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Legal Policy On Health Care Services For Underprivileged Communities In Indonesia

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ABSTRACT

Access to healthcare services constitutes a fundamental right enshrined in the Constitution of the Republic of Indonesia. Despite this guarantee, underprivileged communities encounter persistent barriers to adequate healthcare, including economic hardship, geographic isolation, insufficient healthcare infrastructure, and disparities in service distribution. This study analyzes the legal policies that govern healthcare services for underprivileged communities in Indonesia and evaluates their effectiveness in promoting equitable healthcare access. Employing a normative legal research method, the study utilizes statutory and conceptual approaches to examine key legal instruments, such as the 1945 Constitution, Law Number 17 of 2023 on Health, Law Number 40 of 2004 on the National Social Security System, and Law Number 24 of 2011 on the Social Security Administering Body. Data were gathered through a literature review of legislation, academic publications, and policy documents, and analyzed using qualitative descriptive methods. The findings indicate that Indonesia has developed a comprehensive legal framework to safeguard the right to health, notably through the National Health Insurance Program (JKN) administered by BPJS Kesehatan. However, the effectiveness of these policies is limited by unequal healthcare infrastructure, shortages of healthcare personnel, administrative inefficiencies, and insufficient public awareness of healthcare regulations. The study concludes that enhancing legal implementation, upgrading healthcare facilities, improving intergovernmental coordination, and broadening public access to health information are critical for achieving equitable healthcare services and fulfilling the constitutional right to health for underprivileged communities. This research contributes to the discourse on health law and public policy by offering a comprehensive legal analysis of healthcare protection for underprivileged communities and emphasizing the necessity of strengthening policy implementation to realize equitable healthcare access and social justice in Indonesia.

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Introduction

Health is a fundamental human right recognized internationally and constitutionally protected in Indonesia. The right to health is explicitly guaranteed under Article 28H, paragraph (1), of the 1945 Constitution of the Republic of Indonesia, which affirms that every citizen has the right to live in physical and mental prosperity, to enjoy a healthy environment, and to obtain health services. Furthermore, Article 34 paragraph (3) mandates the state to provide adequate health-care facilities and public services for all citizens. These constitutional provisions establish health services not merely as public assistance programs but as state obligations aimed at ensuring social welfare and human dignity (Laksono et al., 2023).

The realization of universal access to health services remains one of the most important challenges in developing countries, including Indonesia. Although significant progress has been achieved through health-sector reforms, disparities in access to health services continue to affect vulnerable and underprivileged populations. Economic limitations, geographical barriers, unequal distribution of health facilities, inadequate transportation infrastructure, and shortages of health professionals frequently hinder disadvantaged communities from accessing timely, high-quality healthcare services (Ramadhani, 2022). These conditions create structural inequalities that undermine the fulfillment of the constitutional right to health and contribute to persistent public health disparities.

To address these challenges, the Indonesian government has established a comprehensive legal framework governing health services. Law Number 17 of 2023 concerning Health, which replaces several previous health regulations, emphasizes the government's responsibility to plan, organize, implement, supervise, and evaluate health efforts to ensure quality, equitable, safe, and affordable services for all citizens. Complementary regulations, including Law Number 40 of 2004 concerning the National Social Security System (SJSN) and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), provide the legal foundation for the implementation of the National Health Insurance Program (Jaminan Kesehatan Nasional/JKN), which seeks to guarantee universal health coverage throughout Indonesia (Irayadi, 2024; Meilarovasari et al., 2025).

Since its implementation in 2014, the National Health Insurance Program has become a central instrument for promoting equitable access to healthcare. Through the Contribution Assistance Recipient (PBI) scheme, the government finances health insurance premiums for economically disadvantaged citizens, thereby reducing financial barriers to medical treatment and healthcare utilization. The program reflects the principles of social solidarity, equity, and mutual cooperation embedded within Indonesia's social protection system.

Numerous studies have shown that the National Health Insurance Program (JKN) has improved healthcare access among disadvantaged populations by expanding insurance coverage, increasing healthcare utilization, reducing out-of-pocket expenditures, and strengthening financial protection through government subsidies (Alayda et al., 2024; Santoso & Wardhana, 2025). Despite these achievements, significant challenges remain, including disparities in healthcare access between urban and rural areas, inadequate infrastructure and healthcare personnel in remote regions, administrative inefficiencies, and indirect healthcare costs that continue to burden vulnerable populations (Maharani et al., 2023). While previous studies have primarily focused on healthcare financing, service quality, and program implementation, limited attention has been given to examining healthcare accessibility from a comprehensive legal policy perspective that integrates constitutional mandates, statutory regulations, institutional responsibilities, and implementation challenges. Therefore, further research is needed to evaluate the extent to which existing legal policies effectively fulfill the constitutional right to health and address persistent inequalities in healthcare access among underprivileged communities in Indonesia.

This research addresses the identified gap by examining the legal policies that govern healthcare services for underprivileged communities in Indonesia. The study analyzes the constitutional and regulatory foundations of healthcare rights, assesses government responsibilities in implementing healthcare programs, and identifies key challenges that affect policy effectiveness in achieving equitable healthcare access. By investigating the relationship between legal frameworks and healthcare service delivery, this research contributes to broader discussions on health governance, social justice, and welfare-state development in Indonesia. The findings are intended to provide policymakers, healthcare administrators, and legal scholars with insights to strengthen healthcare policies that protect vulnerable populations and fulfill the constitutional right to health for all Indonesian citizens.

Method

This study employs a normative legal research method to analyze legal policies governing healthcare services for underprivileged communities in Indonesia. Normative legal research examines legal norms, principles, doctrines, and regulations that constitute the legal framework for protecting and fulfilling citizens' rights to health. This approach is appropriate because the study aims to evaluate the adequacy and effectiveness of legal instruments in ensuring equitable access to healthcare services, particularly for economically disadvantaged groups.

The research adopts a statutory approach (*statutory approach*) and a conceptual approach (*conceptual approach*). The statutory approach is used to examine relevant laws and regulations governing healthcare services and social health protection in Indonesia, including the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, Law Number 40 of 2004 concerning the National Social Security System (SJSN), and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS). These legal instruments are analyzed to identify the state's rights, obligations, and responsibilities in guaranteeing healthcare access for underprivileged communities. Meanwhile, a conceptual approach is employed to examine legal theories and principles related to the right to health, social justice, welfare-state theory, and public service governance, which provide the theoretical foundation for the analysis.

The data used in this study consist exclusively of secondary legal materials. Primary legal materials include constitutional provisions, legislation, government regulations, and other official legal documents related to healthcare policies. Secondary legal materials include scholarly books, peer-reviewed journal articles, legal commentaries, policy reports, and prior studies on health law, social security systems, healthcare accessibility, and public policy implementation. Tertiary legal materials, such as legal dictionaries, encyclopedias, and official statistical publications, are also utilized to support the interpretation and clarification of legal concepts.

Data collection was conducted through a comprehensive literature review and document analysis. Relevant legal documents and academic publications were systematically identified, selected, and reviewed to obtain information concerning the development, implementation, and effectiveness of legal policies in healthcare services. The collected materials were then organized according to major themes, including constitutional guarantees of health rights, government responsibilities, healthcare financing mechanisms, the National Health Insurance Program (JKN), and challenges in policy implementation.

The data were analyzed using qualitative descriptive analysis. Legal provisions, policy documents, and scholarly literature were interpreted and compared to assess the consistency between legal norms and their practical implementation. The analysis focused on identifying the strengths and limitations of existing legal policies, evaluating their contribution to improving healthcare access for underprivileged communities, and exploring challenges that may hinder the realization of equitable healthcare services. Through this analytical process, the study provides a comprehensive understanding of the role of legal policy in promoting social justice and protecting the right to health in Indonesia.

Results and Discussion

The health sector is a strategic issue in the provision of basic services because it has an important role in realizing public welfare. The right to health has been guaranteed in the Indonesian Constitution, namely Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states that everyone has the right to live in physical and spiritual prosperity, to have a good and healthy living environment, and to receive health services. In addition, Article 34 paragraph (3) of the 1945 Constitution also states that the state is responsible for providing adequate health care facilities and public service facilities for the community (Ruliyanti & Ayodhya, 2025).

In Indonesia, health law is regulated through various laws and regulations that serve as the basis for the provision of health services. Some of the main regulations governing the health sector include Law Number 36 of 2009 concerning Health and Law Number 44 of 2009 concerning Hospitals. These two regulations serve as the legal basis for ensuring the provision of quality, fair, and equitable health services for all members of society (Rifki, 2025).

The government's responsibility for providing health services is clearly stipulated in Chapter III of Law Number 17 of 2023. This provision mandates that the government plan, organize, administer, foster, and supervise the implementation of health efforts to ensure they are high-quality, safe, efficient, equitable, and affordable for all. This responsibility extends not only to the central government but also to regional governments down to the village level, as part of the effort to achieve comprehensive and equitable health services (Ras et al., 2024).

The government understands that access to healthcare remains a challenge for some communities, particularly those with limited financial resources. The high cost of medical treatment and services is often a major barrier preventing underprivileged communities from obtaining optimal healthcare. As a manifestation of the state's responsibility to guarantee citizens' right to health, the government, through the health sector, provides financial support in the form of social health assistance aimed at helping

underprivileged communities maintain access to necessary healthcare services (Calundu, 2024; Elungan & Tjenreng, 2025).

The right to health cannot be interpreted as the right of every individual to always be in good health or the obligation of the government to provide all expensive health facilities beyond the state's capabilities. This right places more emphasis on the responsibility of the government and public officials in formulating policies and work programs that can ensure the availability of easily accessible and affordable health services for all people in the shortest possible time. In addition, Article 12 paragraph (1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) explains that the right to health is the right of every person to enjoy the highest attainable standard of physical and mental health. This provision shows that the fulfillment of the right to health is not only limited to medical services, but also includes state efforts to create conditions that support the achievement of optimal public health (Heryani et al., 2023).

One of the main challenges facing underprivileged communities in Indonesia in accessing healthcare services is limited financial resources, remote locations of healthcare facilities, and inadequate transportation infrastructure. These conditions often hinder access to adequate, affordable, and equitable healthcare (Salsabila et al., 2024). Therefore, laws are needed to help underprivileged communities access adequate healthcare. The health legal system serves as a legal framework that regulates various aspects of healthcare, including policies, regulations, and their implementation (Wahyuni et al., 2025).

One of the government's efforts to provide health services to the public is through the launch of the National Health Insurance Program (JKN). This program is administered by the Social Security Administering Body (BPJS), an institution established under Law Number 24 of 2011 concerning BPJS, as mandated by Law Number 40 of 2004 concerning the National Social Security System (SJSN). The National Health Insurance (JKN) demonstrates the government's commitment to protecting underprivileged communities who have traditionally experienced difficulties in obtaining health services (Nainggolan & Sitabuana, 2022; Alayda et al., 2024).

Since January 1, 2014, the Indonesian government has implemented the National Health Insurance Program (JKN) organized by BPJS Kesehatan in accordance with the provisions of Article 5 of Law Number 40 of 2004 concerning the National Social Security System (SJSN). In this law, the health insurance program is structured based on the principles of social insurance and the principle of justice as stipulated in Article 19 paragraph (1). The principles of social insurance emphasize the spirit of mutual cooperation between the well-off and the less fortunate, as well as between healthy and sick participants. Program participation is mandatory so that all people receive comprehensive health protection. In addition, the management of JKN funds is carried out on a non-profit basis, so that the collected contribution funds are used as much as possible for the interests and benefits of participants. In its implementation, this program also applies the principles of openness, prudence, accountability, efficiency, and effectiveness to ensure that fund management is carried out transparently and responsibly (Astuti, 2020).

Government subsidies through the BPJS Kesehatan (Social Security Agency for Health) are a crucial instrument in achieving equitable access to healthcare for underprivileged communities in Indonesia. By financing premiums for Contribution Assistance Recipients (PBI), the government seeks to expand the reach of health insurance to vulnerable groups who previously faced barriers to accessing healthcare due to economic constraints. This policy demonstrates the state's commitment to guaranteeing the public's right to health and improving social welfare equitably (Santoso & Wardhana, 2025).

Although the government has made various efforts through the National Health Insurance Program (JKN), unequal access to health services remains a challenge in implementing legal policies regarding health services for the underprivileged in Indonesia. This gap is evident between urban and rural areas, as well as between high-income and low-income communities. Low-income communities often face barriers to accessing health services due to limited funding, despite the government's health insurance program. These barriers include transportation costs to health facilities, purchasing uncovered medications, and the cost of follow-up care. This situation causes some low-income communities to delay or even avoid treatment, increasing the risk of worsening health conditions due to delays in obtaining adequate medical care (Maharani et al., 2023).

The implementation of the National Health Insurance Program (JKN) is influenced by various factors that can support or hinder its success. According to Agustin et al. (2023), these factors include:

1. Supporting factors include:

a. The availability of funding allocations from the APBD to help finance the implementation of the JKN program.
b. There is a commitment from health workers to provide services to JKN participants.

2. Inhibiting factors include:
a. Socialization regarding BPJS Health regulations is still not optimal.
b. Delays in payment of claims or arrears from BPJS Kesehatan.
c. Limited health service facilities and infrastructure.
d. The number of human resources in the health sector is still limited.

These various factors influence the effectiveness of the implementation of JKN in providing health services, especially for underprivileged communities in Indonesia.

Thus, legal policies on health services for the underprivileged in Indonesia represent the state's responsibility to ensure the fulfillment of the right to health for all citizens. Through various regulations and the implementation of the National Health Insurance (JKN) Program by BPJS Kesehatan, the government strives to create fair, equitable, and affordable access to health services, particularly for vulnerable groups. Although implementation still faces various obstacles, such as limited facilities, healthcare personnel, and administrative constraints, legal policies in the health sector remain a crucial instrument in improving public welfare and realizing social justice in Indonesia.

Conclusion

Legal policies regarding health services for the underprivileged in Indonesia are a manifestation of the state's responsibility in fulfilling the basic rights of the people to health as mandated in the 1945 Constitution of the Republic of Indonesia. The government has established various regulations and programs, such as the National Social Security System (SJSN) and the National Health Insurance Program (JKN) organized by BPJS Kesehatan, to expand access to health services for all people, especially the underprivileged. These policies demonstrate the state's commitment to creating fair, equitable, affordable, and sustainable health services through the principles of mutual cooperation, social justice, and protection for vulnerable groups.

However, the implementation of health care policies in Indonesia still faces various challenges, such as limited health facilities, a shortage of health workers, geographical barriers, and suboptimal socialization and implementation of health regulations. Therefore, strengthening legal policies, improving the quality of health facilities and infrastructure, and more effective coordination between the central government, regional governments, and health care providers are needed. With these improvements, it is hoped that health care for underprivileged communities in Indonesia can be implemented more effectively and achieve social welfare and the fulfillment of the right to health for all.

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