

Effectiveness of the National Health Social Security System in Ensuring Public Welfare in Indonesia

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Keywords

Social Health Security, Health Law, Health Insurance Social Security Agency, National Social Security System.

ABSTRACT

The state offers its inhabitants social health security as a type of legal protection to guarantee their welfare and access to quality medical care. Law Number 40 of 2004 about the National Social Security System (SJSN) and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS) are two of the legislation that govern Indonesia's social health security system. This rule highlights that all citizens are entitled to equitable and fair social protection in the health sector. However, in its implementation, various challenges arise, such as the BPJS Kesehatan budget deficit, limited access to health services in remote areas, and participant compliance in paying contributions. Therefore, a study of the legal concept in the regulation of national social health security is critical to understand the basic principles underlying this system and the effectiveness of its regulation in practice. This study uses a normative juridical method, which focuses on the laws and regulations governing national social health security in Indonesia. The approaches used include a statute approach to analyze applicable legal norms, a conceptual approach to explore the legal concepts underlying the social health security system, and a historical approach to see the development of related regulations. With this method, the study examines the legal basis, legal principles underlying national social health security, and challenges in implementing existing regulations. This study is expected to provide a deeper understanding of the legal aspects of regulating social health security in Indonesia and recommend strengthening future policies.

INTRODUCTION

Social health security is a form of protection the state provides to the community to ensure access to adequate health services (Salangka, 2023). In the Indonesian legal system, this idea stems from the social welfare principle outlined in Article 28H paragraph (1) and Article 34 paragraph (2) of the 1945 Constitution of the Republic of Indonesia. The purpose of social security is to guarantee that every citizen, regardless of their economic and social status, can obtain adequate health services (Worek, 2024). This is also part of the state's obligation to realize human rights in the health sector and maintain social stability through sustainable health protection (Ardinata, 2020). In its implementation, the state plays a central role in regulating, supervising, and ensuring the effective running of the social health security system (Sitanggang, 2024). The government sets policies, prepares regulations, and forms implementing institutions, such as the Health Social Security Administering Agency (BPJS), to ensure that the social health security program can be run according to the principles that have been established. Through this mechanism, the government seeks to create a health

protection system that is not only inclusive but also sustainable and accessible to all levels of society (Afifah, 2022).

Social health security has a powerful legal basis and is based on legal concepts and social theories that have developed in the modern legal system. In general, social health security is defined as a system that aims to provide health protection for the community through an organized and sustainable financing scheme. From a legal perspective, social health security is part of the social rights recognized and guaranteed by the state. Meanwhile, from a social theory perspective, this system is considered a solidarity mechanism that reduces inequality in access to health services and improves overall social welfare (Wijaya, 2022).

The social health security concept in Indonesia can also be compared to the systems implemented in other countries. Countries with advanced health systems, such as Germany, England, and Canada, implement a universal-based social health security scheme that guarantees all citizens access to health services without discrimination. In Germany, the social health insurance system is run through a contribution scheme managed by various insurance institutions, while the UK and Canada implement a tax-based national health system managed directly by the state (Taswin et al., 2022). Although there are differences in financing and management mechanisms, the basic principles adopted remain the same: ensuring health protection for all citizens.

In the social health security system in Indonesia, several legal principles form the basis for its regulation. One of the main principles is the principle of justice and social welfare, which refers to the state's obligation to provide equal health protection for all people without exception. This principle is based on the idea that access to health services is a basic right that must be fulfilled by the state in order to create balance and social equality in society (Asbar, 2021).

Additionally, the principles of universality and non-discrimination are also important foundations in the implementation of social health security. This principle emphasizes that every individual, regardless of their economic status, occupation, or social conditions, has the right to receive the same health protection. Universality in the social health security system aims to avoid disparities in access to health services between the well-off and the less well-off groups of people. Meanwhile, the principle of non-discrimination ensures that no party is treated unfairly in obtaining their health rights (Japar, 2024).

Furthermore, the principles of cooperation and sustainability are key elements in the social health security system. The principle of cooperation refers to the concept of social solidarity, where more capable participants help finance less capable participants through a joint contribution mechanism. This reflects the values of togetherness that have long been part of the culture of Indonesian society. Meanwhile, sustainability emphasizes the importance of a social health security system that can survive in the long term through good financial management and policies that are adaptive to social and economic changes (Zahir, 2025).

With these legal principles, the social health security system in Indonesia is expected to be an effective instrument in improving the welfare of society at large. The regulations applied aim to realize a fair, equitable, and sustainable health system so that every individual has an equal opportunity to obtain quality health services. Therefore, a deep understanding of the legal concept of regulating social health security is important to ensure the effectiveness and sustainability of the system that has been built.

The novelty of this study lies in its exploration of the legal framework and challenges surrounding the implementation of Indonesia's National Health Social Security System (*BPJS Kesehatan*), particularly in addressing financial deficits, limited access in remote areas, and participant compliance. While prior research has covered aspects of health security in other nations, this study provides a unique legal perspective focused on Indonesia, filling the gap in understanding the effectiveness of the *BPJS* system and offering insights into how it can be improved.

Despite the legal basis for social health security in Indonesia, several issues remain unaddressed in the existing literature, especially regarding the sustainability of *BPJS Kesehatan* and the equitable distribution of health services. Not much has been studied about the practical challenges faced by *BPJS Kesehatan* in ensuring inclusive health coverage for all citizens, particularly those in remote and disadvantaged areas. This study aims to fill this gap by offering a critical evaluation of the legal framework and the effectiveness of current policies in practice.

The purpose of this study is to critically analyze the legal principles underlying Indonesia's social health security system, particularly focusing on the regulation of *BPJS Kesehatan*. The research aims to identify key challenges in the implementation of social health security, such as financial management issues, participant compliance, and regional disparities in accessing health services. Based on these findings, the study will offer policy recommendations aimed at enhancing the effectiveness of the system, with a focus on improving its sustainability, equity, and inclusivity.

The benefits of this study are manifold. First, it will provide a deeper understanding of the legal framework of Indonesia's social health security system, shedding light on the regulatory challenges faced in its execution. Second, the study will offer valuable recommendations to policymakers and stakeholders, helping to strengthen the *BPJS Kesehatan* framework and ensure that the health security system remains sustainable and accessible to all citizens. Lastly, this research will contribute to the broader discourse on health law by examining the role of legal structures in ensuring the equitable distribution of health services, thereby supporting the improvement of public welfare in Indonesia.

METHOD

This study adopts a normative legal approach, which centers on the examination of legal norms related to Indonesia's national social health security system. The research employs three distinct methodologies. The statutory approach focuses on analyzing primary legal materials, particularly Laws No. 24 of 2011 and No. 40 of 2004, which govern the Social Security Administering Body (*BPJS*) and the National Social Security System (*SJSN*), respectively. To support this, secondary sources, including academic books, journal articles, and previous research, are consulted. The conceptual approach explores the legal principles and social theories that form the foundation of the social health security system, such as social justice, welfare, and non-discrimination, which provide a theoretical basis for understanding the regulations and the challenges they present in practice. Lastly, the historical approach tracks the development of social health security regulations, shedding light on how these policies have evolved and the objectives that have guided their formation over time.

Primary data includes Indonesian laws, regulations, and related legal documents that form the basis for the national social health security framework. Secondary data consists of academic literature, reports, and case studies that offer insights into the application and challenges of these regulations. The data selection was based on relevance to the research topic, with a focus on the most recent updates in the legal framework and practical challenges.

Data analysis was carried out through qualitative methods, including content analysis and comparative analysis. The legal texts were analyzed to identify key themes related to the principles of social justice, universality, and sustainability in social health security. The study also conducted a comparative analysis of the national system with those of other countries, such as Germany and the UK, to evaluate the effectiveness and challenges of Indonesia's system. This analysis helped to identify areas for improvement and policy recommendations.

The results of this study are expected to provide a deeper understanding of the legal aspects of social health security and offer recommendations for improving future policies.

RESULT AND DISCUSSION

A. Legal Regulation of National Health Social Security in Indonesia

National social health security in Indonesia has a strong legal basis in the legal system. The 1945 Constitution explicitly mandates the state's role in ensuring social welfare, including the health sector. While Article 34 paragraph (2) highlights that the state is in charge of providing health service facilities and social security for the population, Article 28H paragraph (1) declares that everyone has the right to access appropriate health services. This provision is the fundamental basis for regulations formulation related to social health security, which aims to realize a health protection system that is equitable and sustainable for all citizens (Affandi, 2019).

The entire social security system, including social health security, is governed by Law Number 40 of 2004 regulating the National Social Security System (SJSN) (Salim, 2020). According to the SJSN Law, the foundation of the national social security system is non-profit, trust funds, mandatory participation, and cooperation. According to Article 19, paragraph (1), the goal of health insurance is to guarantee that policyholders obtain protection in satisfying their fundamental medical needs as well as health care benefits. In addition, Article 17 stipulates that every Indonesian citizen is required to be a participant in a social security program managed by an organizing body appointed by the government (Yuditia, 2021).

The government enacted Law Number 24 of 2011 addressing the Social Security Administering Body (BPJS) as a follow-up to the SJSN Law. This law governs the creation of BPJS as a public legal organization in charge of overseeing social security programs, including BPJS Kesehatan, which is involved in social health security organization. The BPJS Law's Article 10 states that BPJS Kesehatan is tasked with organizing a health insurance program for all Indonesian citizens. In addition, Article 14 states that every citizen and worker, both formal and informal, must be a BPJS Kesehatan participant, with payment of contributions determined based on applicable provisions (Ardiansah, 2020).

In its implementation, the national social health security system has a structure and mechanism regulated by various derivative regulations, such as the Presidential Regulations and Regulations of the Minister of Health. BPJS Kesehatan as the organized body has a

primary role in managing membership, collecting contributions, and paying claims to health facilities that collaborate in this scheme. BPJS Kesehatan is responsible for ensuring that health services provided to participants are by the standards set by the government (Astuti, 2024).

The rights and obligations of social health security participants have also been regulated in applicable regulations. Participants have the right to obtain health services guaranteed by BPJS Kesehatan, as regulated in Article 21 of the BPJS Law. This right includes first-level health services, advanced referral health services, drug services, and medical procedures as needed. However, participants also have obligations, namely to pay contributions by applicable provisions and follow the health service procedures established by BPJS Kesehatan. For wage-earning workers (PU), contributions are partly borne by the employer, while for independent participants, contributions are paid independently according to the class of service selected (Afifah W. &., 2015).

The financing mechanism for national social health security is carried out through a mandatory contribution system collected from participants. Based on Presidential Regulation Number 64 of 2020, several contributions for independent BPJS Kesehatan participants are divided into three classes with different nominal amounts. In addition, there is a financing scheme sourced from the state budget for participants who are classified as Contribution Assistance Recipients (PBI), namely poor people who are covered by the government. With this system, financing of social health security is expected to run sustainably and reach all people without exception (Manita, 2024).

Despite having a clear legal basis and structured mechanisms, national social health security still faces various challenges. One of the main problems is the budget deficit that is often experienced by BPJS Kesehatan. The imbalance between income from participant contributions and expenditures for claim payments causes BPJS Kesehatan to experience financial constraints. Another factor that contributes to this deficit is the low level of participant compliance in paying contributions, especially for independent participants who are often in arrears in payments.

Another challenge in the implementation of social health security is the compliance of employers in registering their workers as BPJS Kesehatan participants. Based on the BPJS Law Article 15 paragraph (2), employers must register all their workers in the BPJS Kesehatan program and pay contributions by applicable provisions. However, in practice, there are still many companies that have not complied with this regulation, either for financial reasons or a lack of awareness of the importance of social health security for workers. It causes the coverage of BPJS Kesehatan membership to be less than optimal and has the potential to create gaps in access to health services for workers in the informal and formal sectors (Handoyo, 2018).

With a legal basis that has been established, a clear institutional structure, and an organized financing mechanism, national social health security in Indonesia has a strong foundation in the legal system. However, the effectiveness of its implementation is still influenced by various obstacles that require further attention. Therefore, understanding the legal aspects of regulating social health security is necessary to ensure the community's rights to health services can be optimally fulfilled.

B. Analysis and Evaluation of National Health Social Security Arrangements

Evaluation of the effectiveness of national social health insurance arrangements needs to be conducted to assess the extent to which the existing system has provided optimal health protection for the community. One aspect that must be examined is whether the applicable regulations have effectively guarantee equal access to health services for the entire population. Although normatively this system adopts the principles of universality and non-discrimination, in practice there are still gaps in services, especially for groups of people in remote areas who have difficulty accessing adequate health facilities. In addition, the effectiveness of this system can also be measured from the compliance of participants in paying contributions and the ability of BPJS Kesehatan to manage finances sustainably.

The legal principles that form the basis of social health insurance, such as social justice, cooperation, and sustainability, also need to be evaluated in the context of implementation in the field. The principle of social justice, for example, requires the state to ensure that all levels of society receive equal benefits from this program. However, in reality, there are still differences in the quality of services between participants who use first-level health facilities and participants who require referrals to hospitals that have limited capacity. The principle of cooperation also faces challenges in its implementation, especially because of the imbalance between the number of participants who actively pay contributions and participants who utilize health services.

To obtain a more comprehensive picture of the national social health security arrangement, it is important to compare the social health security system in other more developed countries. Countries such as Germany and the UK have well-developed health security systems and have shown high effectiveness in providing health protection for their citizens. Germany, for example, implements a contribution-based social insurance system, where all workers are required to participate in a health insurance scheme managed by various independent institutions (Sumadi, 2017). Meanwhile, the UK has adopted the National Health Service (NHS) system, where health services are provided free of charge to all citizens through funding from taxes. This comparative study can provide insight into aspects that can be adapted to improve the system's effectiveness in Indonesia (Setiyono, 2018).

In order to strengthen the national social health security arrangement, policy reforms are needed that cover regulatory and funding aspects. Policies that are more adaptive to social and economic changes must ensure that existing regulations remain relevant to current conditions. In addition, the funding scheme also needs to be strengthened so that this system can run more sustainably without experiencing recurring deficits. One strategy that can be implemented is diversifying funding sources, either by increasing participant compliance in paying contributions or by optimizing contributions from the private sector.

Increasing supervision and transparency in the management of BPJS Kesehatan is also a crucial factor in strengthening the national social health security system. Transparency in budget allocation and claim payments needs to be improved to prevent misuse of funds and ensure that available funds are used efficiently. In addition, stricter supervision of the implementation of health services, both in government and private health facilities, needs to be carried out so that service standards are maintained and there is no discrimination against BPJS Kesehatan participants in the provision of medical services.

Strengthening access to health services for the community, especially in remote areas and vulnerable groups, is also a critical aspect of evaluating the national social health security system. The availability of medical personnel, health facilities, and even distribution of medicines throughout Indonesia must be a primary concern in national health policy. In addition, integration between the social health security system and other health programs also needs to be carried out so that the services provided can be more comprehensive and effective in improving community health as a whole.

CONCLUSION

National social health insurance in Indonesia has a strong legal basis as reflected in the 1945 Constitution, the *SJSN*, and the *BPJS* Law. The system strives to protect the entire population's health based on the principles of social justice, cooperation, and universality. However, the effectiveness of its enactment still faces multifarious obstacles, such as financial imbalance, participant compliance in paying contributions, and disparities in access to health services. Comparative studies with other countries show that strengthening the health evaluation system and financial management is needed to ensure the sustainability of national social health insurance. To improve the effectiveness of this system, regulatory reform is needed to guarantee the sustainability of financing and the accessibility of health services, especially for vulnerable groups and communities in remote areas. Strengthening supervision of *BPJS Kesehatan* management and increasing transparency in fund allocation are important aspects of improving the existing system. In addition, expanding the scope of services and optimizing infrastructure and health workers must be carried out so that the entire population can obtain health insurance benefits evenly and with quality.

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