David Suwandi, "Doctor's Practice License as Legal Protection for Medical Personnel in Telemedicine Services in Indonesia After the Issuance of Government Regulation Number 28 of 2024 Concerning Implementing Regulations of Law Number 17 of 2023 Concerning Health," 6th Congress of MHKI, Vol. 1, No. 6, 2024, pp. 106–114

[14]Nurnanei and Syamsul Bachri, "The Role of Law in Guaranteeing the Right to Health: Analysis of Legal Protection for Patients in Indonesia," Jurnal Berita Kesehatan, Vol. 17, No. 2, 2024, pp. 58–69

[15]Valen Nainggolan and Tundjung Herning Sitabuana, "Health Insurance for the Indonesian People According to Health Law," Sibatik Journal, Vol. 1, No. 6, 2022, pp. 907-916

[16]Rehulina Manita and Indra Afrita, "Financing Accessibility in the National Health Insurance Program," Journal Of Social Science Research, Vol. 4, No. 1, 2024, pp. 1–13

**B. Legal Implications of Limited Health Financing in Ensuring Access to Basic Health Services**

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in the Pancasila and the 1945 Constitution of the Republic of Indonesia. Health services are included in the constitutional rights of every citizen to receive protection from the state. However, discrimination in health services continues to occur.[17]In accordance with Article 4 paragraph (1) of the Republic of Indonesia Law Number 17 of 2023 concerning Health, it states that everyone has the right to:[18]

1 Living healthy physically, mentally and socially;
2 Get information and education about balanced and responsible health;
3 Obtain safe, quality and affordable health services in order to achieve the highest level of health;
4 Receive health care in accordance with health service standards;
5 Gaining access to health resources;
6 Determine the health services needed for oneself independently and responsibly.

The government is aware that the community, especially the poor, has difficulty in accessing health services. This condition is getting worse due to the high cost of health care for certain groups of people who have difficulty accessing health services. To fulfill the people's right to health, the government, the Ministry of Health has allocated social assistance funds for the health sector which are used as financing for the community, especially the poor.[19]

Health financing is the amount and allocation of funds that must be provided to be used in health efforts according to the needs of individuals, groups and communities. In the national health system, health financing is the arrangement of financial resources that regulate the collection, allocation and expenditure of health costs with the principles of efficiency, effectiveness, economy, justice, transparency, accountability and sustainability. The financing allocated to health is said to be good if the provision of health services is in accordance with needs, the amount is sufficient and can be utilized properly, so that there is no excessive cost inflation.[20]

Optimal health affects poverty reduction, education improvement and social stability. With good health sector management, the country is able to mitigate various public health risks, such as pandemics, malnutrition, infectious diseases and non-communicable diseases that can hinder the nation's growth potential. Health policy also integrates various strategic aspects, such as universal health service guarantees, strengthening medical personnel, health technology and sustainable financing. Therefore, the importance of health policy is not only seen from the scope of services provided and its contribution to supporting national development as a whole.[21]

Health financing support is a very important element for the health system to function properly, enabling the maintenance and improvement of human health and well-being. With adequate financing, the health system can provide quality health services, provide effective treatment, implement various health programs, and develop sustainable prevention and health promotion efforts. In very extreme conditions, the unavailability of health funding will result in great difficulties in providing adequate health services, hinder the implementation of necessary treatment, and disrupt the implementation of health programs and prevention efforts, as well as health promotion that are vital for the community. Health financing is not only about generating funds, but also includes the ability of the state to monitor and evaluate the financing of the health system using various indicators, such as the effectiveness of the use of funds, the achievement of health goals and the equitable distribution of resources.[22]

Inadequate health center management due to ineffective policies can have a negative impact on public health. Regular monitoring is essential to reduce this problem. The purpose of monitoring is to ensure that policies are implemented according to needs and to set standards so that health centers can provide optimal health services. These optimal services must meet criteria such as safety, high quality, equality and non-discrimination. In this way, it is expected that the general level of public health can be improved. Good governance and appropriate policies through

[17]Nuribadah, "Legal Implications of Limited Health Insurance Services for Victims of Violence," Jurnal Knaphtn, Vol. 2, No. 1, 2024, pp. 77–108

[18]Dwi Chresna Purwaningsih, Diah Arimbi, and Ani Maryani, "Legal Analysis of Determination of Fines for Inpatient Services in Presidential Regulation of the Republic of Indonesia Number 59 of 2024 Concerning Health Insurance," Cahaya Mandalika Journal, Vol. 5, No. 2, 2024, pp. 851–868

[19]Endang Kusuma Astuti, "The Role of BPJS Kesehatan in Realizing the Right to Health Services for Indonesian Citizens," Indonesian Legal Research Journal, Vol. 1, No. 1, 2020, pp. 55–65

[20]Andhi Syamsul and Budiarsih, "Analysis of Problems of Health Financing System in the Era of National Health Insurance (JKN)," Jurnal Sosialita, Vol. 2, No. 2, 2023, pp. 494–504

[21]Gunawan Widjaja and Hotmaria Hertawaty Sijabat, "Historical Analysis of Changes in Health Law in Indonesia: Impact and Implications," Jurnal Kesehatan, Vol. 3, No. 5, 2025, pp. 229–238

[22]Syamsul Arifin, et al., 2024, Health Funding Sources, East Java: Uwais Publisher, p. 6

effective supervision will ensure that the community receives adequate health services and improve the health status of the population.[23]

## A. Conclusion

Based on the discussion that has been outlined previously, there are conclusions in this paper, namely:

1. Legal provisions governing health financing in ensuring access to basic health services in Indonesia show that the state has a constitutional and legal responsibility to ensure that every citizen receives proper, equitable and just health services. This is reflected in various regulations such as the 1945 Constitution, the Law on Human Rights and Law No. 17 of 2023 concerning Health which emphasizes that the Central and Regional Governments are required to provide access to primary and secondary health services throughout the region. This regulation is reinforced by a national health insurance system consisting of various schemes such as JKN, BPJS, KIS, Jamkesmas and Jamkesda which basically aim to realize social justice in the health sector, especially for the poor and vulnerable groups. Although the financing scheme is divided into PBI and Non-PBI, this system is still based on the principle of non-discrimination and protection of the right to health.
2. The legal implications of limited health financing in ensuring access to basic health services can be in the form of obstacles to the fulfillment of citizens' constitutional rights to obtain adequate, safe, quality and non-discriminatory health services as stipulated in Law No. 17 of 2023 concerning Health. The imbalance in access, especially for the poor, reflects the state's failure to realize the principles of social justice and protection of human rights. In this context, health financing is not only about the availability of funds, but also the effectiveness of governance, accountability and continuity of policies in ensuring basic health services.

## B. Suggestion

Based on the conclusions above, there are also suggestions in this paper, namely:

1. Researchers recommend that the government strengthen the implementation of health financing policies by ensuring adequate budget allocation, equal distribution of health service infrastructure across regions, and increased supervision of the implementation of health insurance programs.
2. Researchers recommend that the government strengthen health financing governance by emphasizing transparency, accountability and sustainability of policies, as well as ensuring equitable and targeted distribution of funds to ensure the fulfillment of constitutional rights to basic health services that are adequate, safe, quality and free from discrimination.

## REFERENCES

Andhi Syamsul and Budiarsih, "Analisis Problematika Sistem Pembiayaan Kesehatan Di Era Jaminan Kesehatan Nasional (JKN)," *Jurnal Sosialita,* Vol. 2, No. 2, 2023: 494–504

Azhar AR, Ismaidar, and Tamaulina Br. Sembiring, "Reformasi Hukum Kesehatan Di Indonesia: Tantangan Dan Peluang Dalam Mewujudkan Kesehatan Universal," *Journal of Innovative Research,* Vol. 2, No. 1, 2025: 380–386

David Suwandi, "Surat Izin Praktik Dokter Sebagai Perlindungan Hukum Bagi Tenaga Medis Dalam Pelayanan Telemedicine Di Indonesia Pasca Terbitnya Peraturan Pemerintah Nomor 28 Tahun 2024 Tentang Peraturan Pelaksana Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *Kongres Ke-6 MHKI,* Vol. 1, No. 6, 2024: 106–114

Dwi Chresna Purwaningsih, Diah Arimbi, and Ani Maryani, "Analisis Yuridis Penetapan Denda Terhadap Pelayanan Rawat Inap Dalam Peraturan Presiden Republik Indonesia Nomor 59 Tahun 2024 Tentang Jaminan Kesehatan," *Jurnal Cahaya Mandalika,* Vol. 5, No. 2, 2024: 851–868

Endang Kusuma Astuti, "Peran Bpjs Kesehatan Dalam Mewujudkan Hak Atas Pelayanan Kesehatan Bagi Warga Negara Indonesia," *Jurnal Penelitian Hukum Indonesia,* Vol. 1, No. 1, 2020: 55–65

[23]Nurul Fifi Alayda et al., "Literature Review: Analysis of the Impact of the National Health Insurance (JKN) Policy on Access and Quality of Health Services," Jurnal Kolaboratif Sains, Vol. 7, No. 7, 2024, pp. 2616–2626

Fifi Anisa Nur Hidayati and Devi Pramita Sari, "Perencanaan Pembiayaan Kesehatan Di Rumah Sakit," *Prosiding Seminar Informasi Kesehatan Nasional,* Vol. 1, No. 1, 2022: 226–233

Frichy Ndaumanu, "Hak Penyandang Disabilitas: Antara Tanggung Jawab Dan Pelaksanaan Oleh Pemerintah Daerah," *Jurnal HAM,* Vol. 11, No. 1, 2020: 131–150

Gunawan Widjaja and Hotmaria Hertawaty Sijabat, "Analisis Sejarah Perubahan Undang-Undang Kesehatan Di Indonesia: Dampak Dan Implikasinya," *Jurnal Kesehatan,* Vol. 3, No. 5, 2025: 229–238

Hasrillah, Yaqub Cikusin, and Hayat, "Implementasi Pelayanan Kesehatan Masyarakat Melalui Program Bpjs Kesehatan (Studi Pada Puskesmas Kedungkandang Kota Malang)," *Jurnal Inovasi Penelitian,* Vol. 1, No. 12, 2021: 2869–2882

Indra Wahyu Bintoro and Anna Erliyana, "Transisi Demokrasi Dan Pemenuhan Ham Dalam Perwujudan Sistem Kesehatan Nasional (Studi Banding Indonesia Dan Kuba)," *Jurnal Darma Agung,* Vol. 31, No. 5, 2023: 535–550

Muhammad Japar et al., "Hukum Kesehatan Ditinjau Dari Perlindungan Hak Asasi Manusia," *Jurnal Interpretasi Hukum,* Vol. 5, No. 1, 2024: 952–961

Nuribadah, "Implikasi Hukum Terhadap Keterbatasan Layanan Jaminan Kesehatan Bagi Korban Kekerasan," *Jurnal Knaphtn,* Vol. 2, No. 1, 2024: 77–108

Nurnanei and Syamsul Bachri, "Peran Hukum Dalam Menjamin Hak Atas Kesehatan: Analisis Perlindungan Hukum Bagi Pasien Di Indonesia," *Jurnal Berita Kesehatan,* Vol. 17, No. 2, 2024: 58–69

Nurrahmi Aspawati, "Sistem Pembiayaan Kesehatan Global," *Jurnal Medika Hutama,* Vol. 2, No. 4, 2021: 1073–1079

Nurul Fifi Alayda et al., "Literature Review: Analisis Dampak Kebijakan Jaminan Kesehatan Nasional (JKN) Terhadap Akses Dan Kualitas Pelayanan Kesehatan," *Jurnal Kolaboratif Sains,* Vol. 7, No. 7, 2024: 2616–2626

Pranasista Berliana Lajuck, \Medityas Winda Krissinta, and Donal Simanjuntak, "Kesehatan Sebagai Bagian Dari Hak Asasi Manusia: Studi Kasus Terhadap Kesenjangan Akses Pelayanan Kesehatan Di Sebuah Rumah Sakit Pratama Di Daerah Kepulauan," *Kongres Ke-6 MHKI,* Vol. 1, No. 1, 2024: 314–327

Rehulina Manita and Indra Afrita, "Aksebilitas Pembiayaan Dalam Program Jaminan Kesehatan Nasional," *Journal Of Social Science Research,* Vol. 4, No. 1, 2024: 1–13

Ruli Agustin and Taufiqurrohman Syahuri, "Implementasi Undang-Undang Kesehatan: Implikasi Terhadap Kesejahteraan Masyarakat Dan Perspektif Tenaga Kesehatan Di Indonesia," *Bacarita Law Journal,* Vol. 4, No. 2, 2024: 64–76

Sofi Indriani and Wiku Adisasmito, "Perbandingan Capaian Penerapan Cakupan Kesehatan Universal Di Asia Terhadap Indonesia," *Journal Syntax Idea,* Vol. 6, No. 5, 2024: 2181–2189

Syamsul Arifin, dkk, 2024, *Sumber Pendanaan Kesehatan*, Jawa Timur: Penerbit Uwais

Valen Nainggolan and Tundjung Herning Sitabuana, "Jaminan Kesehatan Bagi Rakyat Indonesia Menurut Hukum Kesehatan," *Sibatik Journal,* Vol. 1, No. 6, 2022: 907-916

Yuliarti Pasau and Vip Paramarta, "Strategi Manajemen Pembiayaan Kesehatan Dan Asuransi Dalam Pelayanan Kesehatan: Studi Literature," *Jurnal Mahasiswa Ilmu Farmasi Dan Kesehatan,* Vol. 1, No. 4, 2023: 1–10

Yusuf Hariyoko, Yanuarius Dolfianto Jehaut, and Adi Susiantoro, "Efektivitas Pelayanan Kesehatan Masyarakat Oleh Puskesmas Di Kabupaten Manggarai," *Jurnal Good Governance*, Vol. 17, No. 2, 2021: 169–178