

## THE EFFECTIVENESS OF PROGRAM IMPLEMENTATION IN REGIONAL REGULATIONS CONCERNING REGIONAL HEALTH INSURANCE PLUS

*IVA YULIANINGSI BAHAR*

*Faculty of Law, Hasanuddin University, Makassar, Indonesia  
yulianbahar@gmail.com*

*MARTHEN ARIE*

*Faculty of Law, Hasanuddin University, Makassar, Indonesia  
marthenarie@unhas.ac.id*

*SABIR ALWY*

*Faculty of Law, Hasanuddin University, Makassar, Indonesia  
sabiralwy@unhas.ac.id*

### Abstract

The purpose this paper is to analyze the effectiveness of the implementation of the program in the regional regulation on regional health insurance plus in Sinjai Regency. This study uses an empirical legal research type, using a statutory approach and a conceptual approach. The data used are primary data and secondary data obtained through interviews and literature study, the data collected is then analyzed qualitatively. The results showed that the implementation of the program in the regional regulation on regional health insurance plus in Sinjai Regency was effective. In the context of implementing government affairs in the health sector in Sinjai Regency, in the context of implementing government affairs in the health sector in Sinjai Regency, statistics show that in 2021, there will be 9.77 percent of morbidity rates. Then, in terms of health care facilities, it can be seen that in 2021 in Sinjai Regency, there will be 1 hospital, 0 maternity homes, 16 community health centers with 10 ordinary categories, 5 remote categories, 1.88 very remote categories. community health assistants with the usual category of 0 mobile community health centers, 364 posyandu and 59 supporting public health center (puskesmas pembantu/pustu) and Poskesdes as many as 13. Furthermore, regarding the sociological conditions in the administration of health affairs in Sinjai Regency, related to infectious disease sufferers in 2021, it can be seen that based on the classification of the 10 most common types of disease, there were 9048 cases of hypertension, 6,509 cases of dyspepsia, 4,203 acute respiratory infection, 3599 dermatitis and eczema, 3381 cases of myalgia, 2459 cases of fever with unknown cause, and 2072 cases of cephalgia. Common cold as many as 1871 cases, caught/cough in 1850 cases, and non-specific diabetes mellitus in 1845 cases. However, home care and home visit service programs, public safety center 119, one-stop outlets, and patient shelters have made it possible to handle it properly.

**Keywords: effectiveness, program implementation, health insurance**

### INTRODUCTION

Local Government is one of the descriptions according to Law No. 23 Year 2014 concerning Regional Government Article 1 paragraph (1), "the central government, hereinafter referred to as the government is the President of the Republic of Indonesia who holds the power of government of the Republic of Indonesia as referred to in the 1945 Constitution of the Republic of Indonesia". The existence of local governments to facilitate the development and development of each region. because if there is only the Central Government then the Central Government will be overwhelmed to take care of every part that is under it.

Local Government according to Law No. 23 Year 2014 concerning Regional Government is

stated in Article 1 paragraph (2), namely "local government is the organizer of government affairs by the regional government and Regional People's Representative Assembly (Dewan Perwakilan Rakyat Daerah/DPRD) according to the principle of autonomy and co-administration with the principle of the widest possible autonomy in the system. and the principle of the Unitary State of the Republic of Indonesia as referred to in the 1945 Constitution of the Republic of Indonesia", according to the principle of autonomy and co-administration with the principle of autonomy as wide as possible within the framework of the Unitary State of the Republic of Indonesia.<sup>1</sup> The principle of broadest autonomy adopted by Indonesia is reflected in the financial relationship between the Central and Regional Governments which is the key to the success of the implementation of regional household affairs.<sup>2</sup>

Regional autonomy based on Law No. 23 Year 2014 concerning Regional Government has given great latitude to regions to manage their own households. The amendments to the 1945 Constitution also provide juridical opportunities for regions to enact regional regulations and other regulations to carry out autonomy and assistance tasks. As the basis for this, it is stated in Chapter VI of the 1945 Constitution concerning Regional Government Article 18 paragraph (6), namely, "Regional governments have the right to stipulate regional regulations and other regulations to carry out autonomy and assistance tasks." Even though the division of government affairs is not the same as authority, in the context of the laws and regulations in Indonesia, authority and government affairs are often equated. According to Situmorang, basically authority is the right and or obligation to carry out one or several management functions which include: Setting, Planning, Organizing, Management, Supervision of a certain object which is handled by the Government while Government affairs are public functions in a field or sector or more. small from government fields and sectors.<sup>3</sup> One of the mandatory affairs of the Regional Government is basic health services. In detail, the affairs of the central government, provincial governments and regency/municipal governments are in the form of implementing health efforts, human resources in the health sector, pharmaceutical preparations, medical devices, food and beverages as well as community empowerment in the health sector.<sup>4</sup>

The broad powers that exist in the law must be understood to lead to mutual prosperity and social justice so that the resulting regional legislation is a product of legislation that is oriented towards the interests of the community. The policy of regional autonomy and decentralization of authority does not only concern the transfer of authority from top to bottom, but also needs to be realized on the basis of initiatives from below to encourage the growth of self-reliance of regional government itself as a factor that determines the success of the regional autonomy policy.<sup>5</sup> The enactment of Law Number 23 Year 2014 concerning Regional Government has provided a new paradigm in the Implementation of Government in Indonesia. Regions are required to organize their own government and manage their area in the hope of accelerating the creation of community welfare. The Regional Government has the right to issue various public policies for this purpose, provided that it is in accordance with the existing regulations and laws that have been decided by the central government. In principle, regional autonomy has a main goal, namely to provide government services to the community so that services to the community are more controlled.

The provisions in Law Number 12 Year 2011 as amended by Law Number 15 Year 2019 concerning the Establishment of Legislation and also Law Number 23 Year 2014 as amended by Law Number 9 Year 2019 concerning Regional Government provide the authority to the regions to make Regional Regulations as a legal umbrella in the implementation of affairs in the regions.<sup>6</sup>

Regulation is important as an instrument to build economic and community welfare. The purpose of regulation is to ensure that the regulations made have run effectively and represent the public interest.<sup>7</sup> From the point of view of its manufacture, the position of this Regional Regulation, both provincial and district level regulations, should have been in place, in terms of its content, the position of regulations governing material within a narrower applicable regional scope should be considered to

<sup>1</sup> Law No. 23 Year 2014 concerning Regional Government, State Gazette of the Republic of Indonesia Year 2014 Year 244 and Supplement to the State Gazette No. 5587.

<sup>2</sup> M. Aries Djaenuri, *Hubungan Keuangan Pusat-Daerah: Elemen-elemen Penting Hubungan Keuangan Pusat-Daerah*, Bogor: Ghalia Indonesia, 2012, p. 40

<sup>3</sup> Sodjuangon Situmorang, *Model Pembagian Urusan Pemerintahan Antar Pemerintah, Provinsi dan Kabupaten/Kota*, Disertation Universitas Indonesia, 2002, p. 32

<sup>4</sup> Law No. 23 Year 2014 concerning Regional Government, State Gazette of the Republic of Indonesia Year 2014 No. 244 and Supplement to the State Gazette No. 5587.

<sup>5</sup> Jimly Asshiddiqie, *Konstitusi dan Konstitusionalisme Indonesia*, Jakarta: Sinar Grafika, 2017, p. 227

<sup>6</sup> Ma'aruf, Ahmad. Strategi Pengembangan Investasi di Daerah: *Pemberian Insentif ataukah kemudahan*, Yogyakarta: LaksBang Mediatama, 2012, p. 67

<sup>7</sup> *Ibid.*

have a lower position than regulations with regional scope applies more widely.<sup>8</sup>

In the regional regulation of Sinjai Regency concerning the Plus Regional Health Insurance, one of the things that needs to be considered is the regional authority of the Sinjai Regency related to government affairs related to health efforts. In Law Number 23 Year 2014 concerning Regional Government, the health sector is one of the areas of life that is covered in concurrent government affairs which are the affairs of the Regional Government, with the status of this field being a mandatory government affair related to basic services. In this health sector, one of the fields contained is the sub-sector of health efforts, with the division of authority for the district/city government towards this sub-sector, two of which are:

1. Management of individual Health Efforts at the district/city level and referrals at the district/city level; and
2. Management of district/city-level SMEs and district/city-level referrals.

In the field of health, especially matters that are relevant to regional health insurance plus, districts/cities are delegated the authority to organize the management of individual and community health efforts. In order to realize the highest degree of health for the community, an integrated and comprehensive health effort is carried out in the form of individual health efforts and public health efforts.

Efforts to guarantee regional health plus which include programs and service activities are an inseparable part of equitable and sustainable development activities to achieve equity and justice, fulfill basic human and citizen rights, especially in the health sector, in order to achieve welfare goals. as mandated by the 1945 Constitution of the Republic of Indonesia. Furthermore, in the provisions of Article 50 paragraph (1) of the Health Law, it is regulated on the responsibility of the government and local governments to improve and develop health efforts. One source of the problem with the high number of local regulations that do not meet expectations is the limited mechanism for reviewing local regulations. In practice, local regulations review can be done through two channels, namely bureaucratic review through the relevant ministries and judicial review through the Supreme Court. From various studies, it can be grouped that the main problems in making local regulations, some are caused by the lack of legal drafting capabilities at the provincial and district/city levels, resulting in unclear regulations that are made or cannot be implemented.<sup>9</sup>

Every citizen regardless of economic, social, political, cultural and legal status must always expect health so that he is always able to carry out various activities in this life, however, it is not easy to always be able to live healthy, therefore, various efforts must be made, both individually by the people and collectively by the people, namely through health insurance. Regarding health insurance which is collectively pursued by the state, it is an interesting thing to study. This is in view of the fact that the National Health Insurance (JKN) has been implemented since January 1, 2014. The implementation of the JKN is managed by the state through the establishment of a public legal entity, namely the Health Social Security Administering Body (BPJS Kesehatan) whose task is to administer the health insurance program. for 'all Indonesian people.<sup>10</sup> To ensure public access to health services as mandated in the 1945 Constitution and implementation of the health development agenda and plan, an innovation program is carried out through health insurance plus as an effort to increase the fulfillment of the community's right to health services. Sinjai Regency has issued a Regional Regulation on Regional Health Insurance Plus which organizes the BPJS program and other programs that are not regulated by BPJS. It is undeniable that the presence of the Regional Regulation on Regional Health Insurance Plus as a local public policy can affect people's lives. The policies issued by the government can of course be assessed by the people themselves who are directly affected by the presence of a policy. In its development, Sinjai Regency has shown very rapid progress in various sectors, both in the economic, social, physical and especially health sectors. This not only has an impact in the form of improving services in the fields of health, development and society, but also illustrates the need for capacity support and potential to implement regional autonomy.

In connection with efforts to improve services in the health sector accompanied by various problems such as the lack of medical/paramedical personnel in several health care facilities, the distribution of health workers in several sub-districts is still uneven, especially in remote and very remote community health work areas so that this becomes the basis for improvement. The implementation of health efforts is one of them through the implementation of the Regional Health

<sup>8</sup> Jimly Asshiddiqie, *Konstitusi dan Konstitusionalisme Indonesia*, Jakarta: Sinar Grafika, 2017, p. 288-289

<sup>9</sup> David Ray, "Overview / Summar Paper" (Paper presented at Decentralization, Regulator Reform, and the Business Climate, Jakarta: Hotel Borobudur, 2003), p. 3

<sup>10</sup> Roberia, *Hukum Jaminan Kesehatan*, Jakarta: Gramata Publishing, 2019, p. 2

Insurance plus which includes programs and activities aimed at alleviating public health conditions in general and overcoming health service problems for the community in Sinjai Regency which consists of access to services, service facilities, and resources. service power.

According to Regional Regulation Number 30 of 2019 concerning Regional Health Insurance Plus covers several programs including: BPJS, HV/HC/ PSC 911. The purpose of the birth of this regulation is to direct every human resource in the institution to maximally improve quality in providing maximum service according to service rules. public and improving facilities that guarantee support for service delivery.

In its implementation, among the various programs contained in the Regional Health Insurance Plus Regional Regulations, there are still weaknesses in the Regional Health Insurance Plus programs in their implementation which have not been in line with the objectives of the Jamkesda Plus Regional Regulations from the beginning. Until it is necessary to review the effectiveness of the Perda Jamkesda Plus. Such as the distribution of health workers who support the home care/home visit program, one-stop outlets that make it easier for the community to access BPJS services in hospitals that are not optimal, patient shelters that still have limited infrastructure and health workers who have incentives that are still far from feasible. Of the various problems related to the presence of Jamkesda plus, it is necessary to review the effectiveness of the enactment of the Regional Regulation on Regional Health Insurance Plus which has been in the form of a Regional Regulation so that the Regional Government has the obligation to implement the programs contained in the Regional Regulation as well as the factors that become obstacles in the Implementation of Regional Regulations Number 30 Year 2019 concerning Regional Health Insurance Plus. The problem that will be discussed in this paper is how effective is the implementation of the program in the regional regulation on plus regional health insurance in Sinjai Regency?

## METHOD

This study uses the type of empirical legal research,<sup>11</sup> by using a statutory approach and a conceptual approach.<sup>12</sup> The data used are primary data and secondary data obtained through interviews and literature study,<sup>13</sup> the collected data is then analyzed qualitatively.<sup>14</sup>

## RESULTS AND DISCUSSION

### Implementation of the Regional Health Insurance Plus Program

Regional Regulation Number 30 of 2019 concerning Regional Health Insurance Plus is contained in service programs and activities, and is an inseparable part of equitable and sustainable development activities to achieve equitable distribution of justice, fulfillment of basic human and citizen rights, especially in the health sector. in order to achieve the welfare goals as mandated by the 1945 Constitution of the Republic of Indonesia.<sup>15</sup> The implementation of the program in the regional regulation on regional health insurance plus in Sinjai Regency was effective. In the context of implementing government affairs in the health sector in Sinjai Regency, in the context of implementing government affairs in the health sector in Sinjai Regency, statistics show that in 2021, there will be 9.77 percent of morbidity rates. Then, in terms of health care facilities, it can be seen that in 2021 in Sinjai Regency, there will be 1 hospital, 0 maternity homes, 16 community health centers with 10 ordinary categories, 5 remote categories, 1.88 very remote categories. community health assistants with the usual category of 0 mobile community health centers, 364 posyandu and 59 supporting public health center (puskesmas pembantu/pustu) and Poskesdes as many as 13. Furthermore, regarding the sociological conditions in the administration of health affairs in Sinjai Regency, related to infectious disease sufferers in 2021, it can be seen that based on the classification of the 10 most common types of disease, there were 9048 cases of hypertension, 6,509 cases of dyspepsia, 4,203 acute respiratory infection, 3599 dermatitis and eczema, 3381 cases of myalgia, 2459 cases of fever with unknown cause, and 2072 cases of cephalgia. Common cold as many as 1871 cases, cough/cough in 1850 cases, and non-specific diabetes mellitus in 1845 cases.<sup>16</sup>

This Plus Regional Health Insurance Program is one of the flagship programs of the Sinjai

<sup>11</sup> Irwansyah, 2020, *Penelitian Hukum, Pilihan Metode dan Praaktik Penulisan Artikel*, Yogyakarta: Mirra Buana Media, p. 158

<sup>12</sup> Soerjono Soekanto, 2012, *Metode Penelitian Hukum*, Jakarta: Rajawali Pers, p. 13

<sup>13</sup> Kadarudin, 2020, *Mengenal Riset dalam Bidang Ilmu Hukum, Tipologi, Metodologi, dan Kerangka*, Ponorogo: Uwais Inspirasi Indonesia, p. 151

<sup>14</sup> Kadarudin, 2021, *Penelitian di Bidang Ilmu Hukum (Sebuah Pemahaman Awal)*, Semarang: Formaci Press, p. 171

<sup>15</sup> Academic Paper of Regional Regulation Number 30 Year 2019 concerning Regional Health Insurance Plus

<sup>16</sup> Based on monthly report data of the 10 most common diseases at the Sinjai District Health Office

Regency Government which has been implemented since the beginning of the Government in 2018 and has been running for 3 years and this program is an elaboration of the Regional Government's Vision-Mission. This free health service is programmed to finance services outside the BPJS Health coverage. The Regional Health Insurance Plus program is a strategic program carried out to improve the health status of the community. The percentage of people in Sinjai Regency who have registered as BPJS participants has reached 97 percent, meaning that Sinjai Regency has achieved UHC (Universal Health Coverage) or universal health coverage because the UHC requirement is 95 percent. So, every person who has just registered for BPJS Health participants can immediately use it without waiting for 14 days at all health facilities.<sup>17</sup>

No.	Most Types of Disease	ICD X	Number of New Cases	Number of Old Cases	Total
1.	Hipertensi	I10	3330	5718	9048
2	Dyspepsia	K30	2928	3581	6509
3.	Ispa	J00-J01	2269	1934	4203
4.	Dermatitis & eksim	L20-L30	1877	1722	3599
5.	Myalgia	M79.1	1475	1906	3381
6.	Demam yang tidak diketahui penyebabnya	R50	1735	724	2459
7.	Chepalgia	R51	1100	972	2072
8.	Common Cold	J00-J01	861	1010	1871
9.	Cough / Batuk	R05	1081	769	1850
10.	Diabetes Militus tidak spesifik	E14	575	1270	1845

The Jamkesda Plus program includes the provision of a shelter for underprivileged patients (Class III) or the families of patients who are referred to a hospital in the city of Makassar which is located at the BTN Wesabbe Makassar complex as many as two units, each having their addresses at Block C 53 and Block C 54, In addition to this program, other flagship programs that are continuously implemented are the home care program and home visit, to the Safety Center (PSC) 119 public emergency service and one-stop integrated service.

#### Home Care and Home Visit Service Programs

Home Care and Home Visit programs are priority programs in the health sector. In the implementation of Home care and Home Visit services, it is the Head of the Health Service who is responsible for implementing Home care and Home Visit services. This service is held in 16 Puskesmas spread over 8 sub-districts in Sinjai Regency.

To be able to understand and describe the realization of policies in this program is to describe research findings related to achieving understanding and acceptance of the community related to Home Care and Home Visit Programs.

The data obtained from document searches and interviews in the field are related to the policy of implementing Home Care and Home Visits. This program is a program that is running quite well in the community, by placing fields in each hamlet and forming a team to carry out Home Care and Home Visit Programs. Home Care and Home Visit staff carry out the following tasks:<sup>18</sup>

- a. Home Visit Team:
  1. Conducting routine and incidental visits to the community;

<sup>17</sup> The interview was conducted with the Head of Health Services, Mr. Mahyudin, on Monday 17 January 2021

<sup>18</sup> Decree of the Regent of Sinjai Number concerning the Provision of Incentives for Home Visit and Home Care Workers at the Sinjai District Health Office in 2021

2. Mapping the condition of public health;
  3. Conducting health counseling and promotion;
  4. Collecting data related to family health problems;
  5. Reporting to the Puskesmas/Pustu/Home Care Integrated Team regarding health information obtained from the community; and
  6. Facilitate the community to obtain emergency services by contacting an ambulance and/or Public Safety Center (PSC) 119 Kecamatan.
- b. Home Care Team:
1. Performing medical and nursing services;
  2. Provide first aid for emergency patients;
  3. Provide simple therapy; and
  4. Provide referral facilities when needed.
- c. Environmental Responsible
1. Make a map of the location of the target area
  2. Mapping vulnerable and disease-prone communities;
  3. Conduct disease surveillance; and
  4. Report health problems in the hamlet to the pustu or to the puskesmas.

Data for Home Care Services and Home Visits in 2021

No.	Community Health Centers	Forms of Activity	
		Home Visit	Home Care
1.	Balangnipa	1407	1077
2.	Pulau IX	741	1161
3.	Bulupoddo	665	776
4.	Samataring	930	651
5.	Panaikang	1095	32
6.	Kampala	682	227
7.	Samaenre	532	148
8.	Aska	653	737
9.	Mannanti	857	0
10.	Lappae	198	167
11.	Biji Nangka	1140	15
12.	Borong Kompleks	238	119
13.	Lappadata	22	28
14.	Manippahoi	1119	332
15.	Manipi	321	98
16.	Tengnga Lembang	159	18
Total of Regency		10.759	5.586

Source: Data on Home Care Visits and Home Visits from the Sinjai Regency Health Office in 2021

Effectiveness in the field of law, Achmad Ali<sup>19</sup> argues that when we want to know the extent of the effectiveness of the law, then we must first be able to measure "the extent to which the rule of law is obeyed or not obeyed". Based on the Home Care Program Visits and Home Visits, it can be seen that the highest number of visits was at the Balangnipa Health Center which is a Puskesmas with the Ordinary Category. Visits in this area did not find many obstacles so that health promotion, community awareness, and handling certain problems could run well. It can also be seen in the table that one of the Puskesmas, namely the Mannanti Health Center with the usual category, did not visit Home Care even in one year running, this was because there were no public reports to require post-discharge recovery treatment. Likewise with the Lappadata Puskesmas which has few Home Care Visits and Home Visits, but the program has been carried out optimally by the community health centers.<sup>20</sup>

<sup>19</sup> Achmad Ali, *Menguak Teori Hukum dan Teori Perdailan Vol. 1*, Jakarta: Kencana, 2010, p. 375

<sup>20</sup> Interviews were conducted with the Head of the Lappadata Health Center, Central Sinjai District on January 24, 2021

### **Public Safety Centre 119**

The Public Safety Center 119 program is an excellent service program in the health sector. This program is an emergency service using a pick-up system directly from the scene, where patients receive medical treatment first so that services to the community are more optimal. The services provided by the PSC 119 Program do not only serve at the patient's home but also in public places, in the event of a medical emergency such as cases of accidents. PSC service works 24 hours.<sup>21</sup> The presence of PSC 119 is nothing but to provide quick services to overcome various emergency situations, ranging from services caused by traffic accidents because they require fast service, as well as emergency services caused by other accidents, to natural disasters. The purpose of PSC 119 is none other than to bring closer access to affordable and quality health services for the community, which has been the main obstacle in accessing quickly to get emergency medical treatment because the criteria for PSC 119 services are given to patients who experience emergency illnesses and work accidents. The types of services for PSC 119 are as follows:

1. Picking up and dropping off patients for emergency diseases and traffic accidents;
2. Handling of emergency and traffic accidents;
3. Refer patients to advanced health facilities; and
4. Other tasks ordered by the leadership related to the main tasks and functions.

### **One-Stop Outlet**

One-stop shop service is a type of service by placing officers from the Social Service, Population and Civil Registration Service. BPJS Health, Jasa Raharja and Health Service Officers in one outlet to facilitate free health services initiated by the Regional Government. Types of One-Stop Outlet Service are:

1. Providing services to patients who have not been registered as BPJS Health participants by using their ID cards and/or KK and registering as BPJS Health participants;
2. Providing services to patients who have problems with BPJS Health membership;
3. Provide services to patients related to recommendations or cover letters from the Social Service
4. Provide services to patients related to population and civil registration; and
5. Provide services to patients related to the Jasa Raharja Pihak.

This service really helps make it easier for people who don't have BPJS or are constrained by administrative problems. However, often this service does not function optimally because there is one service from several related agencies who is not at the outlet and even has to do the management at the office again.

### **Patient Shelter**

The patient shelter is one of the regional government's flagship programs in the Regional Regulation on Health Insurance Plus, the patient shelter (RSP) is a temporary stopover for patients and their companions who are referred to an advanced referral hospital and all facilities are borne by the Sinjai Regency Government.

The shelter is located at the BTN Wesabbe Complex Block C number 53 and Number 54, then now there is one more addition at Block D Number 23. With the presence of this Patient Shelter, the patient and his family no longer need to look for paid lodging while undergoing treatment in Makassar. In addition to home facilities, the consumption of the patient and his two companions who use the Shelter House is also borne by the Government, starting with the rooms and other facilities being complete, including meals three times a day. ambulance is prepared to take patients and their families to the referral hospital.<sup>22</sup> This is done to improve access to health services for poor or underprivileged patients in areas who are referred to advanced referral hospitals and to increase access and prevent delays in handling referral patients. So it is hoped that there will be no more complaints about cost problems because the Regional Government has prepared a halfway house that is close to access to health services.

The use of the Paein Shelter House also has a time limit, which can only be used for 5 days and can be extended if the patient still wants to use the halfway house by showing evidence from the hospital to the guard staff, the evidence as evidence that the patient's treatment is still continuing.

---

<sup>21</sup> The interview was conducted with the Head of Health Services, Mr. Mahyudin, on Monday 17 January 2021

<sup>22</sup> The interview was conducted with the Head of Health Services, Mr. Mahyudin, on Monday 17 January 2021

1. Criteria for Use of Patient Shelters<sup>23</sup>
2. RSP users are patients and companions with the criteria for advanced referral hospital patients class 3 (three)
3. The highest companion is 2 people at most
4. The assistant must report himself to the officer by bringing a photocopy of the Advanced Referral Cover Letter and a photocopy of his identity.

Prior to the presence of the Patient Shelter in Makassar, the total cases of forced discharge patients reached 521 cases in 2016, in 2017 there were 408 cases and again in 2018 there were 456 cases. In contrast, since the presence of patient shelters in 2019 was able to decrease to 49 percent, which was only 239 cases, and this number continued to decline until 2020 to 153 cases. The number of patients in the referral patient shelter is as follows:

Number of Hospital Patient Referral Patient			
No.	Year	Number of Patients	
1	2018	8	Orang
2	2019	151	Orang
3	2020	126	Orang
4	2021	62	Orang

Source: Sinjai District Health Office

With the presence of the Patient Shelter, patients with limited economic capacity and ignorance of the service flow will be handled properly.

## CONCLUSION

The implementation of the program in the regional regulation on regional health insurance plus in Sinjai Regency was effective. In the context of implementing government affairs in the health sector in Sinjai Regency, in the context of implementing government affairs in the health sector in Sinjai Regency, statistics show that in 2021, there will be 9.77 percent of morbidity rates. Then, in terms of health care facilities, it can be seen that in 2021 in Sinjai Regency, there will be 1 hospital, 0 maternity homes, 16 community health centers with 10 ordinary categories, 5 remote categories, 1.88 very remote categories. community health assistants with the usual category of 0 mobile community health centers, 364 posyandu and 59 supporting public health center (puskesmas pembantu/pustu) and Poskesdes as many as 13. Furthermore, regarding the sociological conditions in the administration of health affairs in Sinjai Regency, related to infectious disease sufferers in 2021, it can be seen that based on the classification of the 10 most common types of disease, there were 9048 cases of hypertension, 6,509 cases of dyspepsia, 4,203 acute respiratory infection, 3599 dermatitis and eczema, 3381 cases of myalgia, 2459 cases of fever with unknown cause, and 2072 cases of cephalgia. Common cold as many as 1871 cases, caught/cough in 1850 cases, and non-specific diabetes mellitus in 1845 cases. However, home care and home visit service programs, public safety center 119, one-stop outlets, and patient shelters have made it possible to handle it properly.

## REFERENCES

- Academic Paper of Regional Regulation Number 30 Year 2019 concerning Regional Health Insurance Plus
- Achmad Ali, *Menguak Teori Hukum dan Teori Perdailan Vol. 1*, Jakarta: Kencana, 2010.
- David Ray, "Overview / Summar Paper", Paper presented at Decentralization, Regulator Reform, and the Business Climate, Jakarta: Hotel Borobudur, 2003.
- Decree of the Regent of Sinjai Number concerning the Provision of Incentives for Home Visit and Home Care Workers at the Sinjai District Health Office in 2021
- Irwansyah, 2020, *Penelitian Hukum, Pilihan Metode dan Praaktik Penulisan Artikel*, Mirra Buana Media, Yogyakarta.
- Jimly Asshiddiqie, *Konstitusi dan Konstitusionalisme Indonesia*, Jakarta: Sinar Grafika, 2017.

<sup>23</sup> Regional Regulation Number 30 Year 2019 concerning Regional Health Insurance Plus

- Kadarudin, 2020, *Mengenal Riset dalam Bidang Ilmu Hukum, Tipologi, Metodologi, dan Kerangka*, Uwais Inspirasi Indonesia, Ponorogo.
- Kadarudin, 2021, *Penelitian di Bidang Ilmu Hukum (Sebuah Pemahaman Awal)*, Formaci Press, Semarang.
- Law No. 23 Year 2014 concerning Regional Government, State Gazette of the Republic of Indonesia Year 2014 Year 244 and Supplement to the State Gazette No. 5587.
- M. Aries Djaenuri, *Hubungan Keuangan Pusat-Daerah: Elemen-elemen Penting Hubungan Keuangan Pusat-Daerah*, Bogor: Ghalia Indonesia, 2012.
- Ma'aruf, Ahmad. *Strategi Pengembangan Investasi di Daerah: Pemberian Insentif ataukah kemudahan*, Yogyakarta: LaksBang Mediatama, 2012.
- Regional Regulation Number 30 Year 2019 concerning Regional Health Insurance Plus
- Roberia, *Hukum Jaminan Kesehatan*, Jakarta: Gramata Publishing, 2019.
- Sodjuangon Situmorang, *Model Pembagian Urusan Pemerintahan Antar Pemerintah, Provinsi dan Kabupaten/Kota*, Disertation Universitas Indonesia, 2002.