

FREE HEALTH GUARANTEE FOR THE POOR PEOPLE POST HEALTH LAW OMNIBUS LAW

I Putu Harry Suandana Putra^{1*}, Donimikus Rato², BayuDwi Anggoro³
Jember State University, Jember, Indonesia
harrysuandana@unbi.ac.id^{1*}, dominikusrato@gmail.com², bayu_fhunej@yahoo.co.id³

Received 30 Sep 2024 • Revised 27 Oct 2024 • Accepted 30 Nov 2024

Abstract

The establishment of the National Social Security System is realized through Law Number 40 of 2004 concerning the National Social Security System (UU SJSN) which has a health insurance program, work accident insurance, old age insurance, pension insurance and death insurance. Health insurance as part of the social security system in Indonesia is indeed a form of social assistance program for health services for the poor and disadvantaged. This program is organized nationally to guarantee cross-subsidies in order to create comprehensive health services for the poor. The purpose of this study is to examine free health insurance for the poor after the health omnibus law related to the regulation that the central and regional governments are required to provide financial protection to the poor and disadvantaged through the health insurance program, so that they can access health services without cost barriers. The research method used is normative juridical. free health insurance for the poor after the health omnibus law in the future (establishing rights) is by creating a single institutional model in the form of an institution mandated by all people. This is important, because in this way the collection of funds will be realized quickly. A single institution in the sense of the organizer of the National Social Security System as a container or umbrella that covers program organizers, so that program implementation can be carried out by several program organizers, especially free health insurance for the poor. The single institution in question is led by a Director, under the National Social Security Council (DJSN), who is directly responsible to the President. The future model is the Free Health Insurance Agency for the Poor.

Keywords: Health, Society, Omnibus Law

INTRODUCTION

In Indonesia, the state philosophy and foundation of Pancasila, especially the 5th principle, namely social justice for all Indonesian people, also recognizes citizens' human rights to health. This right is also included in the Constitution of the Republic of Indonesia Year 45 in Article 28 H and Article 34, and is regulated in Law Number 23 of 1992 which was later replaced by Law Number 36 of 2009 concerning Health, currently Law Number 17 of 2023 concerning Health. In Law Number 17 of 2023 concerning Health, it is emphasized that everyone has the same rights in gaining access to resources in the health sector and obtaining safe, quality and affordable health services. On the other hand, everyone also has an obligation to participate in the social health insurance program. To realize the above global and constitutional commitments, the government is responsible for implementing public health insurance through the National Health Insurance (JKN) for individual health. Therefore, every individual, family and community has the right to obtain protection for their health, and the state is responsible for ensuring that the right to a healthy life is fulfilled for its population, including the poor and underprivileged (Saputri & Murniati, 2022).

The establishment of the National Social Security System was realized through Law Number 40 of 2004 concerning the National Social Security System (UU SJSN) which has health insurance programs, work accident insurance, old age insurance, pension guarantee and death guarantee. Health insurance as part of the social security system in Indonesia is indeed a form of social assistance program for health services for the poor and underprivileged. This program is held nationally to ensure cross-subsidies in order to create comprehensive health services for the poor. The problem is that after the passing of the Health Omnibus Law (Law Number 17 of 2023 concerning Health), there have been several changes related to the regulations in Law Number 40 of 2004 concerning the National Social Security System. In the provisions of Law Number 40 of 2004 concerning the National Social Security System, it is determined that for the Organizer of the National Social Security System a National Social Security Council is established. The National Social Security Council (DJSN) is directly responsible to the President and functions to formulate general policies and synchronize the implementation of the national social security system, however in Law Number 17 of 2023 concerning Health, the National Social Security System is now responsible to the President through the Minister of Health and Minister of Manpower. The aim of this research is to examine free health insurance for poor people after the health omnibus law.

RESEARCH METHOD

The type of research used is normative juridical, meaning that the problems raised, discussed and described in this research are focused on applying the rules or norms in positive law. This type of normative juridical research is carried out by examining various kinds of formal legal regulations such as laws, literature that is theoretical concepts which are then connected to the problem that is the main topic of discussion, namely regarding Free Health Insurance for the Poor after the Omnibus Health Law.

In legal research, there are several types of approaches, with which the researcher obtains information from various aspects regarding the legal issues raised in the problem and then looks for answers. In this research, researchers used 3 (three) types of approaches, namely the statutory approach (*statute approach*). This approach is carried out by reviewing all laws and regulations related to the legal issue being researched. The results of this study are an argument to solve the issue at hand. A normative research must of course use a statutory approach, because what is being studied is legal rules which are the focus and core of this research. This legislative approach is as mentioned in primary legal materials, namely: Law Number 40 of 2004 concerning the National Social Security System; conceptual approach (*conceptual approach*) namely an approach method that uses an approach that refers to legal principles. These principles can be found in the views of scholars or legal doctrines; and comparative approach (*comparative approach*) namely by comparing regulations and one country with another regarding the same thing regarding free health insurance for the poor.

Legal material is a means of writing that is used to solve existing problems as well as provide prescriptions about what should be. The sources of legal materials used in writing this dissertation proposal are the legal materials used in this research, including primary legal materials, secondary legal materials, and tertiary legal materials

Literature study (Library Research), namely the study of written information regarding law originating from various sources and published widely that is relevant to the problems discussed in the research. In bibliographic studies (library research) what is done is to search, collect, group, analyze related secondary data that is needed and that is relevant to the needs of the problem formulation.

Interviews are intended to conduct direct questions and answers between researchers and sources to obtain information (Fajar & Achmad, 2015, p. 161). A resource person is someone who provides an opinion on the object to be studied. The use of sources can be used to add secondary legal material to normative legal research or to add secondary data to research. Interviews were conducted with members of the DPR as legislators and academics.

Analysis of legal data materials is the process of systematically searching and compiling data obtained from interviews, field notes, and documentation by organizing data into categories, describing it into units, synthesizing it, arranging it into patterns, choosing what is important, and what will be studied, and make conclusions so that they are easily understood by yourself and others. The analysis of legal materials in this research is qualitative data analysis. According to Sugiyono, activities in qualitative data analysis are carried out interactively and continue continuously until completion, so that the data is saturated. The steps are as follows: Data Collection, Data Reduction, Data Presentation and Conclusion Drawing and Verification (Sugiyono., 2020, p. 133).

RESULTS AND DISCUSSION

Welfare State or welfare state also called "modern rule of law." The main goal lies not only in implementing the law, but also achieving social justice (social justice) for all the people. The modern legal state concept places the existence and role of the state in a strong and large position. Then this conception of the state in various literature is called by various terms, including: welfare state (welfare state) or the state provides services to the community (social service state) or the state carries out public service duties. Thus, the welfare state refers to a development model that is focused on improving the welfare of society by giving the state a more important role in providing social services to its citizens (Nachrawi, 2024, p. 141).

In practice, the welfare state requires a responsive government role in managing and administering the economy so that people receive high standard social welfare services (Fasyehudin, 2023). The aim of the welfare state is not to eliminate differences in society's economy, but to reduce economic disparities and eliminate poverty in society as much as possible. The existence of a wide gap between rich and poor communities in a country not only shows the country's failure in managing social justice, but acute poverty with striking differences in economic control can have a negative impact on all aspects of people's lives, thus having a negative impact on democracy, which is in the form of the ease with which poor people accept bribes (sell their votes in general elections) due to economic hardship, as has been widely alleged to have happened in Indonesia in several general elections and regional head elections, the emergence of poor people's frustration will easily be fueled to carry out anarchic actions, which can have counter-productive consequences for the development of democracy. The concept of a welfare state (welfare state), which is a state system that seeks to reduce the impacts that arise by narrowing the gap between the rich and the poor through various welfare service efforts for its citizens (Hadiyono, 2020).

The welfare state is sought to be realized by countries that adhere to a welfare state system in order to achieve the goal of reducing economic inequality and improving the welfare of its citizens. The state as an organized political society requires a certain level of stability in its social system to maintain its balance. To achieve this, not only is necessary the mutual adjustment of the opposing demands, advanced by the various groups in the new social and economic order, but also the targeted creation of the conditions of social welfare demanded by the new doctrine of equality. The government, as an instrument of the state, is increasingly being forced to accept positive responsibility for the creation and distribution of wealth. In this regard, it is also said that the concept of a welfare state is that the state and its equipment or apparatus serve the interests, prosperity and well-being of society, including providing social security (Pamungkas & Hariri, 2022).

This conception is generally also confirmed in the fourth paragraph of the Preamble to the 1945 Constitution, that the formation of the Indonesian State Government is aimed at: "... to advance general welfare, to make the life of the nation intelligent, and to realize social justice for all the Indonesian people." To realize the Indonesian government as an ideal legal state, of course it must be implemented in the form of services to the community, including in the health, education and social fields.

The right to an adequate standard of living for the health and well-being of oneself and one's family is a human right and is recognized by all nations in the world, including Indonesia. This recognition is contained in the 1948 United Nations Declaration on Human Rights. Article 25 Paragraph (1) of the Declaration states that every person has the right to a standard of living adequate for the health and well-being of himself and his family, including the right to food, clothing, housing and health care as well as necessary social services and the right to security when

unemployed or suffering from illness, disability, becoming a widow/widower, reaching old age or other circumstances that result in a lack of support, which is beyond his control.

Health is a right and is guaranteed in statutory regulations, so to realize this right requires a source of health funds or health financing. The burden of health financing comes from the Government, Regional and Private Governments and other sources. Based on the provisions of Article 170 of Law Number 36 of 2009 concerning Health, it can be interpreted that it is impossible for the government to bear or carry out health financing itself. The community's obligation is to participate in realizing health in the environment, family and themselves, which is a form of social justice in health services, including in health financing. The responsibility for fulfilling the needs of a healthy life is also the responsibility of the community, so the Government also regulates community participation in health services.

Health insurance is a guarantee provided by, either the central or regional government or the private sector, to guarantee that residents can access health services. Health insurance generally guarantees that benefit holders can access health facilities at affordable costs. Poor and vulnerable people generally have a low ability to pay, so the cost of health services becomes prohibitive for poor and vulnerable people. The existence of health insurance will reduce obstacles in the form of costs for the poor and vulnerable. So, poor and vulnerable people can maintain their health, which will have a direct effect on their productivity.

Health insurance is also a mechanism for mutual cooperation or health financing contributions, to guarantee quality health services for participants who receive health insurance. By participating in this mutual cooperation, people can get health services whenever they need them, without being constrained by costs which are considered difficult. The services obtained will also not be limited to basic services. The community will receive health services that always improve, along with increasing results of mutual cooperation or financing contributions.

Government policies regarding health insurance and insurance administering bodies for both national and local/regional schemes need to be known and understood by the entire community. Considering the current problems, namely the lack of public understanding in following National Health Insurance (JKN) procedures, it is hoped that a comprehensive understanding of existing health insurance will be able to improve the quality of service for health insurance participants, so that in the end it will have implications for increasing understanding, the community's rights and obligations and can take advantage of health insurance properly and correctly.

There are several types of health insurance available, namely (Nainggolan & Herning Sitabuana, 2022):

1. National Health Insurance (JKN): National Health Insurance is the health insurance that existed during the administration of President SBY. With this health insurance, the government hopes that all Indonesian citizens can be guaranteed a healthy, prosperous and productive life.
2. Social Security Administering Body (BPJS): The name BPJS may be familiar and has been mentioned often. BPJS is actually the social security administration body of JKN which came into effect on January 1 2014. There are two types of BPJS that you can use, namely BPJS Health and BPJS Employment. Membership in BPJS Health is mandatory for all Indonesian citizens. And as a member of BPJS Health, you are required to pay contributions in a predetermined amount. However, the government also provides facilities for those from poor and underprivileged backgrounds to receive BPJS Health services without having to pay contributions. These participants are referred to as BPJS PBI Participants (Contribution Assistance Participants) and the members are Indonesian citizens who previously had KIS, Jamkesda, Jamkesmas, and KJS.
3. Healthy Indonesia Card (KIS): The Healthy Indonesia Card was launched during the Jokowi administration, which is actually not much different from the JKN during the SBY administration. However, in practice, the KIS program is not working well. KIS recipients are people from the poor and underprivileged whose data is taken from BPJS PBI participants so that there is no overlap between the data in BPJS Health and KIS.
4. KJS (Healthy Jakarta Card): Healthy Jakarta Card recipients are poor Jakarta residents who are Jamkesda, KJS and KIS participants. Just like KIS, data on KJS recipients is also taken from BPJS PBI participant data. So that the data between BPJS PBI participants and KJS recipients does not overlap.
5. Community Health Insurance (Jamkesmas) and Regional Health Insurance (Jamkesda): Jamkesmas and Jamkesda are health insurance that are both intended for poor people. However, Jamkesmas itself is a health financing program provided by the government to ensure that poor people can live healthy and productive lives. In fact, Jamkesmas is not much different from other health insurance programs. It's just that Jamkesmas is only given to poor people. Jamkesmas

ownership indicators are grouped together with BPJS Contribution Assistance Recipient (PBI) ownership due to similarities in the form of the program. The PBI BPJS Health program provides free BPJS Health membership to the poor and vulnerable. Meanwhile, Jamkesda has a scheme similar to Jamkesmas. However, if Jamkesmas comes from the APBN and is a central government program, Jamkesda uses the APBD and aims to cover the shortage of Jamkesmas aid recipients in an area.

The State's effort to provide health services is by launching the National Health Insurance Program (JKN). This program is organized by BPJS (Social Security Administering Body) which is an institution established based on Law Number 24 of 2011 concerning BPJS which is mandated in Law No. 40 of 2004 concerning the National Social Security System (SJSN). National Health Insurance (JKN) is used as the government's effort to protect small communities who have had difficulty getting health services.

In health facilities, the government provides programs that are considered to make it easier for people to access them through several health cards or programs. One of them is the National Health Insurance program, which is a government program which aims to provide certainty of comprehensive health insurance for every Indonesian so that Indonesians can live healthy, productive and prosperous lives. The benefits of this program are provided in the form of comprehensive individual health services, including health improvement services (promotive), disease prevention (preventive), treatment (curative) and recovery (rehabilitative) including drugs and medical materials using quality and cost controlled service techniques (managed care).

The National Health Insurance Program is implemented based on the principles of social insurance and the principle of equity, namely equality in obtaining services according to medical needs which is not related to the amount of contributions paid. This program uses the social insurance principle of mutual cooperation or the principle of mutual assistance, which means that healthy participants make contributions to other participants who are sick. This means that contributions from healthy participants will help other participants who are sick and require the cost of health services at health facilities. This is mandatory and not selective. For payment by people who are not among the participants who receive assistance, contributions are paid privately, while for the poor (poor people)) paid by the government because it is included in the Contribution Assistance Recipients.

Free health insurance for the poor is not effective because there are still problems with the health insurance program for the poor not being well targeted, namely population data that does not match the reality on the ground. There are still many complaints from poor people about the data collection on the cards they have. Apart from the problem of poor data collection, the problem of less than optimal socialization is also the cause of Jamkesmas' inefficiency. This is because those who have Jamkesmas cards do not know what Jamkesmas is and what its benefits are. So many people who already have this card do not use it when going to the health center or hospital for treatment.

In essence, health services for the poor are the responsibility and implemented jointly by the Central Government and Regional Governments. Provincial/Regency/City Governments are obliged to contribute to produce optimal services. The policy is in the form of free health services for Jember residents who cannot afford it.

During President Joko Widodo's leadership, President Joko Widodo simplified several regulations through the Omnibus Law method. Omnibus law is a method that focuses on simplifying the number of legal products because it revises or revokes many legal regulations at once, changes, deletes and/or establishes new regulations, such as several provisions in Law Number 40 of 2004 concerning the National Social Security System.

The concept of omnibus law is common in the formation of legislative regulations. Omnibus comes from the Latin "everyone" which means all (Anggraeni & Rachman, 2020). This concept has inspired many legislators in Anglo Saxon countries. Even several countries that adhere to the Continental European legal system have also used this method, including the United States (The Omnibus Act of June 1868, The Omnibus Act of February 22, 1889), You have (Criminal Law Amendment Act, 1968 - 69), Philippines (Tobacco Regulation Act of 2003), Argentina, Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta , Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Russia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Taiwan, and Thailand (Fitryantica, 2019).

In Indonesia, the discourse on using the omnibus law method was conveyed by the President of the Republic of Indonesia, Ir. H. Joko Widodo in 2019 in his state speech during his inauguration as President before the People's Consultative Assembly session on October 20 2019. The omnibus law is the president's focus to be able to resolve overlapping regulatory and bureaucratic issues. It is

hoped that this omnibus law can provide good service to the community and attract foreign investors to invest their capital in Indonesia (Prabowo et al., 2020). The beginning of the omnibus law scheme in Indonesia was an adjustment to the rate of investment which resulted in achieving the goal of making entry easier for foreign investors to carry out activities in Indonesia (Bagiastra, 2023). This is proven by the direction from Indonesian President Joko Widodo that there will be three laws that will be made as an omnibus law, namely taxation, job creation and empowerment of MSMEs. However, this concept has experienced a significant shift. This is greatly influenced by the existence of laws in Indonesia which often overlap and there is disharmony between one law and another, both horizontally and vertically (Aditya & Fuadi, 2021).

Based on a search of the legal materials obtained, there are several types of legislation that were passed, including 7,621 Ministerial Regulations that were passed from October 2014 to 2018, 765 Presidential Regulations that were passed in the last four years, and 452 Government Regulations that were passed and promulgated in several last year. Knowing the many types of laws and regulations promulgated in Indonesia, this later became a historical record for the World Bank Regulatory Quality Index positioning Indonesia at rank 92 out of 193 as a country with a position hyperregulation state (Sihombing et al., 2020).

In developing countries like Indonesia, to be able to improve people's welfare, it is necessary to have a government role through public services to be able to meet the basic needs of its people, such as health, education and other basic needs.

The Community Health Insurance Program is a guarantee of protection for comprehensive health services which includes promotive, preventive, curative and rehabilitative services provided in stages for the community/participants whose contributions are paid by the Government. The source of funds for the Jamkesmas program is obtained from the central government through the social assistance funding mechanism in the state revenue and expenditure budget (APBN). This program aims to improve access and quality of health services for all poor and underprivileged communities so that they can achieve optimal health status effectively and efficiently.

Various existing insurance and health insurance programs cover around half of Indonesia's population. Each guarantee or health insurance program definitely has a different capacity and coverage area. Differences in capacity and coverage in these programs are why many expensive medical services are not covered.

The Social Security Administering Body itself has been regulated in Law Number 24 of 2011 concerning its duties and functions in ensuring social protection for all people so that they can fulfill the basic needs of a decent life and regulates the supervision and management of trust funds carried out by BPJS. The JKN program is a form of reform in the health sector which aims to overcome the problem of fragmentation and distribution of health insurance. This problem occurs in the Community Health Insurance (Jamkesmas) and Regional Health Insurance (Jamkesda) schemes which result in uncontrollable health costs and service quality. National Health Insurance (JKN) is part of the National Social Security System (SJSN) which is carried out through a mandatory social health insurance mechanism (mandatory). This is in accordance with Law Number 40 of 2004 concerning SJSN which aims to meet the basic needs of adequate public health and is provided to every individual who has paid contributions or whose contributions are paid by the government.

The National Health Insurance Road Map is a guide for all parties to understand and prepare themselves to play an active role both before and after the operation of BPJS on January 1 2014. This Road Map is also a guide in providing direction and guidance to achieve comprehensive participation in the National Health Insurance program. This road map is an instrument for coordinating development in the field of people's welfare, especially the health sector. The purpose of preparing this Road Map is to provide direction and steps that need to be carried out systematically, consistently, coherently, integrated and measurable from time to time in order to:

- a. Preparing for the operation of BPJS on January 1 2014
- b. Achieving health insurance for the entire population of Indonesia
- c. The implementation of health insurance in accordance with the provisions stated in Law no. 40 of 2004 concerning SJSN, UU/2011 concerning BPJS, and its implementing regulations.

National Health Insurance is a form of social health insurance program that provides several benefits for the community. First, JKN provides comprehensive benefits with affordable premiums. Second, Social health insurance applies the principles of cost and quality control, so that JKN participants can get quality services at reasonable and controlled costs. Third, Social health insurance guarantees sustainability (certainty of sustainable financing of health services). Fourth, Social health insurance has portability so it can be used throughout Indonesia. In JKN itself, Jamkesmas

participants will automatically be registered as Contribution Assistance Recipient (PBI) participants, so that poor people do not need to be afraid of losing their right to receive adequate health services.

The JKN program guarantees services and equal coverage for all Indonesian citizens without exception. National Health Insurance health services are carried out at health facilities that have been appointed or collaborate with BPJS Health, such as advanced level health facilities such as private or state-owned general and special hospitals.

Free health insurance for the poor is an issue of poverty that is not only a state problem, but a problem that is the responsibility of all levels of society. In dealing with this problem of poverty, the government's capacity is very limited, therefore poverty alleviation must be resolved jointly, between the government, the business world and economic actors, along with all components of society in general.

The concept of social security in a broad sense includes every effort in the field of social welfare to improve human living standards in overcoming backwardness, dependency, neglect and poverty, including free health insurance. This concept has not been implemented optimally in Indonesia, due to government limitations in the field of financing and the sectoral ego nature of several parties with an interest in social security.

The experience of poverty alleviation in the past shows various weaknesses, including: (i) still oriented towards macroeconomic growth, without paying attention to aspects of equality, (ii) policies are still centralized, (iii) are more creative than transformative, (iv) position the community poverty as an object rather than a subject, (v) the orientation of poverty reduction tends to be creative and momentary, from increasing sustainable productivity, (vi) as well as a generic perspective and solution to existing poverty problems without paying attention to existing diversity.

Free health insurance for poor people can be seen from the income of a community that is below a certain poverty line. Therefore, often efforts to eradicate poverty only rely on efforts to increase the community's income. This is different from the reality on the ground, because the problem of poverty does not only originate from economic problems, but also includes various other problems that are compound in nature.

Ensuring the availability of quality and affordable health services for all citizens is the main goal of every government. However, how they do this varies from country to country, but the bottom line is that many countries, especially developing countries, have challenges in providing quality, accessible health services to all their citizens. Among the many approaches to providing healthcare to everyone, universal healthcare is the newest block approach. One example is the country of Kenya. Kenya has made many efforts to provide free assistance or affordable health services to the community but still faces many challenges in the process. This approach is mainly carried out through health care reforms such as universal or categorical free health care or the introduction of health insurance and expansion of its coverage. In Kenya, health services have been free since independence. To achieve quality health services requires integrated efforts aimed at diversifying and strengthening financing mechanisms and schemes as well as eliminating inefficiencies in the field of health care. In addition, there is a need to increase economic growth and increasing GDP and per capita income will greatly help in improving the economy's affordability of health services (Malusha, 2022). Another country that has free healthcare is Morocco, namely Medical Assistance or RAMED, a policy that aims to provide free access to hospital care to the poorest quarter of the population (Cottin, 2018).

According to Owen O'Donnell, poor health is an important contributor to poverty and it has been found that its impact through health-related income loss is often greater than medical costs. Both effects are smaller in countries that approach universal health coverage and have higher social safety nets (O'Donnell, 2024).

According to researchers, free health insurance for the poor after the Omnibus Law on Health in the future (to establish the right) namely by creating a single institutional model in the form of an institution mandated by all the people. This is important, because then the collection of funds will be realized quickly. Single institution in the sense of administering the National Social Security System as a single forum or umbrella that houses program administrators so that program implementation can be carried out by several program administrators, especially free health insurance for the poor. The single institution in question is led by a Director, under the National Social Security Council (DJSN), who is directly responsible to the President. The model in the future is the Agency for Providing Free Health Insurance for the Poor.

CONCLUSION

Based on the description above, the conclusion is first free health insurance for the poor after the Omnibus Law on Health in the future, namely by forming an Organizing Agency to organize a

national health insurance program for all Indonesian people, namely the Free Health Insurance Organizing Agency for the Poor. Second, the government needs to evaluate the Omnibus Law on Health based on the 1945 Constitution, especially the poor, and create derivative policies related to free health insurance for the poor related to the role of the central and regional governments in providing financial protection to the poor and underprivileged through health insurance programs, so that they can access health services without cost barriers.

REFERENCES

- Aditya, Z. F., & Fuadi, A. B. (2021). Konseptualisasi Omnibus Law Dalam Pemindahan Ibukota Negara. *Jurnal Ilmiah Kebijakan Hukum*, 15(1).
- Anggraeni, R., & Rachman, C. I. L. (2020). Omnibus Law in Indonesia: Is That the Right Strategy? *Atlantis Press*, 140(Icleh), 180–182. <https://doi.org/10.2991/aebmr.k.200513.038>
- Bagiastra, I. N. (2023). Gagasan omnibus law kesehatan sebagai kebijakan hukum nasional dalam upaya meningkatkan derajat kesehatan masyarakat di Indonesia. *Jurnal Penelitian Hukum De Jure*, 22(4), 33–46. <http://dx.doi.org/10.30641/dejure.2023.V23.033-046>
- Cottin, R. (2018). Free health care for the poor: a good way to achieve universal health coverage? Evidence from Morocco. *Working Papers*, 33. <https://ideas.repec.org/p/dia/wpaper/dt201816.html>
- Fajar, M., & Achmad, Y. (2015). *Dualisme Penelitian Hukum Normatif dan Empiris*. Pustaka Pelajar.
- Fasyehudin, M. (2023). Protection and Certainty of Social Welfare Law in the Concept of a Welfare State: Perspective of State Administrative Law. *Journal Pena Justisia:Media Komunikasi Dan Kajian Hukum*, 22(1).
- Fitryantica, A. (2019). Harmonisasi Peraturan Perundang-Undangan Indonesia melalui Konsep Omnibus Law. *Gema Keadilan*, 6(3). <https://doi.org/https://doi.org/10.14710/gk.2019.6751>
- Hadiyono, V. (2020). Indonesia Dalam Menjawab Konsep Negara Welfare State dan Tatangannya. *Jurnal Hukum, Politik Dan Kekuasaan*, 1(1), 23. <https://doi.org/10.24167/jhp.k.v1i1.2672>
- Malusha, J. M. (2022). The Experiences on Attempts and Challenges of Providing Free or Affordable Universal Health Care in Developing Countries: Review of Kenyan Situation. *European Journal of Development Studies*, 2(5), 32–37. <https://doi.org/10.24018/ejdevelop.2022.2.5.174>
- Nachrawi, G. (2024). *Holdingsasi BUMN Suatu Keniscayaan untuk Kesejahteraan Rakyat*. CV Cendikia Press.
- Nainggolan, V., & Herning Sitabuana, T. (2022). Jaminan Kesehatan Bagi Rakyat Indonesia Menurut Hukum Kesehatan. *SIBATIK JOURNAL: Jurnal Ilmiah Bidang Sosial, Ekonomi, Budaya, Teknologi, Dan Pendidikan*, 1(6), 907–916. <https://doi.org/10.54443/sibatik.v1i6.109>
- O'Donnell, O. (2024). Health and health system effects on poverty: A narrative review of global evidence. *Health Policy*, 142(November 2023), 105018. <https://doi.org/10.1016/j.healthpol.2024.105018>
- Pamungkas, T. J., & Hariri, A. (2022). Tanggung Jawab Negara dalam Pemenuhan Jaminan Sosial Persepektif Welfare State. *Media of Law and Sharia*, 3(4), 270–283. <https://doi.org/10.18196/mls.v3i4.15198>
- Prabowo, A. S., Triputra, A. N., & Junaidi, Y. (2020). Politik Hukum Omnibus Law di Indonesia. *Pamator Journal*, 13(1), 1–6. <https://doi.org/10.21107/pamator.v13i1.6923>
- Saputri, N. S., & Murniati, S. (2022). Kajian Dampak Bantuan Iuran Program Jaminan Kesehatan pada Masyarakat Miskin dan Tidak Mampu. *Smeru*, 1, 1–59. <http://repository.unair.ac.id/id/eprint/17554>
- Sihombing, E. N., Yusrizal, M., & Syaputra, A. (2020). Implementasi Penggunaan Kecerdasan Buatan dalam Pembentukan Peraturan Daerah. *Jurnal Ilmiah Kebijakan Hukum*, 14(3). <https://doi.org/10.30641/kebijakan.2020.V14.419-434>
- Sugiyono. (2020). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Alfabeta.