Original Article

Achieving National Health Insurance in Indonesia: Policies and Challenges

Ahmad Dwi Nuryanto [1, *], Turdialiev Mukhammad Ali Polatjon Ogli [2]

[1] Faculty of Law, Universitas Semarang, Semarang, Indonesia.
[2] Tashkent State University of Law, Tashkent, Uzbekistan.

*Corresponding Author: advokatdwi@yahoo.co.id

Abstract

The regulation of contributions within Indonesia's National Health Insurance scheme (Jaminan Kesehatan Nasional, JKN) continues to generate significant debate because it does not adequately embody the constitutional values of justice and social welfare. Health constitutes a fundamental human right and a core indicator of societal well-being that the state must actively guarantee. This study aims to analyze the fairness of JKN contribution policies, particularly their impact on independent Class III participants, and to evaluate the alignment of existing regulations with the state's constitutional obligations. The research applies a normative juridical method, complemented by conceptual, philosophical, and systemic legal analysis, through the examination of statutory instruments and legal doctrines. The findings demonstrate that current JKN contribution regulations exhibit substantial deficiencies in legal substance, legal structure, and legal culture, as well as in their philosophical, sociological, economic, and normative foundations. These deficiencies cause an unequal distribution of financial burdens and place disproportionate pressure on participants with limited economic capacity. The study argues that policymakers must reconstruct the JKN contribution framework by positioning the state as the primary guarantor of public health insurance rather than merely an administrative regulator. The study concludes that recalibrating contribution levels, strengthening government subsidies, and reformulating regulations based on principles of humanity, utility, and social justice are essential to ensuring equitable, sustainable, and constitutionally grounded health insurance protection for all citizens.

Keywords: Health System; Indonesia; Justice; Policies;

Introduction

Health is a universal human right and is constitutionally guaranteed by the 1945 Constitution of the Republic of Indonesia. Article 28H paragraph (1) explicitly states that everyone has the right to live in physical and spiritual prosperity, to have housing, to enjoy a good and healthy living environment, and to obtain health services.[1] Furthermore, Article 28H paragraph (3) emphasizes that everyone has the right to social security that enables the full development of a dignified human being.[2] These constitutional norms demonstrate that the fulfillment of the right to health is not merely a medical issue, but an essential part of the state's responsibility to realize social justice as mandated in the fifth principle of Pancasila and the national objectives set out in the Preamble to the 1945 Constitution namely, "to promote the general welfare and to advance the intellectual life of the nation."[3]

[1] Luthfi Azizatunnisa' and others, 'Health Insurance Coverage, Healthcare Use, and Financial Protection amongst People with Disabilities in Indonesia: Analysis of the 2021 National Socioeconomic Survey', *The Lancet Regional Health - Southeast Asia*, 39 (2025), 100631 <https://doi.org/https://doi.org/10.1016/j.lansea.2025.100631>.
[2] Reut Ron and others, 'A New Integrated Conceptual Framework of Health Insurance Literacy: Results of a Critical Interpretive Synthesis', *Health Policy*, 161 (2025), 105394 <https://doi.org/https://doi.org/10.1016/j.healthpol.2025.105394>.
[3] Azizatunnisa' and others.

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As a manifestation of the state's obligation to guarantee citizens' social rights, the government enacted Law Number 40 of 2004 concerning the National Social Security System (SJSN), which serves as the legal foundation for implementing comprehensive social security programs, including the National Health Insurance (JKN).[4] This law was later reinforced by Law Number 24 of 2011 concerning the Social Security Administering Bodies (BPJS), which established two implementing institutions: BPJS Health and BPJS Employment.[5] Under this legal framework, the JKN system operates based on the principle of mandatory social insurance, where participants contribute according to their ability to pay, while the government subsidizes contributions for low-income groups known as Contribution Assistance Recipients (PBI).[6]

At the implementation level, the National Health Insurance (JKN) represents a significant milestone in Indonesia's social protection system.[7] According to BPJS Health data, by the end of March 2021, the number of JKN–Indonesia Health Card (JKN-KIS) participants had reached 223.9 million people, or approximately 82% of Indonesia's total population.[8] This achievement reflects the government's administrative success in expanding health coverage. However, substantively, the implementation of the premium policy continues to raise concerns regarding fairness, proportionality, and the balance between participants' rights and obligations and the state's constitutional responsibilities.[9]

Controversy emerged following the issuance of Presidential Regulation Number 64 of 2020, which amended Presidential Regulation Number 82 of 2018 on Health Insurance and introduced a new premium structure: IDR 150,000 for Class I, IDR 100,000 for Class II, and IDR 35,000 for Class III. Although the government provides a subsidy ranging from IDR 7,000 to IDR 16,500 for Class III participants, the increase remains burdensome for low-income households. The premium hike was intended to offset BPJS Health's financial deficit, which by mid-2019 had reached approximately IDR 7 trillion due to a mismatch between contribution income and service expenditures.

Normatively, this contribution policy warrants critical reassessment, as it does not fully align with the principles of social justice, humanity, and benefit as stipulated in Article 2 of Law Number 40 of 2004.[10] From the perspective of administrative and constitutional law, the policy potentially violates the principle of *lex superior derogat legi inferiori*, since a Presidential Regulation must not contradict the substantive justice values enshrined in the 1945 Constitution. Substantively, the contribution scheme fails to incorporate the *ability-to-pay*

[4] Chia-Lun Liu and others, 'How Do Hospital Markets Respond to Universal Health Insurance?', *International Journal of Industrial Organization*, 103 (2025), 103190 <https://doi.org/https://doi.org/10.1016/j.ijindorg.2025.103190>.

[5] Zhuang Hao, Renxin Bian and Yuze Wang, 'The Impact of Health Insurance on Informal Care: Evidence from China's Urban-Rural Basic Health Insurance Consolidation', *China Economic Review*, 94 (2025), 102514 <https://doi.org/https://doi.org/10.1016/j.chieco.2025.102514>.

[6] Reshmi Sengupta and Debasis Rooj, 'E-Wallet Adoption and Health Insurance Uptake in India: Evidence from a Copula Regression Analysis', *Economic Analysis and Policy*, 87 (2025), 2636–57 <https://doi.org/https://doi.org/10.1016/j.eap.2025.08.026>.

[7] Rui Jie Ng and others, 'The Development of Private Health Insurance in Malaysia: A Case Study Analysis Exploring Its Influence on Financial Risk Protection', *SSM - Health Systems*, 5 (2025), 100142 <https://doi.org/https://doi.org/10.1016/j.ssmhs.2025.100142>.

[8] Andrew Ebekozien and others, 'Appraising Construction Artisans Health Insurance Enrolment to Achieve Sustainable Development Goal 3 in the Informal Sector: Issues and Solutions', *International Journal of Building Pathology and Adaptation*, 43.8 (2025), 26–40 <https://doi.org/https://doi.org/10.1108/IJBPA-07-2024-0151>.

[9] Madhubrota Chatterjee, Alok Aditya and Prashant Kumar Choudhary, 'Health Security across the Spectrum: Exploring the Impact of Socioeconomic Factors on Health Insurance Uptake in India', *Aging and Health Research*, 5.3 (2025), 100244 <https://doi.org/https://doi.org/10.1016/j.ahr.2025.100244>.

[10] Ruihan Deng, Xiang Hu and Yi Zeng, 'Longevity Risk, Health State Transitions, and the Demand for Insurance', *International Review of Financial Analysis*, 108 (2025), 104711 <https://doi.org/https://doi.org/10.1016/j.irfa.2025.104711>.

principle, especially in the context of the Covid-19 pandemic, which led to decreased income, rising unemployment, and weakened purchasing power.[11]

Additional weaknesses are evident in both the legal structure and legal culture.[12] Structurally, coordination among key institutionsBPJS Health, the Ministry of Health, and the National Social Security Council (DJSN)remains suboptimal.[13] Culturally, low public compliance with premium payments reflects a lack of transparency and persistent negative perceptions of institutional performance.[14] This situation has resulted in a premium collectability rate among independent participants of only around 50%, as reported by BPJS Health and regulated under Government Regulation Number 86 of 2013 concerning Procedures for Imposing Administrative Sanctions.[15]

From an Islamic legal perspective, the state also bears a moral and Sharia-based obligation to ensure the fulfillment of the people's basic needs, including health care.[16] Islam regards access to food, shelter, clothing, and health as fundamental rights of every individual, which the state is duty-bound to guarantee. Therefore, any policy that increases health insurance contributions and burdens the lower-income population contravenes the principles of justice (*adl*) and public welfare (*maslahah*).[17]

Accordingly, the regulation of National Health Insurance contributions must be reconstructed both normatively and philosophically to align with the values of substantive justice, state responsibility, and human dignity.[18] Such reconstruction should focus on revising Article 34 paragraph (1) of Presidential Regulation Number 64 of 2020 to reduce Class III premiums to IDR 25,000, coupled with increased government subsidies, and to establish a more proportional, transparent, and pro-vulnerable financing system. Through this reform, the JKN system can genuinely serve as a constitutional instrument for realizing social welfare for all Indonesians, in accordance with the mandate of Pancasila and the 1945 Constitution.[19]

From an academic perspective, this study offers a significant contribution compared to previous research on social health insurance.[20] Prior studies, such as Endang Supriatna (2019) at Pasundan University, focused on the implementation of JKN membership policies and the factors affecting their effectiveness. Supriyantoro (2014) from Gadjah Mada University

[11] Giryeon Bae and others, 'Impact of Health Insurance Expansion on Patients' Financial Burden and Family Well-Being in South Korea', *Economics & Human Biology*, 2025, 101547 <https://doi.org/https://doi.org/10.1016/j.ehb.2025.101547>.

[12] Yi Fang and others, 'Personal Income Tax Reform and Health Insurance Purchases: Evidence from a Quasi-Natural Experiment in China', *Journal of Economic Behavior & Organization*, 235 (2025), 107069 <https://doi.org/https://doi.org/10.1016/j.jebo.2025.107069>.

[13] Zahra Asadi-Piri and others, 'Health Insurance Literacy and the Associated Factors in Iran: A National-Scale Study', *Health Policy OPEN*, 9 (2025), 100150 <https://doi.org/https://doi.org/10.1016/j.hpopen.2025.100150>.

[14] Dae-Sung Kyoung and Hun-Sung Kim, 'Understanding and Utilizing Claim Data from the Korean National Health Insurance Service (NHIS) and Health Insurance Review & Assessment (HIRA) Database for Research.', *Journal of Lipid and Atherosclerosis*, 11.2 (2022), 103–10 <https://doi.org/10.12997/jla.2022.11.2.103>.

[15] Danik Iga Prasiska, Whiejong Han and Suk-Yong Jang, 'Referral Care Utilization and Financial Burden of Comorbidities among Individuals with Pulmonary Tuberculosis: A Two-Part Model Analysis of Indonesia's National Health Insurance Data, 2022', *Journal of Infection and Public Health*, 19.1 (2026), 103032 <https://doi.org/https://doi.org/10.1016/j.jiph.2025.103032>.

[16] Asadi-Piri and others.

[17] Rizqy Amelia Zein, Nuzulul Kusuma Putri and Ilham Akhsanu Ridlo, 'Do Justice and Trust Affect Acceptability of Indonesian Social Health Insurance Policy?', *International Journal of Health Governance*, 25.1 (2019), 78–92 <https://doi.org/https://doi.org/10.1108/IJHG-05-2019-0028>.

[18] Asadi-Piri and others.

[19] Yusi Anggriani and others, 'The Impact of Pharmaceutical Policies on Medicine Procurement Pricing in Indonesia Under the Implementation of Indonesia's Social Health Insurance System', *Value in Health Regional Issues*, 21 (2020), 1–8 <https://doi.org/https://doi.org/10.1016/j.vhri.2019.05.005>.

[20] Anggriani and others.

examined the formulation of policies for integrating Regional Health Insurance (*Jamkesda*) into the JKN system toward achieving Universal Health Coverage (UHC) from managerial and fiscal standpoints. Meanwhile, Siswanto Pabidang (2017) from the University of 17 August 1945 Surabaya analyzed the influence of doctor service quality on patient satisfaction among BPJS participants. Unlike these prior works, this study centers on the regulation of National Health Insurance contributions from a justice-oriented legal perspective. It employs a reconstructive-normative approach that integrates Justice Theory (as the grand theory), Legal System Theory (as the middle theory), and Progressive Legal Theory (as the applied theory).[21] This approach enables not only a critique of existing policies but also the formulation of a new, more just, humanistic, and constitutionally aligned legal model. The novelty of this study thus lies in its theoretical and practical contribution to the development of social security law in Indonesia and its potential to guide policymakers in reforming the JKN contribution system toward fairness and sustainability.[22]

Method

The research method employed is juridical-sociological, using a descriptive-analytical approach to critically examine the conformity between the legal norms governing National Health Insurance (JKN) contributions and their actual implementation in society.[23] This approach integrates normative analysis of relevant laws and regulations, such as Law Number 40 of 2004 concerning the National Social Security System, Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), and Presidential Regulation Number 64 of 2020 concerning Health Insurance, with an empirical examination of the social and economic impacts of these policies on JKN participants. Data were collected through a comprehensive literature review of primary, secondary, and tertiary legal materials, as well as limited interviews with key informants that included academics, legal practitioners, and BPJS Health participants, in order to provide empirical insights into fairness in determining contribution rates.[24] The data were analyzed qualitatively and descriptively by interpreting the interrelationships among legal norms, institutional structures, and community behavior to identify a more equitable and effective regulatory framework. This study applies three theoretical frameworks: Justice Theory to assess the proportionality of contributions, Legal System Theory to examine the relationship among legal substance, structure, and culture, and Progressive Legal Theory to formulate the concept of a humanistic and people-oriented legal reconstruction. Through this methodological approach, the study aims to develop a comprehensive understanding of the need to reform JKN contribution regulations so that they more accurately reflect the values of social justice and the state's constitutional responsibility to guarantee the right to health for all citizens.[25]

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[21] Park Gaeun Khang Ah Reum Lee Haejung Lee Misoon, 'Prevalence of Chronic Diabetic Complications in Patients with Type 2 Diabetes Mellitus: A Retrospective Study Based on the National Health Insurance Service-National Health Screening Cohort in Korea, 2002~2015', *Korean J Adult Nurs*, 34.1 (2022), 39–50 <https://doi.org/10.7475/kjan.2022.34.1.39>.

[22] Sankaraiah Sreeramula and Deny Rahardjo, 'Estimating COVID-19 Rt in Real-Time: An Indonesia Health Policy Perspective', *Machine Learning with Applications*, 6 (2021), 100136 <https://doi.org/https://doi.org/10.1016/j.mlwa.2021.100136>.

[23] Abdul Kadir Jaelani and Muhammad Jihadul Hayat, 'The Proliferation of Regional Regulation Cancellation in Indonesia', *Journal of Human Rights, Culture and Legal System*, 2.2 (2022), 121–38 <https://doi.org/https://doi.org/10.53955/jhcls.v2i3.55>.

[24] Anggriani and others.

[25] Gbadegesin O Alawode and David A Adewole, 'Assessment of the Design and Implementation Challenges of the National Health Insurance Scheme in Nigeria: A Qualitative Study among Sub-National Level Actors, Healthcare and Insurance Providers', *BMC Public Health*, 21.1 (2021), 124 <https://doi.org/10.1186/s12889-020-10133-5>.

Results and Discussions

Legal Regulation of National Health Insurance Contributions in Indonesia

The regulation of National Health Insurance contributions serves as the foundation of health-sector social protection and is an inherent constitutional right of every citizen.[26] In Indonesia, these contributions are not merely administrative or fiscal in nature but reflect the state's relationship and social responsibility toward citizens.[27] Article 28H of the 1945 Constitution confirms the right of everyone to receive health services and social security in order to live with dignity. As this right is central to human existence and survival, every policy governing JKN contributions must inherently reflect constitutional values, the philosophy of social justice in Pancasila, and the principle of the rule of law: the state as protector and guarantor of its citizens' welfare.[28]

Law, within the welfare state framework, functions as an instrument for equitable welfare distribution and social justice, not merely as a set of regulations. The state must actively ensure the fulfillment of people's social rights, beyond mere supervision. This is embodied in Law Number 40 of 2004 on the National Social Security System (SJSN), which establishes that social security implementation is grounded in humanity, benefits, social justice, mutual cooperation, non-profit principles, transparency, and accountability. Mutual cooperation means able participants subsidize those less able, while social justice requires proportional contributions based on citizens' capacities.[29]

BPJS's creation through Law Number 24 of 2011 represents a concrete constitutional and legal mandate for national health insurance. As a non-profit public institution, BPJS Kesehatan must provide JKN for all Indonesians through mandatory social insurance, covering independent participants, wage earners, and government-funded recipients. This arrangement seeks to ensure health protection for everyone, without discrimination or economic constraints. Despite this intention, the implementation of JKN's contribution policy has increasingly generated tension between social justice goals and fiscal considerations. The revised premium policy under Presidential Regulation Number 64 of 2020 became a flashpoint for public debate by raising the Class III independent premium but not the other classes. The government argued that this increase was needed to ensure JKN's financial sustainability, given deficits stemming from premium-cost imbalances. Administratively, this reasoning is sound, but constitutionally and in terms of social justice, the policy deepens the burdens on low-income communities most vulnerable to health and economic risks.

An increase in contributions that ignores citizens' ability to pay is at odds with distributive justice and its principle of proportionality. Instead of a flexible system, uniform contributions produce a gap between ideals (*das sollen*) and reality (*das sein*). Lower-income individuals not covered as PBI recipients often fall behind on payments, lose participant status, and forfeit health services fundamental rights the state must guarantee. Failing to resolve this undermines the state's core social welfare function.[30] From John Rawls's theory of justice, policy should chiefly serve the least advantaged. Justice mandates proportional rather than merely formal distribution. Uniform JKN premium increases that disregard socio-economic realities contradict the Rawlsian difference principle by disfavoring the most vulnerable. Pancasila's principle of 'social justice for all Indonesians' similarly obligates the

[26] Bae and others.
[27] Fang and others.
[28] Dwidjo Susilo and others, 'Can Indonesia Achieve Universal Health Coverage? Organisational and Financing Challenges in Implementing the National Health Insurance System', *SSM - Health Systems*, 5 (2025), 100138 <https://doi.org/https://doi.org/10.1016/j.ssmhs.2025.100138>.
[29] Asadi-Piri and others.
[30] Tri Hartini, 'Legal Policy of Protection COVID-19 Patients in Hospitals', 2.1 (2022), 45–57.

state to shield, not burden, its weakest citizens even in the name of fiscal stability.[31] Presidential Decree 64 of 2020's premium policy typifies legal bureaucratization, prioritizing administrative and actuarial logic over social justice aims. Such a technocratic focus neglects humanitarian values, risking loss of the law's moral guidance. Ultimately, a welfare state must balance fiscal needs with ethical commitments to ensure dignity and health for every citizen, rather than merely pursuing budgetary balance.[32]

Relying on contributions reveals weak state commitment to managing social risks, as the financial burden shifts to the public while budget subsidies stagnate. Despite the SJSN Law defining the state as the primary guarantor of security, current implementation leans on market-like principles rather than rights-based responsibility. Such a policy undermines access to health services and contravenes constitutional guarantees of the right to life and to health, as *non-derogable rights*.[33] The JKN contribution regulation demonstrates weak institutional coordination within the national legal system. BPJS Kesehatan, the National Social Security Council (DJSN), the Ministry of Health, and the Ministry of Finance often work in silos with differing priorities, leading to fragmented and incomplete policy direction. This absence of synergy results in legal uncertainty and weakens the application of social justice, as explained in Friedman's framework of law's substance, structure, and culture.[34] Public perception of JKN, seeing it as an administrative burden rather than a right, is reinforced by low trust in BPJS and dissatisfaction with service relative to premiums. In this context, increasing premiums without upgrading service quality weakens legitimacy. The real challenge is not opposition to premiums but to perceived unfairness a declining trust undermines both effectiveness and the government's sustainability goal.[35]

A progressive legal approach suggests that contribution policy must prioritize social justice and serve the people foremost. Law should be a living instrument against structural injustice; thus, National Health Insurance contributions are a means to achieve social welfare, not simply a tool for revenue. Legal policy must protect people as its subjects and shift from cost-recovery to a public-welfare *orientation, making* welfare the core goal.[36] Health is a social investment, not a fiscal burden.[37] If the state views healthcare as an expense to be reduced by raising premiums, it violates its constitutional mandate.[38] A just public policy should view JKN premiums not merely as revenue but as part of a moral commitment to social justice.[39] Contributions are necessary to maintain the system's sustainability, but they must be managed with the principles of proportionality, subsidiarity, and impartiality.[40] Proportionality ensures contributions are based on capacity, subsidiarity emphasizes that the

[31] Ahmad Siboy and others, 'The Effectiveness of Administrative Efforts in Reducing State Administration Disputes', 2.1 (2022), 14–30.
[32] Resti Dian and Suviwat Jenvitchuwong, 'Implementation of Halal Product Assurance in the Pharmaceutical Sector in Indonesia', 1.3 (2021), 164–79.
[33] Aris Irawan and others, 'The Role of Institutionalization Police Support in Emergency Situation : Evidence from Indonesia', 3.1 (2023), 109–33.
[34] Devi Triasari, 'Right to Sanitation : Case Study of Indonesia', 1.3 (2021), 147–63.
[35] Bae and others.
[36] Budiman and Abdul Kadir Jaelani, 'The Policy of Sustainable Waste Management Towards Sustainable Development Goals', *Journal of Human Rights, Culture and Legal System*, 3.1 (2023), 70–94 <https://doi.org/10.53955/jhcls.v3i1.73>.
[37] J Quadagno, *One Nation, Uninsured: Why the U.S. Has No National Health Insurance* (Oxford University Press, 2006) <https://books.google.co.id/books?id=-iKOqzvLq7QC>.
[38] M P Matsoso and R Fryatt, 'National Health Insurance : The First 18 Months', *South African Medical Journal*, 103.3 (2013), 156–58 <https://doi.org/10.10520/EJC131668>.
[39] Vicente Navarro, 'Why Some Countries Have National Health Insurance, Others Have National Health Services, and the U.S. Has Neither', *Social Science & Medicine*, 28.9 (1989), 887–98 <https://doi.org/https://doi.org/10.1016/0277-9536(89)90313-4>.
[40] Steffie Woolhandler and David U Himmelstein, 'Paying For National Health Insurance—And Not Getting It', *Health Affairs*, 21.4 (2002), 88–98 <https://doi.org/10.1377/hlthaff.21.4.88>.

state bears the greatest burden, and partiality ensures that vulnerable groups are not sacrificed in the name of efficiency.[41]

Thus, the regulation of JKN contributions within the Indonesian legal system requires a comprehensive review.[42] It needs to be reconstructed not only in terms of numbers, but also in terms of its moral and philosophical orientation.[43] Social health law must not become technocratic and cold; it must be humane and pro-people.[44] The state, as the highest legal entity, must not hide behind fiscal rationale to diminish its social responsibilities. Social justice is not the result of a balanced budget, but rather the moral courage to prioritize people over numbers. Within this framework, the regulation of JKN contributions should symbolize the state's presence in fulfilling its promise to the people: ensuring a healthy, prosperous, and dignified life for all Indonesian citizens.[45]

Regulation of JKN Contributions from the Perspective of Justice and Legal Effectiveness

Justice and legal effectiveness are two dimensions that must be balanced in the implementation of the social security system, including the regulation of National Health Insurance (JKN) contributions.[46] A legal policy can be declared effective if it is not only formally adhered to by the public but also perceived as substantively fair.[47] However, in practice, the current JKN contribution policy still faces serious problems in both dimensions.[48] The legal system, which is expected to be a means of social engineering, often operates merely as an administrative instrument of the state. This demonstrates that the law has not fully fulfilled its social function of protecting citizens equitably.[49]

Normatively, the regulation of JKN contributions is based on Law Number 40 of 2004 concerning the National Social Security System (SJSN), Law Number 24 of 2011 concerning the BPJS, and Presidential Regulation Number 64 of 2020, which serves as the implementing regulations.[50] These three regulations are hierarchically interconnected and form the legal framework for social security in Indonesia.[51] However, in its implementation, Presidential Regulation 64 of 2020, which increases the contribution amount, deviates from the basic

[41] Mark V Pauly and others, 'A Plan for "Responsible National Health Insurance"', *Health Affairs*, 10.1 (1991), 5–25 <https://doi.org/10.1377/hlthaff.10.1.5>.
[42] P Tuppin and others, 'French National Health Insurance Information System and the Permanent Beneficiaries Sample', *Revue d'Épidémiologie et de Santé Publique*, 58.4 (2010), 286–90 <https://doi.org/https://doi.org/10.1016/j.respe.2010.04.005>.
[43] I S Falk, 'National Health Insurance: A Review of Policies and Proposals', *Law and Contemporary Problems*, 35.4 (1970), 669–96 <http://www.jstor.org/stable/1190947> [accessed 19 November 2025].
[44] N Sarpong and others, 'National Health Insurance Coverage and Socio-Economic Status in a Rural District of Ghana', *Tropical Medicine \& International Health*, 15.2 (2010), 191–97 <https://doi.org/https://doi.org/10.1111/j.1365-3156.2009.02439.x>.
[45] Cristóbal Cuadrado and others, 'National Health Insurance: A Conceptual Framework from Conflicting Typologies', *Health Policy*, 123.7 (2019), 621–29 <https://doi.org/https://doi.org/10.1016/j.healthpol.2019.05.013>.
[46] Sang Cheol Seong and others, 'Cohort Profile: The National Health Insurance Service-National Health Screening Cohort (NHIS-HEALS) in Korea', *BMJ Open*, 7.9 (2017) <https://doi.org/10.1136/bmjopen-2017-016640>.
[47] Freeman F K Gobah and Corresponding Author, 'The National Health Insurance Scheme in Ghana : Prospects and Challenges : A Cross-Sectional Evidence', 3.2 (2011), 90–101 <https://doi.org/10.5539/gjhs.v3n2p90>.
[48] Soonman Kwon, 'Thirty Years of National Health Insurance in South Korea: Lessons for Achieving Universal Health Care Coverage', *Health Policy and Planning*, 24.1 (2008), 63–71 <https://doi.org/10.1093/heapol/czn037>.
[49] Gobah and Author.
[50] Victor G Rodwin, 'The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States', *American Journal of Public Health*, 93.1 (2003), 31–37 <https://doi.org/10.2105/AJPH.93.1.31>.
[51] Sarpong and others.

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values contained in the laws above it.[52] The change in the contribution amount is carried out on a purely fiscal basis, rather than a social approach grounded in the principle of distributive justice mandated by Article 2 of the SJSN Law.[53] As a result, the main purpose of social security as a protector of low-income communities is reduced to merely maintaining the institution's financial sustainability.[54]

From a legal substantive perspective, the provisions of Presidential Decree No. 64 of 2020 represent a paradigm shift from solidarity-based social security to an individual-based financing mechanism.[55] The government increased individual participant contributions under the pretext of covering the BPJS Kesehatan financial deficit, which reached trillions of rupiah.[56] This approach creates legal problems because it is inconsistent with the constitutional mandate that places the state as the primary guarantor of social welfare.[57] When the state shifts the financial burden to low-income communities under the pretext of fiscal efficiency, the law loses its moral function as a protector of the weak.[58] From an Aristotelian perspective of distributive justice, this type of policy violates the principle of proportionality: the strong bear more, while the weak are protected. Conversely, in this case, it is the weak who bear the burden due to the loss of paying capacity resulting from the increase in contributions.[59]

The mismatch between legal norms and social reality demonstrates the weakness of law as a tool of social engineering.[60] This concept, as put forward by Roscoe Pound, assumes that law guides society toward social justice through consciously regulated behavioural changes.[61] However, in the context of the National Health Insurance (JKN), the law fails to fulfil this function because the regulations it creates do not change the structure of social inequality but rather reinforce it.[62] Increased premiums without protection for the poor widen the gap in healthcare access.[63] Many independent participants end up in arrears due to their inability to pay, ultimately losing their right to healthcare. This proves that the law is

[52] Shiva Raj Mishra and others, 'National Health Insurance Policy in Nepal: Challenges for Implementation', *Global Health Action*, 8.1 (2015), 28763 <https://doi.org/10.3402/gha.v8.28763>.
[53] Tsai-Ching Liu and Chin-Shyan Chen, 'An Analysis of Private Health Insurance Purchasing Decisions with National Health Insurance in Taiwan', *Social Science & Medicine*, 55.5 (2002), 755–74 <https://doi.org/https://doi.org/10.1016/S0277-9536(01)00201-5>.
[54] Victor R Fuchs, 'National Health Insurance Revisited', *Health Affairs*, 10.4 (1991), 7–17 <https://doi.org/10.1377/hlthaff.10.4.7>.
[55] Sang Cheol Seong and others, 'Data Resource Profile: The National Health Information Database of the National Health Insurance Service in South Korea', *International Journal of Epidemiology*, 46.3 (2016), 799–800 <https://doi.org/10.1093/ije/dyw253>.
[56] Caroline Jehu-Appiah and others, 'Equity Aspects of the National Health Insurance Scheme in Ghana: Who Is Enrolling, Who Is Not and Why?', *Social Science & Medicine*, 72.2 (2011), 157–65 <https://doi.org/https://doi.org/10.1016/j.socscimed.2010.10.025>.
[57] Liu and Chen.
[58] Cuadrado and others.
[59] Robin A Cohen and others, 'National Health Interview Survey Early Release Program Health Insurance Coverage : Early Release of Estimates From the National Health Interview Survey , 2021', 64 (2022), 1–24.
[60] Jane Chuma and Vincent Okungu, 'Viewing the Kenyan Health System through an Equity Lens: Implications for Universal Coverage', *International Journal for Equity in Health*, 10.1 (2011), 22 <https://doi.org/10.1186/1475-9276-10-22>.
[61] Fidelia A A Dake, 'Examining Equity in Health Insurance Coverage: An Analysis of Ghana's National Health Insurance Scheme', *International Journal for Equity in Health*, 17.1 (2018), 85 <https://doi.org/10.1186/s12939-018-0793-1>.
[62] Juliet Nabyonga Orem and Charlotte Muheki Zikusooka, 'Health Financing Reform in Uganda: How Equitable Is the Proposed National Health Insurance Scheme?', *International Journal for Equity in Health*, 9.1 (2010), 23 <https://doi.org/10.1186/1475-9276-9-23>.
[63] Anthony Kwarteng and others, 'The State of Enrollment on the National Health Insurance Scheme in Rural Ghana after Eight Years of Implementation', *International Journal for Equity in Health*, 19.1 (2019), 4 <https://doi.org/10.1186/s12939-019-1113-0>.

not only ineffective but also unjust because it creates social exclusion for the very groups it should protect.[64]

In addition to substantive issues, from a legal structural perspective, the implementation of the National Health Insurance (JKN) contribution policy also demonstrates weak coordination among implementing agencies.[65] Indonesia's health insurance system involves multiple institutions: BPJS Kesehatan (Healthcare and Social Security Agency) as the technical implementer, the Ministry of Health as the service policy maker, the National Social Security Council (DJSN) as the supervisor, and the Ministry of Finance as the funder.[66] However, the relationship between these institutions is often sectoral and asynchronous.[67] The Ministry of Health prioritizes service delivery, the Ministry of Finance concentrates on fiscal sustainability, and BPJS Kesehatan manages complex operational functions; however, these differing institutional orientations produce overlapping and poorly integrated policies, resulting in a reactive rather than strategic approach to the implementation of contribution policies.[68]

This structural weakness is also evident in the lack of transparency and accountability of the implementing institutions.[69] For example, enforcement of contribution payment obligations is often accompanied by administrative sanctions, as stipulated in Government Regulation Number 86 of 2013. Participants who are in arrears with their contributions cannot access public services such as driver's licenses, passports, or population administration.[70] However, this sanction policy is not balanced by improvements in service and transparency in the use of contribution funds.[71] When the law only serves to punish citizens without guaranteeing commensurate benefits, legal legitimacy will decline. People comply with the rules not because they trust them, but because they fear sanctions.[72] This situation is dangerous because coercive compliance is unsustainable. Legal legitimacy is truly born from substantive justice and public trust in legal institutions, not solely from administrative power.[73]

This coordination weakness is exacerbated by the absence of a robust independent oversight mechanism. The National Social Security Council (DJSN) normatively has a strategic role in formulating policies and overseeing the implementation of the National Health Insurance (JKN) program. However, in reality, the DJSN's function is often limited to a consultative role. When the supervisory body lacks strong executive authority, oversight becomes a mere formality.[74] As a result, various structural problems in contribution

[64] Irene Akua Agyepong and Sam Adjei, 'Public Social Policy Development and Implementation: A Case Study of the Ghana National Health Insurance Scheme', *Health Policy and Planning*, 23.2 (2008), 150–60 <https://doi.org/10.1093/heapol/czn002>.
[65] Kwarteng and others.
[66] Gemini Mtei and others, 'Who Pays and Who Benefits from Health Care? An Assessment of Equity in Health Care Financing and Benefit Distribution in Tanzania', *Health Policy and Planning*, 27.suppl_1 (2012), i23–34 <https://doi.org/10.1093/heapol/czs018>.
[67] Felician Andrew Kitole, Robert Michael Lihawa and Eliaza Mkuna, 'Equity in the Public Social Healthcare Protection in Tanzania: Does It Matter on Household Healthcare Financing?', *International Journal for Equity in Health*, 22.1 (2023), 50 <https://doi.org/10.1186/s12939-023-01855-0>.
[68] Chai Ping Yu, David K Whynes and Tracey H Sach, 'Equity in Health Care Financing: The Case of Malaysia', *International Journal for Equity in Health*, 7.1 (2008), 15 <https://doi.org/10.1186/1475-9276-7-15>.
[69] Orem and Zikusooka.
[70] Dake.
[71] Chuma and Okungu.
[72] Agyepong and Adjei.
[73] Agyepong and Adjei.
[74] Atina Husnayain and others, 'Multimorbidity Patterns of Chronic Diseases among Indonesians: Insights from Indonesian National Health Insurance (INHI) Sample Data', *International Journal of Environmental Research and Public Health*, 17.23 (2020) <https://doi.org/10.3390/ijerph17238900>.

management, such as inaccurate subsidy targeting, budget leakage, and overlapping regulations, continue to recur without long-term solutions. This reflects the weak enforcement of the principle of checks and balances in Indonesia's social security legal system.[75]

Meanwhile, from a legal culture perspective, the low level of participant compliance in paying contributions cannot be separated from the social and psychological factors that influence the community's attitude towards the law itself.[76] Legal compliance depends not only on the existence of regulations but also on perceptions of fairness and trust in the implementing institution. Many independent participants feel that the benefits they receive are not commensurate with the contributions they make. They often experience discrimination in healthcare facilities, have to wait long hours, and receive different treatment compared to general patients. In such conditions, the community tends to view contribution payments as an obligation that provides no direct benefit. As a result, legal apathy arises, leading to low awareness of the need to pay contributions.[77]

This phenomenon demonstrates that the law cannot be effective unless it is rooted in living law, that is, law that lives within the public consciousness.[78] As Eugen Ehrlich argued, effective law is law that grows from a sense of justice in society, not one imposed from above by those in power.[79] When society perceives the prevailing law as unjust, it loses its moral binding power. In the context of JKN contributions, substantive justice is more important than mere administrative compliance. If people perceive the law to be on their side, they will voluntarily comply. However, if the law is perceived as solely benefiting the state or institutions, resistance will continue to emerge, either in the form of tacit rejection or open disobedience. The culture issue demonstrates that the effectiveness of contribution regulations cannot be measured solely by increasing BPJS revenue or reducing the fiscal deficit. The true measure of effectiveness lies in the extent to which the law can build social trust and a sense of justice within the community. When the public believes that every rupiah they pay is truly used for public health, compliance will naturally increase. Conversely, when transparency is weak and services are inadequate, compliance will decline, despite the threat of sanctions.

Therefore, the law's effectiveness in regulating JKN contributions can be achieved only if it is grounded in social legitimacy. The law must function not only as a state command, but also as a moral agreement between the government and the people. In this context, social legitimacy can only be achieved if the law reflects substantive justice, not merely procedural justice. The state must ensure that every policy adopted takes into account the community's capabilities, provides tangible benefits, and is implemented transparently. In other words, the law must be a tool of empowerment, not oppression.

[75] Siti Khadijah Nasution, Yodi Mahendradhata and Laksono Trisnantoro, 'Can a National Health Insurance Policy Increase Equity in the Utilization of Skilled Birth Attendants in Indonesia? A Secondary Analysis of the 2012 to 2016 National Socio-Economic Survey of Indonesia', *Asia Pacific Journal of Public Health*, 32.1 (2020), 19–26 <https://doi.org/10.1177/1010539519892394>.

[76] Deni Kurniadi Sunjaya and others, 'Factors Affecting Payment Compliance of the Indonesia National Health Insurance Participants', *Risk Management and Healthcare Policy*, 15 (2022), 277–88 <https://doi.org/10.2147/RMHP.S347823>.

[77] Arief Budiono and others, 'The Ideal Management of Health Insurance for Indonesia According Constitution', 21.176 (2020).

[78] Putu Wuri Handayani and others, 'The Regional and Referral Compliance of Online Healthcare Systems by Indonesia National Health Insurance Agency and Health-Seeking Behavior in Indonesia', *Heliyon*, 7.9 (2021) <https://doi.org/10.1016/j.heliyon.2021.e08068>.

[79] Elfrida Novita Savitri and others, 'The Implementation of National Health Insurance Policy At Puri Medika Tanjung Priok Hospital , Jakarta Indonesia', 2014, 18–25.

Regulating JKN contributions from the perspective of justice and legal effectiveness requires a paradigm shift in public policy formulation. The government must abandon a technocratic approach that emphasises only fiscal balance and replace it with a humanistic approach based on social justice values. Justice should not be measured by an institution's ability to cover deficits, but rather by the law's ability to guarantee that the common people still have access to their right to health care. When the law bridges the gap between the state's interests and the people's needs, it is not only administratively effective but also morally and socially meaningful.[80] Accordingly, the reformulation of National Health Insurance (JKN) premium policy must balance financial sustainability with social justice. The state must strengthen institutional coordination, enhance governance mechanisms, and re-embed principles of justice within all related legal policies. Only through these measures can the national health insurance legal system operate effectively and fairly, while securing legitimacy from the public it is intended to serve.[81]

Reconstruction of JKN Contribution Regulations Based on Justice Values

Reconstructing the JKN contribution arrangements is an urgent need to create a more responsive, substantively just legal system that aligns with the constitutional mandate.[82] The law must not stop at the formal and procedural levels, but must imbue the ideals of social justice as enshrined in the Pancasila and the 1945 Constitution of the Republic of Indonesia.[83] In the context of JKN, justice does not merely mean equal distribution of contributions, but rather concerns the distribution of responsibilities between the state and the people in guaranteeing the right to health.[84] The principle of justice as fairness, as put forward by John Rawls, emphasises that public policy must prioritise the protection of the most vulnerable groups, as it is from them that social morality is tested. Within this framework, the reconstruction of JKN contribution arrangements must be directed toward establishing a legal system that favours the common people, ensures financial sustainability, and upholds human dignity as legal subjects, rather than as objects of fiscal policy.[85]

Philosophically, the reconstruction of the JKN contribution arrangements must be based on the values of humanity and social justice enshrined in the second and fifth principles of Pancasila.[86] Humanitarian values position every citizen as an individual with equal rights to a decent life, including the right to healthcare. Meanwhile, social justice values demand a balance between rights and obligations, between economic capacity and basic needs.[87] Health is not an economic good that can be measured by ability to pay, but rather a fundamental right that must be guaranteed by the state. Therefore, the orientation of contribution arrangements must shift from a cost-sharing approach to a rights-based approach, where contributions are seen as a form of social solidarity, not merely an administrative obligation.

Normatively, reconstruction is needed regarding Presidential Regulation Number 64 of 2020, specifically Article 34, paragraph (1), so that the contribution amount for independent

[80] Purwanti Agustini, Romauli Veranica and Erlina Puspitaloka Mahadewi, 'Analysis of the Possibility of Fraud in the National Health Insurance Program in Indonesia', 2024, 109–15.
[81] Sony Tito Nugroho and others, 'Income Disparity and Healthcare Utilization: Lessons from Indonesia's National Health Insurance Claim Data.', *Asian Pacific Journal of Cancer Prevention : APJCP*, 24.10 (2023), 3397–3402 <https://doi.org/10.31557/APJCP.2023.24.10.3397>.
[82] Chatila Maharani and others, 'The National Health Insurance System of Indonesia and Primary Care Physicians' Job Satisfaction: A Prospective Qualitative Study', *Family Practice*, 39.1 (2021), 112–24 <https://doi.org/10.1093/fampra/cmab067>.
[83] Any Setyawati and others, 'National Health Insurance in Indonesia and Its Impact on Health- Seeking Behavior National Health Insurance in Indonesia and Its Impact on Health-Seeking Behavior', 21.3 (2021).
[84] Orem and Zikusooka.
[85] Maharani and others.
[86] Nugroho and others.
[87] Agustini, Veranica and Mahadewi.

class III participants is reset to IDR 25,000, with an increase in the subsidy portion from the state budget. This normative argument departs from the principle stipulated in Law Number 40 of 2004 concerning the National Social Security System, that the state is responsible for providing basic protection for citizens through a mutual cooperation mechanism and a non-profit principle. Thus, the burden of financing should not be unilaterally transferred to the people. Reducing contributions while increasing subsidies is in line with the principle of social efficiency, as it encourages broader participation, strengthens national solidarity, and reduces social costs by improving public health. Countries with strong social security systems have proven that public spending on health is not a burden but a long-term investment in national productivity.[88]

To ensure fairness in the financing system, it is necessary to implement a "sliding scale contribution" mechanism, which adjusts contributions based on participants' economic capacity. This concept has long been used in various social security systems around the world, where high-income participants pay higher contributions, while the poor receive full subsidies. This scheme not only fulfils the principle of horizontal justice, where everyone is treated equally according to their rights, but also the principle of vertical justice, where differential treatment is justified to achieve social balance. In the Indonesian context, this can be implemented by strengthening the integrated social welfare database (DTKS) and the independent participant income reporting system to ensure more accurate and equitable contribution determination.[89]

Empirically, the reconstruction of the JKN contribution arrangement must also consider the three main pillars of health insurance implementation: the state's fiscal capacity, the public's ability to pay, and the quality of public services. In a fiscal context, the state needs to prioritise the health budget as a strategic priority, not an additional expenditure. Within Satjipto Rahardjo's progressive legal framework, a just state based on the rule of law must not merely comply with norms but must actively realise substantive justice through concrete policies. This means that increasing health subsidies is not merely an economic choice, but a moral and constitutional obligation. In terms of public capacity, contribution adjustments must account for post-pandemic socioeconomic conditions and regional disparities. Residents in underdeveloped, rural, and informal areas cannot be treated equally with formal workers in large cities. Therefore, the single contribution policy must be replaced with a social segmentation-based approach.

Furthermore, the dimension of justice will not be realised without improving the quality of services. Public trust in the legal system depends heavily on their experience in accessing its benefits. People will be willing to pay contributions if they feel well-served and treated fairly. Therefore, improving the quality of services in healthcare facilities, eliminating discrimination against BPJS patients and the general public, and ensuring transparency in the use of public funds are essential to the success of this reconstruction. The law will be effective if it is embedded in the public consciousness, and that consciousness only grows from a sense of justice and trust.

In the effort to build a just National Health Insurance (JKN) system, learning from other countries' experiences is a crucial step in assessing Indonesia's legal standing and policy direction. The idea of reconstructing JKN premiums is inextricably linked to the need to improve the balance between the state's fiscal capacity, the public's ability to pay, and the government's moral responsibility as a welfare provider. Globally, several health insurance models successfully combine principles of social justice and legal effectiveness. Among these models, the systems of Germany, Japan, and Thailand offer the most relevant references for Indonesia, as each demonstrates a distinct balance between the state's role and community

[88] Risky Kusuma Hartono, 'Tingkat Ekuitas Kepemilikan Jaminan Asuransi Kesehatan Di Indonesia', 12.2 (2017), 93–100 <https://doi.org/10.21109/kesmas.v0i0.1408>.
[89] Sengupta and Rooj.

participation, while also illustrating the evolution from the classical welfare model to a modern, sustainable solidarity model.

Germany's health insurance system is often cited as a classic reference for other countries due to its stability over the past century. This system is known as the Bismarckian model, a solidarity-based social insurance system that relies on income-based contributions. Under Germany's legal and institutional framework, every citizen with an income below a certain threshold is required to participate in public insurance and pay contributions based on a percentage of their income. High-income citizens can choose private insurance while continuing to contribute to the public system through social taxation. The government also covers the costs of vulnerable groups such as children, the elderly, and the unemployed. The principle upheld in this system is solidarity, in which the strong help the weak and the healthy help cover the costs of the sick.

The strength of the German system lies in its ability to create true distributive justice while maintaining fiscal sustainability. Because contributions are tailored to economic capacity, the system prevents unequal access and protects low-income individuals from excessive financial burdens. Furthermore, high levels of transparency and public accountability maintain the legal and social legitimacy of health policies. However, the system also has weaknesses. Administrative complexity arising from the existence of hundreds of public insurance institutions (sickness funds) creates bureaucratic red tape and potential inefficiencies. Furthermore, the dualism between public and private insurance indirectly creates a new social stratification in health care: high-income groups can access faster and better services than public insurers. This demonstrates that even in an ideal system, formal equity can still be distorted by differences in economic status.

However, the lessons to be learned from the German model lie not in the institutional form or technical mechanisms, but rather in the essence of the principles of social solidarity and redistribution.[90] Indonesia can adapt the German logic of justice by changing the National Health Insurance (JKN) contribution structure from a fixed nominal amount to an income-based system. With this approach, each participant would pay according to their ability, while the government would cover the contributions of vulnerable groups through proportional subsidies. This approach is much more aligned with the values of social justice enshrined in Pancasila and the "ability to pay" principle in modern social security law. Unlike Germany, which relies on a proportional contribution system, Japan has developed a Universal Health Coverage (UHC) system with a decentralised approach and a balance of responsibilities between the central government, local governments, and the community. The Japanese system sets contributions based on income and employment status, while approximately 50% of total healthcare costs are covered by the government through fiscal subsidies.[91] The key characteristic of this system is the balance between individual contributions and state responsibilities, maintained through a policy of public transparency and continuous service quality improvement. In every contribution increase policy, the Japanese government ensures that the increase is accompanied by improvements in service quality and transparency in fund management, so that the public perceives the policy as fair and rational.

The strength of the Japanese model lies in the state's ability to maintain a balance between social legitimacy and fiscal sustainability. The state does not simply force citizens to pay contributions, but upholds the principle of reciprocity: citizens' obligations are balanced

[90] Karolin Leukert-Becker and Peter Zweifel, 'Preferences for Health Insurance in Germany and the Netherlands - a Tale of Two Countries', *Health Economics Review*, 4.1 (2014), 22 <https://doi.org/10.1186/s13561-014-0022-6>.

[91] Reinhard Busse and others, 'Statutory Health Insurance in Germany: A Health System Shaped by 135 Years of Solidarity, Self-Governance, and Competition', *The Lancet*, 390.10097 (2017), 882–97 <https://doi.org/10.1016/S0140-6736(17)31280-1>.

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by the state's moral and legal responsibility to provide quality services. This approach fosters strong public trust in the healthcare system. However, Japan also faces serious structural challenges. The rapidly growing elderly population has increased the annual financial burden, while the number of productive workers has declined. Furthermore, because the system is decentralised, there is significant variation in service quality across regions, potentially creating new inequalities. However, the Japanese government has successfully addressed this through policies of fiscal redistribution between regions and digital service reforms that have narrowed the service gap.

A highly relevant lesson for Indonesia from Japan's experience is the importance of linking the legitimacy of contributions to the quality of service. In the context of the National Health Insurance (JKN), people tend to reject premium increases not because they don't understand the principle of mutual cooperation, but because they feel the quality of service is not commensurate with the premiums paid. In other words, the law loses its moral legitimacy when it fails to deliver substantive justice. Japan demonstrates that a sense of social justice within the legal system can grow through transparency, policy consistency, and the state's commitment to ensuring that every rupiah of contributions truly benefits the people.

Meanwhile, Thailand offers a compelling example for developing countries. Through its Universal Coverage Scheme (UCS) policy, launched in 2001, Thailand has successfully provided free healthcare to all its citizens, primarily funded by general taxes rather than individual contributions. The government covers approximately 75–80% of total national healthcare costs, while the poor are completely exempt from contributions. This model reflects not only political courage but also a strong commitment to the principle of substantive justice, in which the state bears the greatest burden of guaranteeing its citizens' basic rights.

The Thai system's primary advantage is its high level of inclusiveness. The UCS program effectively removes economic barriers to healthcare access, reduces poverty rates driven by medical costs, and enhances the country's social legitimacy among its citizens. In the long term, this policy has also been shown to increase national productivity, as citizens are no longer burdened by the fear of unaffordable healthcare costs. However, the Thai model suffers from weaknesses in fiscal resilience and service quality. Its heavy reliance on the state budget makes the system vulnerable to economic fluctuations and political changes. When tax revenues decline or a fiscal crisis occurs, the state's capacity to finance the universal system is threatened. Furthermore, the distribution of medical personnel and facilities in rural areas remains uneven, resulting in inconsistent service quality across the region. Nevertheless, Thailand's success offers important lessons for Indonesia about the importance of political and moral courage in building social justice. Thailand's decision to finance a universal healthcare system through general taxes demonstrates that even developing countries can guarantee their citizens' right to health if they have a strong political commitment. Indonesia, with its greater fiscal capacity and a strengthened tax system, has the potential to emulate Thailand's initiative, albeit with a more adaptive design. Comparatively, these three countries illustrate three distinct legal and public policy paradigms: Germany emphasises social solidarity based on proportional contributions, Japan emphasises the balance between citizen obligations and state responsibilities, and Thailand emphasises the state's dominance as the primary guarantor of public welfare. All three have successfully created relatively stable and equitable health insurance systems, but with varying risks and trade-offs.[92] Germany excels in fiscal stability but faces service stratification; Japan

[92] Aryo Dewanto and A K Siti-Nabiha, 'The Clinicians' Perspective on the National Health Insurance Implementation in Indonesia: A Study in a Government Hospital', *International Journal of Healthcare Management*, 18.2 (2025), 221–33 <https://doi.org/10.1080/20479700.2023.2284468>.

excels in social legitimacy and service quality but is burdened by an ageing population; and Thailand excels in equity and substantive justice but faces long-term fiscal challenges.[93]

In the Indonesian context, lessons from these three models should not be taken in isolation but synthesised into a hybrid model that aligns with national social and economic characteristics. Indonesia needs to adopt the principle of proportional solidarity, as in Germany, the balance between contributions and services, as in Japan, and fiscal support for the poor, as in Thailand. The combination of these three approaches will create a National Health Insurance (JKN) contribution system that is not only financially sustainable but also socially and constitutionally just.By integrating these principles into the national legal system, the reconstruction of the JKN contribution regulation can be directed towards re-establishing the state's responsibility, as mandated in Articles 28H and 34 of the 1945 Constitution, which state that the state is responsible for providing social security for all Indonesian people. Within the framework of John Rawls' theory of justice, this policy aligns with the difference principle, which holds that inequality can be justified only if it benefits the least advantaged. From Lawrence M. Friedman's perspective, this reconstruction demands harmony between legal substance (fair regulations), legal structure (transparent and effective institutions), and legal culture (public trust in the law). Meanwhile, according to Satjipto Rahardjo, progressive law must side with humans and serve as a means of social liberation.[94]

Thus, the reconstruction of the JKN premium regulation based on values of justice is not merely a matter of nominal changes or fiscal ratios, but a paradigm shift. The state must abandon the administrative logic that positions people as the objects of policy and shift to a humanitarian logic that treats them as legal subjects who must be protected. Through a model based on solidarity, transparency, and partisanship, health law can be embedded in society as a concrete manifestation of the state's responsibility to uphold social justice for all Indonesians.[95]

Using three theoretical frameworks, John Rawls' Theory of Justice, Lawrence M. Friedman's Theory of Legal Systems, and Satjipto Rahardjo's Progressive Legal Theory, the reconstruction of the contribution arrangement is aimed at making the law a means of social liberation. From Rawls' perspective, the contribution policy must ensure the greatest benefit for the most vulnerable groups. In Friedman's framework, legal effectiveness is only realised when the substance, structure, and culture of the law work in harmony. And according to Satjipto Rahardjo, the law must move beyond the text to side with those who suffer from a rigid and unjust system. Thus, the law becomes not only a tool of control, but also a means to realise the welfare of the people.[96]

The reconstruction of the JKN premium system based on the value of justice must ultimately be realised through concrete, implementable regulations.[97] he government needs to restructure the financing scheme to emphasise the state's role as the primary guarantor, strengthen cross-subsidy mechanisms, expand the coverage of premium assistance for the poor, and ensure transparency of public funds. The state must also improve the public

[93] Soewarta Kosen, 'Coverage and Implementation of Healthcare Delivery for Cancer under National Health Insurance, Experience of Indonesia', *The Lancet Regional Health - Southeast Asia*, 6 (2022) <https://doi.org/10.1016/j.lansea.2022.100065>.

[94] Yulidar Ewi, Siska Hermawati and Erlina Puspitaloka Mahadewi, 'Analysis of BPJS Based National Health Insurance Program Financing For Sectio Caesarea Birth In Indonesia', 2021, 132–37.

[95] Endang Yuniarti and others, 'Rationing for Medicines by Health Care Providers in Indonesia National Health Insurance System at Hospital Setting: A Qualitative Study', *Journal of Pharmaceutical Policy and Practice*, 12.1 (2019), 7 <https://doi.org/10.1186/s40545-019-0170-5>.

[96] Rina Agustina and others, 'Universal Health Coverage in Indonesia: Concept, Progress, and Challenges', *The Lancet*, 393.10166 (2019), 75–102 <https://doi.org/10.1016/S0140-6736(18)31647-7>.

[97] Yeni Riza and others, 'Health Services for Catastrophic Patients through the National Health Insurance Program: Literature Review', *Journal of Public Health in Africa; Vol 14, S 2 (2023): 6th International Symposium of Public Health (ISoPH)*, 2023 <https://doi.org/10.4081/jphia.2023.2559>.

communication system so that the premium policy is understood as a form of solidarity, not a burden. When the law successfully internalises the value of justice into public policy, social trust will grow, and the law will become alive within society.[98]

Thus, the reconstruction of the JKN contribution regulations is not simply a matter of changing numbers, but of a paradigm shift.[99] The state must shift from administrative logic to humanitarian logic; from fiscal balance to social balance; from mere regulation to legal morality. Only in this way can Indonesia's legal ideal of social justice for all Indonesians be truly realised in society.[100]

Conclusion

The analysis shows that the existing policy fails to fully incorporate the principles of distributive justice and social welfare as mandated by Pancasila and the 1945 Constitution of the Republic of Indonesia. Based on these findings, three principal conclusions can be formulated to guide the development of a more just and socially responsive health insurance legal framework. First, the regulation of National Health Insurance (JKN) contributions within the national legal system illustrates a structural imbalance between the state's duty and citizens' constitutional rights to social security. The contribution scheme established under Presidential Regulation Number 64 of 2020 prioritizes fiscal stability and institutional financial efficiency rather than ensuring adequate social protection for low-income groups. This orientation diverges from the requirements of Article 28H and Article 34 of the 1945 Constitution, which obligate the state to safeguard every citizen's right to health. Consequently, the legal framework forfeits its moral and social function when administrative considerations overshadow the fulfilment of basic rights. Second, from the standpoint of justice and legal effectiveness, the JKN contribution system exhibits fundamental deficiencies across three dimensions of law: substance, structure, and legal culture. The substantive norms, which do not adequately reflect participants' economic capacity, generate social inequalities and limit access for disadvantaged populations. The institutional structure particularly the coordination among BPJS *Kesehatan*, the Ministry of Health, and the National Social Security Council (DJSN) remains fragmented, producing inconsistent and sectoral policy outputs. Additionally, the prevailing legal culture reveals low public trust in the management of collective funds, which in turn leads to resistance to contribution obligations. These conditions indicate that legal effectiveness cannot be evaluated merely through administrative compliance; rather, it depends on the extent to which legal norms resonate with public awareness and substantively embody justice. Third, restructuring the JKN contribution system on the basis of justice-oriented principles constitutes a strategic measure to reinforce legal legitimacy and restore social trust in state institutions. This reconstruction should draw upon humanitarian values, social solidarity, and distributive justice. The state must reaffirm its primary role in health financing by expanding subsidies for low-income populations and by applying a sliding-scale contribution model proportionate to participants' economic capacity. Comparative experiences show that the German system underscores solidarity and redistribution, the Japanese model emphasizes proportionality between contributions and service quality, and Thailand demonstrates that developing countries can successfully implement tax-based universal health coverage. These models collectively illustrate that social justice in health insurance is shaped not merely by fiscal efficiency, but by the state's political will and moral commitment to safeguarding its population.

[98] Siti Khadijah Nasution, 'Changes in Determinants and Equity of Family Planning Utilization after the Implementation of a National Health Insurance Policy in Indonesia : A Secondary Analysis of The 2012- 2016 National Socio-Economic Survey of Indonesia', 2020, 1–20.
[99] Dewi Astuti and others, 'Utilization of Primary Health Care Under National Health Insurance in Samarinda Municipality, East Kalimantan Province, Indonesia', *Journal of Multidisciplinary Healthcare*, 17 (2025), 1025–39 <https://doi.org/10.2147/JMDH.S447332>.
[100] Agustini, Veranica and Mahadewi.

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