

Reconstruction of Legal Protection for National Health Insurance Contribution Assistance Recipients Based on Justice Value

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Abstract

One of the government's efforts to realize the highest health status and goals, especially for people who cannot afford it, is regulated in Law Number 24 of 2011 concerning the Social Security Administering Body. However, in practice, several problems were found, such as a tendency for the public to assume that the Social Security Administering Body for the Health Sector bears all the financing for health services and there is no guarantee of comfort received by the participants of the Social Security Administering Body for Contribution Assistance. This shows that the enforcement of legal protection regarding the rights of the poor as participants in the Health Insurance Contribution Assistance has not been realized from the perspective of human rights. The purpose of this study is to identify and analyze legal protection and problems for participants of the National Health Insurance Contribution Assistance Recipients (PBI), to identify and analyze the legal factors that affect the implementation of the National Health Insurance system for Contribution Assistance Recipients and to identify and analyze the reconstruction of Article 11 Law on the Social Security Administering Body for participants in the National Health Insurance for Contribution Assistance Recipients based on the value of justice. This study uses a type of research and a *Socio-Legal (socio-legal research)*. The paradigm used is the Constructivism Paradigm to understand that the existing reality cannot be generalized to a particular context at a specific time. The results of the study show that it can be seen clearly both from theoretical studies and empirical studies, including a review of the products of laws and regulations as well as government policies and institutions in the context of the *Welfare States* and the government's effort to provide social security and social services to all its people in an integrated manner. fair. Legal protection for patients participating in the National Health Insurance Contribution Assistance Recipients (PBI) is an important thing because this is closely related to the handling and health services that will be received by patients. The implementation of legal protection for people who cannot afford has been implemented but is not optimal. The legal factors that most influence the implementation of protection for poor people in hospitals today are community factors, namely not being aware of the law and or not obeying the law, so there is no effectiveness. In addition, there are still differences in the health services received by patients participating in the Health Social Security Administering Body for Contribution Assistance Recipients with patients from the Social Security Administering Body for Non-Contribution Assistance Recipients. The Ideal Construction of the National Social Security System in the Health Sector Based on Welfare Values can be realized by reconstructing the law against Article 11 of Law Number 24 of 2011 concerning the Social Security Administering Body by reconstructing 3 (three) components, namely strengthening the legal substance component, strengthening the legal structure component and strengthening the legal culture component.

Keywords: Legal Reconstruction, Health Insurance, Legal Protection.

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INTRODUCTION

Health is a human right and one of the elements of welfare that must be achieved following the ideals of the Indonesian nation as stated in the Pancasila, which is very important for developing Indonesian human resources and improving the nation's health (Giwantara & Daniel, 2021). This is as referred

to in the constitutional basis of the State of Indonesia contained in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states that "*Everyone has the right to obtain health and has the right to social security*".

However, In practice, problems are encountered, among others, there is a tendency for the community to assume that the Health Social Security Administering Body for Health Contribution Assistance Recipients bears all the financing for health services according to their wishes or real needs, even though the Health Insurance program with the participation of the Social Security Administering Body is the type of service provided. Packaged as efficiently as possible using generic and limited drugs, both in terms of the type and amount obtained by the participants of the Social Security Administering Body as stated in the Decree of the Minister of Health of the Republic of Indonesia Number 328/Menkes/IX/2013 concerning the National Formulary. This is much different from the types of services provided in previous health insurance programs such as Community Health Insurance (*Jamkesmas*) or Health Insurance Participation where the provider can prescribe patent drugs to patients who are resistant to certain types of drugs.

Problems also arise related to the payment system of the Health Social Security Administering Body to providers (*providers*). As stated in Article 39 paragraph (1) of Presidential Regulation Number 12 of 2013 concerning National Health Insurance (JKN), the payment of the Health Social Security Administering Body to FKTP I with the Capitation system, that is, payments are made on a pre-employment basis based on participants registered in FKTP I. Use of the capitation fund is to pay for medical services/services (60%) which is calculated based on different points for each health worker profession. Guidelines for the use of capitation funds are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2014 concerning the Use of Capitation Funds for National Health Insurance for Health Services and Operational Cost Support in FKTP I Owned by Regional Governments.

From the description above, it turns out that more than half of the participants of the Health Social Security Administering Body are financed by the State Revenue and Expenditure Budget (APBN). Of the total, 176.74 million Participants of the Health Social Security Administering Body, as many as 92 million (52 percent) are recipients of contribution assistance (PBI) from the APBN. This number is the largest of the other categories of participants. Meanwhile, participants from the Health Social Security Administering Body who received Contribution Assistance from the Regional Revenue and Expenditure Budget (APBD) reached 16.96 million (9.59 percent). So the total participants of the Health Social Security Administering Body receiving contribution assistance (APBN and APBD) reached 108.99 million participants or more than 61.67 percent (Katadata, 2022).

The company noted that currently there are still around 10 million participants who are in arrears

from a total of 187 million registered participants in the transition company PT. Asks (Persero). Participants of the Health Social Security Administering Body who do not comply with paying dues are still ongoing in various regions in Indonesia. The same thing happened in the work area of the Social Security Administering Body in Balikpapan, East Kalimantan, which came from non-wage workers or independent participants. One of the reasons for this non-compliance is that participants pay contributions only when they are sick. Most of these independent participants are aware of the need to become participants in the Social Security Administering Body, can benefit from health services, and are willing to pay the initial fee (Kompas, 2022).

Government policies are more oriented to the fulfillment and protection of civil, political, and economic rights, on the other hand, the rights contained in the community of poor people who are participants in the Health Insurance Contribution Assistance Assistance have not received priority from the policy, while the problems What is fundamental in the community of poor people who are participants in the Health Insurance Contribution Assistance Assistance is the existence of a gap in health services for participants who are recipients of Health Insurance Contribution Assistance with participants who are not. In addition, the enforcement of legal protection regarding the rights of the poor as participants in the Health Insurance Contribution Assistance has not yet been realized from the perspective of human rights. This is what attracted the author to research the implementation of legal protection for under-privileged people participating in the Health Insurance Contribution Assistance Beneficiary at the hospital.

In the context of Social Security, the Health Social Security Administering Body refers to the principles of the National Social Security System, one of which is the principle of cooperation. Where in the principle it is implied that our fellow human beings must help each other. Able participants, participants who are less able, and participants who are healthy help participants who are sick.

Based on the description of the background above, the authors are interested in analyzing this problem by formulating it in to 2 (two) problem formulations, namely:

1. What are the legal factors that affect the implementation of the National Health Insurance system for Contribution Assistance Recipients?
2. How is the reconstruction of Law Number 24 of 2011 concerning the Social Security Administering Body for the participants of the National Health Insurance Recipients of Contribution Assistance based on the value of justice?

METHOD OF RESEARCH

This study uses a constructivist legal research paradigm approach. The constructivism paradigm in the social sciences is a critique of the positivist paradigm. According to the constructivist paradigm of social reality that is observed by one person cannot be generalized to everyone, as positivists usually do.

This research uses descriptive-analytical research. Analytical descriptive research is a type of descriptive research that seeks to describe and find answers on a fundamental basis regarding cause and effect by analyzing the factors that cause the occurrence or emergence of a certain phenomenon or event.

The approach method in research uses a method (*socio-legal approach*). The sociological juridical approach (*socio-legal approach*) is intended to study and examine the interrelationships associated in real with other social variables (Soekanto, 1984).

Sources of data used include Primary Data and Secondary Data. Primary data is data obtained from field observations and interviews with informants. While Secondary Data is data consisting of:

1. Primary legal materials are binding legal materials in the form of applicable laws and regulations and have something to do with the issues discussed, among others in the form of Laws and regulations relating to the freedom to express opinions in public.
2. Secondary legal materials are legal materials that explain primary legal materials.
3. Tertiary legal materials are legal materials that provide further information on primary legal materials and secondary legal materials.

Research related to the socio-legal approach, namely research that analyzes problems is carried out by combining legal materials (which are secondary data) with primary data obtained in the field. Supported by secondary legal materials, in the form of writings by experts and legal policies.

This data analysis used the descriptive-analytical method. Descriptive Analysis is an analysis that only reaches the level of description, namely analyzing and presenting facts systemically so that they can be easier to understand and conclude (Hardiyanti & Diamantina, 2022).

RESEARCH RESULT AND DISCUSSION

1. Factors Affecting the Implementation of Protection for Poor Persons in Hospitals

Health is one of the rights that humans have as God's creatures so health is a priority right that every individual has. As stated in Article 1 point 1 of Law no. 36 of 2009 concerning Health explains the definition of Health is a healthy state, both physically, mentally,

spiritually, and socially that allows everyone to live socially and economically productive.

Satjipto Rahardjo, in Dewi (2020) revealed that legal protection is an effort to protect a person's interests by allocating power to him to act in that interest. Meanwhile, according to Muchsin, legal protection is part of protecting individuals by harmonizing the relationship of values or rules that are manifested in attitudes and actions in creating order in the life of fellow human beings.

Legal protection for poor people or poor people in hospitals can be seen in the Law of the Republic of Indonesia Number 36 of 2009 concerning Health (Health Law); Law of the Republic of Indonesia Number 29 of 2009 concerning Medical Practice (Medical Practice Law); and the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals (Hospital Law).

Legal protections for people who are unable to be regulated in the Health Act are:

- a. Everyone has the right to health (Article 4).
- b. Everyone has the same rights in obtaining access to resources in the health sector (Article 5 paragraph 1).
- c. Everyone has the right to obtain safe, quality, and affordable health services (Article 5 paragraph 2).
- d. Everyone has the right to independently and responsibly determine the health services needed for themselves (Article 5 paragraph 2).

Based on the object of the research study, namely legal protection for people who can't afford it at Dr. Margono Soekarjo Hospital Purwokerto outlines, there are 5 (five) guarantees of patient rights that must be fulfilled by the hospital so that legal protection for patients as consumers of services in health services can be fulfilled: guarantees to get information when given health, guarantees for safety, comfort, and convenience. Safety of health services, guarantees of equal rights in health services, and guarantees of freedom to claim rights that have been harmed.

Legal factors that affect the implementation of protection for the poor at Dr. Margono Soekarjo Hospital Purwokerto refers to the theory put forward by Soerjono Soekanto that basically the problem lies in the factors that might influence it. These factors have a neutral meaning to the positive or negative impact lies in the content of these factors. The factors in question are the legal factor itself (laws), law enforcement factors, supporting facilities or facilities, community factors, and cultural factors.

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b. Factor of Law Enforcer

Based on interviews with doctors at Dr. Margono Soekarjo Hospital Purwokerto (dr. Suharno, Sp.PD, 2018) states: nurses are quite attentive to patients, one of the attributes of this empathy has low performance because of the doctor's workload is dense, so it does not pay attention to patients personally.

Based on interviews with employees of Dr. Margono Soekarjo Hospital stated: that employees are quite attentive to patients, one of the attributes of this empathy has low performance because: too much workload causes employees to be less focused and cannot serve patients optimally and the age factor of employees affects the level of work productivity in punctuality.

c. Factors of Supporting Facilities or Facilities

Facilities or facilities are everything that can be used as a tool that can provide convenience and smoothness in achieving goals and objectives. If the intent and purpose are to make the law effective, then all supporting facilities and facilities need to be provided so that the party implementing the law will find it easier and more comfortable with these adequate facilities.

Based on the results of interviews with patients said, "The facilities for doctors or health workers are inadequate, this can be seen from the nurse's statement which states that the facilities for health workers, especially doctors, are still lacking so that patients cannot choose the health workers they want as their rights, this is a major factor hindering the existence of legal protection for patients in health services because the patient's right to be able to choose the health worker he wants is not being fulfilled."

"Complaints facilities are inadequate, this can be proven by the absence of complaint facilities provided by hospitals for patients, so if patients want to complain about the discomfort they experience when receiving health services, patients do not know for sure where to complain, this is an inhibiting factor for protection." law against patients in health services, especially the patient's right to claim the rights of the aggrieved.

To find out the factors of facilities or facilities that affect the implementation of protection for the underprivileged at Dr. Margono Soekarjo Hospital Purwokerto, the author asks questions according to table 4.1 below.

Table 1: Respondents' responses to facilities or facilities

No.	Response	Amount	Percentage (%)
1	Good	14	70
2	Adequate	4	20
3	Bad	2	10
Amount		20	100

From these data it can be seen that from 20 respondents 14 people (70%) answered the factor of facilities or facilities that support good, 4 people (20%) answered the factor of facilities or facilities that support was not good, and 2 people (10%) answered the factor of facilities or infrastructure. supporting facilities are not good.

d. Factor of Society

Based on interviews with nurses who said: Jamkesmas patients often do not follow the recommendations for taking medication, the patient's waiting family exceeds the waiting quota, patients often do not follow the health care claims requirements as Jamkesmas patients, and families or patients are apathetic in the health service process.

The community in this case is a factor that is quite influential in the effectiveness of the law; the community is not aware of the law and or does not obey the law, so there is no effectiveness. The awareness in question is positive legal awareness or called obedience to the law, while negative legal awareness is called law disobedience. Legal awareness is an abstract conception in humans, about the harmony between order and peace that is desired or appropriate.

To find out the factors of public legal awareness that affect the implementation of protection for the underprivileged at Dr. Margono Soekarjo Hospital Purwokerto, the author asks questions according to table 2 below.

Table 2: Respondents' Response Regarding the Knowledge of Legal Regulations

No	Response	Amount	Percentage (%)
1	Know	13	65
2	Don't Know	6	30
3	Don't Care	1	5
Amount		20	100

From these data, it can be seen that from 20 respondents 13 people (65%) answered that they knew of the existence of legal regulations for the poor, 6 people (30%) answered that they were not aware of any legal regulations for the underprivileged, and 1 person (5%) did not know. the existence of legal regulations for the underprivileged.

e. Factor of Culture

To be able to conduct a holistic study of legal culture, an approach from the empirical legal aspect is needed that allows the law to apply in society. Legal culture or legal *culture* is an atmosphere of social thought that determines how the law is used, avoided, or misused. About legal culture, Lawrence M. Friedman distinguishes it into two parts, namely:

- 1) (*External legal culture*).
- 2) (*Internal legal culture*).

Based on the results of interviews with doctors said, the factors that support and hinder the implementation of health services at Dr. Margono Soekarjo Hospital Purwokerto consists of internal and external factors. Supporting internal factors are the existence of good information, good communication, the role of doctors, human resources, and legal awareness of doctors or health workers and hospitals and as external factors that support the existence of patient motivation and patient compliance. Internal

factors that inhibit are inadequate facilities for doctors or health workers, inadequate complaint facilities, work environment, and lack of communication between the hospital and patients as well as external factors that hinder the pessimistic attitude of the patient.

2. Reconstruction of Law Number 24 of 2011 concerning the Social Security Administering Body based on the Value of Justice

Health has become one of the indicators that measure the level of community welfare. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and does not merely mean freedom from disease or infirmity/disability. Health development needs to be carried out comprehensively and continuously to realize the highest degree of public health by increasing awareness, willingness, and ability to live a healthy life in each individual. At this time health development is still constrained by the problem of not yet optimal access, affordability, and quality of health services due to health service facilities, such as hospital and health center where their networks are still not fully able to reach all groups of people, especially for the poor who are always correlated on the problem of cost and distance of accessible health care facilities (Wijaya & Fajriana, 2018).

The guarantee of protection for citizens in need, especially those who are marginalized, has been regulated in Article 34 of the 1945 Constitution of the Republic of Indonesia which explains that “*The poor and neglected children are cared for by the state. The state develops a social security system for all the people and empowers the underprivileged with human dignity. The state is responsible for providing adequate health care facilities and public service facilities. Further provisions regarding the implementation of this article are regulated in the law*”.

With the government's obligations and responsibilities in fulfilling the right to health services as referred to in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia and Law Number 36 of 2009 concerning Health (Health Law), the Government is given the authority to plan, regulate, administer, fostering and supervising the implementation of health efforts that are equitable and affordable by the community. One of the health efforts implemented is the individual health effort (UKP) to maintain and improve health, prevent and cure disease and restore individual health. UKP includes health promotion efforts, disease prevention, outpatient treatment, inpatient treatment, limitation, and recovery of disability aimed at individuals (Sudrajat, 2020).

Law Number 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning the Health Social Security Administering Body (BPJS), require all Indonesians to participate in the Health Social Security Administering Body program. It is often found that patients participating in the Health Social Security Administering Body receive unsatisfactory service from the hospital, which is rejected by the hospital. Some of them died because they did not get or get optimal service and excellent service from the hospital (Manoppo, 2019).

One of the government's efforts in realizing the highest degree of health and the goal of health development towards a healthy Indonesia, the government established the National Health Insurance to realize it. Since January 1, 2014, the Ministry of Health of the Republic of Indonesia has launched a Health Social Security Administering Agency whose participants start from Askes participants, *Jamkesmas*, *Jamsostek*, and health insurance for members of the TNI/Polri. The government is targeting 2019 "Universal Coverage" participation in Health Care Insurance which means that all residents in Indonesia in 2019 must-have Health Care Insurance.

Legal protection for the people is a universal concept, in the sense that it is adopted and applied by every country that puts itself forward as a state of law, but as mentioned by Paulus E. Lotulung (1993), each country has its way and mechanism how to realize the

legal protection, and also to the extent that how far the legal protection is provided.

Participants of the Social Security Administering Body can be referred from lower health facilities to higher health facilities if health problems are found, participants can be handled by lower levels of health facilities by their competence and authority, competence and authority of first-level or second-level facilities are better in dealing with participants, participants need further services that can be handled by health facilities that are better in handling participants for reasons of convenience, efficiency, and long-term service, the referrer cannot provide health services according to the needs of participants due to limited facilities and infrastructure, equipment, and or manpower (Ispandiyah & Endartiwi, 2019).

The implementation of the National Social Security System, which is now better known as the National Health Insurance System with the Social Security Administering Body as the instrument, is not a new thing, but a follow-up and improvement from the previous program. The embryo of the National Health Insurance begins with the implementation of the Health Care Insurance Program for the Poor and is better known as *Askeskin*. This policy is intended to ensure access to health services for the poor and underprivileged, to obtain adequate health services at government-owned health service units such as Public Health Centers and Hospitals as well as several private health service units in collaboration with the Ministry of Health, so that they can improve the health status of the community, especially the poor and underprivileged.

The Law on the National Social Security System has not been implemented since its ratification until now. The transition period provided by the Law on the National Social Security System, which is 5 (five) years, is not sufficient for the government to comply with and implement this Law on the National Social Security System. The lack of implementing regulations for the Law on the National Social Security System, which must be made by the Government by the mandate of the Law on the National Social Security System, makes this Law on the National Social Security System powerless.

Based on the problems mentioned above, the National Legal Development Agency conducts an Analysis and Evaluation of Law Number 40 of 2004 concerning the National Social Security System.

The Article 11 of Law Number 24 of 2011 concerning the Social Security Administering Body does not mention that the Health Social Security Administering Body is responsible for the health services received by the participants of the Health Social Security Administering Body. Health services, both facilities, and quality of services obtained by

participants of the Health Social Security Administering Body are fully the responsibility of the designated health facilities. In practice, there are still some shortcomings, such as a tiered method in which participants of the Social Security Administering Body Recipients of Contribution Assistance are indeed required to check their illness at Health Facility 1 first, there are long queues for patients participating in the Social Security Administering Body, the Social Security Administering Body which only exist in Indonesia, and it is difficult to pay contributions to the Social Security Administering Body.

To respond to the needs of the community in obtaining equal rights or justice as participants in the Health Social Security Administering Body, it is necessary to reconstruct the Law on the Health Social Security Administering Body. The reconstruction was analyzed using the legal system approach of Lawrence M. Friedman. The author will analyze based on the legal structure, legal substance, and legal culture.

Lawrence M. Friedman explained that it is the structural system that determines whether or not the law can be implemented properly. The law does not work well if there are no credible, competent, and independent law enforcement officers. No matter how good a legal product is, if law enforcement officers do not maximize their performance in carrying out their duties, justice will become a dream. Therefore, the success of law enforcement comes from law enforcement personnel. So the structure (*legal structure*) consists of existing legal institutions intended to carry out existing legal instruments.

In Indonesia, for example, if we talk about the structure of the Indonesian legal system, it includes the structure of law enforcement institutions, in this case, hospitals and health workers. In the case of the reconstruction of the Law on the Health Social Security Administering Body, a health worker, in this case, is any person who devotes himself to the health sector and has the knowledge and/or skills through education in the health sector that is not yet maximal in carrying out their duties. This is because, in the handling of patients participating in the Social Security Administering Body, especially patients participating in the Health Social Security Administering Body for Contribution Assistance Recipients in practice in the field, we still encounter many patients Social Security Administering Body for Contribution Assistance Recipients who are differentiated, both in terms of registration counters and services and facilities received.

The substance is said to be a substantial system that determines whether or not the law can be implemented. As a country that adheres to a *civil law system* or a continental European system, the law is said to be a written rule, while an unwritten rule cannot be declared as law.

Reconstruction of Article 11 of Law Number 24 of 2011 concerning Social Security Administering Bodies is an interest that has a positive impact and guarantees health services received by participants of the Social Security Administering Bodies. It is necessary to add two clauses in Article 11 of Law Number 24 of 2011 concerning the Social Security Administering Body which regulates the standard of health facilities and services which will later be accepted by the participants of the Health Social Security Administering Body, especially the participants of the PBI Health Social Security Administering Body so that it will not cause there is a difference between participants of the Health Social Security Administering Body for Contribution Assistance Recipients and participants of the Health Social Security Administering Body for Non-Contribution Assistance Recipients. By reconstructing Article 11 of Law Number 24 of 2011 concerning Social Security Administering Bodies, participants in the Health Social Security Administering Bodies who receive Contribution Assistance will in the future receive the same services as participants of the Health Social Security Administering Bodies who do not receive Contribution Assistance, so it does not only concern from the agreement or contract between the Social Security Administering Body and the health service provider, which in this case is a hospital, but there is also no difference in the services received by the participants of the Health Social Security Administering Body for Contribution Assistance Recipients.

Reconstruction Reconstructing culture does not mean always leaving the existing culture, but using elements of the old culture that are still relevant to build a new cultural system. The culture of cooperation known to the Indonesian people since ancient times has been used as one of the principles in the National Social Security System. By working hand in hand and complementing each other through the fee system, healthy participants can help other participants who are sick. Where every month, the contributions of the participants of the Health Social Security Administering Body are used to finance participants who are sick and even require large medical expenses, for example, kidney failure which requires patients to undergo regular dialysis, therefore the monthly contribution from healthy BPJS Kesehatan participants cover the cost of the treatment. And vice versa, if one day the healthy participant falls ill, then the subsidy/funds will also come from the contributions of other healthy participants.

People who cannot afford to participate are also participants in the Contribution Assistance Recipient whose contributions are paid by the government. Participants who receive Contribution Assistance for Health and Social Security Administering Body have their contributions paid from

the State Revenue and Expenditure Budget and the Regional Revenue and Expenditure Budget. The Social Security Administration for Health and Health became the first institution appointed by the government as a laboratory for the implementation of the National Movement for Mental Revolution in 2015. Therefore, the Social Security Administration for Health and Health always prioritizes integrity, professionalism, excellent service, and operational efficiency in carrying out its duties to serve the community as the implementation of the three main values of the Mental Revolution, namely integrity, work ethic, and cooperation. Therefore, not only in terms of implementation, but the value of cooperation is also realized by the Health and Social Security Administering Body, which recently held a crowdfunding program.

The practice in the field often occurs where patients of the Health Social Security Administering Body for Contribution Assistance Recipients experience discrimination in obtaining health facilities and services. Differentiation of services and facilities received by patients of the Health Social Security Administering Body for Contribution Assistance Recipients, among others, are differences in registration counters, room distinctions, differences in drug administration, etc. Another problem in the field is people who do not want to pay dues if they do not fall ill or unscrupulous health facility workers who take advantage of the weakness of the legal structure by directing patients to private doctor practices or private health facilities. Therefore, by reconstructing the current culture, discrimination in health facilities and services received by patients participating in the Health Social Security Administering Body for Contribution Assistance will no longer exist or at least reduce the occurrence of such discrimination and no parties will take advantage of it.

CONCLUSION

Based on the discussion described above, it can be concluded as follows:

1. Legal factors that affect the implementation of protection for people who cannot afford the hospital at this time:
 - a. Legal factors that affect the implementation of protection for patients participating in the Health Social Security Administering Body for Contribution Assistance Recipients, as consumers have been firmly regulated in Law no. 8 of 1999 concerning Consumers, but in Law no. 24 of 2011 concerning the Social Security; Administering Body has not been explicitly regulated. Law No. 24 of 2011 concerning the Social Security Administering Body regulates matters related to administration and does not specifically regulate the services and facilities received by the patients of the Health Social Security

Administering Body for Contribution Assistance Recipients.

- b. Law enforcement factors, health workers, and employees are quite considerate of patients, but one of the attributes of *empathy* has low performance because: too much workload causes employees to lack focus and cannot serve patients optimally and employee age factors affect work productivity levels in the timeliness of service. In addition to low performance due to suboptimal services, discrimination is still carried out by health workers and employees against patients of the Health Social Security Administering Body for Contribution Assistance Recipients by differentiating services and facilities.
 - c. Factors Facilities or Facilities, facilities for health workers, especially doctors, are sufficient and do not become obstacles, but patients cannot choose the health workers they want.
 - d. The Community Factor, in this case, is a factor that is quite influential in the effectiveness of the law. People are not aware of the law and do not obey the law, so there is no effectiveness. The awareness in question is positive legal awareness or called obedience to the law, while negative legal awareness is called law disobedience. Legal awareness is an abstract conception in humans, about the harmony between order and peace that is desired or appropriate.
 - e. Cultural factors, legal culture for people who can't afford the legal situation based on internal and external legal culture is still weak.
2. Reconstruction of Law Number 24 of 2011 concerning the Social Security Administration Agency Based on Justice Values
 - a. The legal substance is still weak in Article 11 of Law Number 24 of 2011 concerning the Social Security Administering Body;
 - b. The legal structure is still weak: the reconstruction of the Law on Health Social Security Administering Bodies, health workers, in this case, is everyone who devotes themselves to the health sector and has the knowledge and/or skills through education in the health sector that is not optimal in carrying out their duties. Handling of patients participating in the Health Social Security Administering Body, especially patients participating in the PBI Health Social Security Administering Body, in practice in the field, we still encounter many patients of the PBI Health Social Security Administering Body who are differentiated, both in terms of the registration counter as well as the services and facilities received;

- c. The legal substance is still weak: the addition of two clauses in Article 11 of Law Number 24 of 2011 concerning the Social Security Administering Body which regulates the affirmation of the standard of health facilities and services which will later be accepted by the participants of the Health Social Security Administering Body, especially the participants of the Health Social Security Administering Body. PBI so that there will be no distinction between participants of the Health Social Security Administering Body for Contribution Assistance Recipients and participants of the Health Social Security Administering Body for Non-Contribution Assistance Recipients.
- d. Weak legal culture: weakness in substance and legal culture causes a weak legal culture that causes *moral hazard (Fraud)* for people who do not want to pay dues if they do not fall ill or for unscrupulous health facility workers who take advantage of the weakness of the legal structure by directing patients to individual physician practices. or to a private health facility.

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