

Regulatory Harmonization in Healthcare Services and the Implementation of Pancasila Values in the National Health Insurance Era

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Abstract: This study aims to analyze the harmonization of healthcare legislation with Pancasila values within the context of the National Health Insurance (*Jaminan Kesehatan Nasional*/JKN) system in Indonesia. Within the framework of the Indonesian rule of law, Pancasila functions not only as the state's foundational ideology but also as a fundamental norm (*grundnorm*) that should guide all legal regulations, including those in the health sector. This research employs a normative legal method using statutory, conceptual, and philosophical approaches. The findings indicate that, at the normative level, JKN regulations have incorporated key Pancasila values such as social justice, humanity, unity, and deliberation; however, various forms of disharmony—both substantive and regulatory, as well as horizontal and vertical—remain evident. Moreover, the implementation of these regulations has not fully reflected the substantive and ideological principles of Pancasila, as shown by regulatory inconsistencies, overlapping policies, and structural constraints that indicate weak integration of core values in healthcare governance. Therefore, this study proposes a harmonization model that goes beyond technical and formal alignment by embedding Pancasila-based legal ethics through legislative review, institutional strengthening, public participation, ideological education for healthcare professionals, and independent oversight, in order to ensure that the JKN system functions effectively as an instrument of social justice and the protection of human rights.

Keywords: Health Services Regulation; National Health Insurance; Legal Harmonization; Pancasila; Social Justice.

1. Introduction

Pancasila, as the national ideology and the foundational philosophy of the Indonesian state, embodies a set of fundamental values that serve as guiding principles in the formulation of national laws. Its five principles reflect the nation's noble aspirations to build a civilized, prosperous, and just society, including in the field of healthcare. Within the framework of a welfare state, healthcare constitutes a basic right of citizens that must be guaranteed by the state. Health services are not merely technical or medical in nature; they also encompass moral, ethical, and social justice dimensions that are inherently aligned with the values of Pancasila. Therefore, health policies and legislation should not be formulated solely based on administrative efficiency or budgetary considerations but must also adhere to the fundamental values enshrined in Pancasila (Mardiansyah, 2023; Yamin, 2023).

Since the implementation of the National Health Insurance system (*Jaminan Kesehatan Nasional*, JKN) in 2014 through the Social Security Administration for Health (*Badan Penyelenggara Jaminan Sosial Kesehatan*, BPJS Kesehatan), the Indonesian government has sought to provide more equitable and affordable access to healthcare services. This program aims to establish universal health coverage for all Indonesian citizens. However, in practice, numerous challenges persist, including disparities in access, weak protection of patients' rights, and imbalances in healthcare facilities. In this context,

it is crucial to reassess the extent to which the laws governing JKN and healthcare services reflect the values of Pancasila, such as just and civilized humanity (the Second Principle), social justice for all Indonesian people (the Fifth Principle), and the principles of mutual cooperation and deliberation (the Fourth Principle). Misalignment between positive legal norms and Pancasila values may result in disharmony in the implementation of public policies, including healthcare services (Hermawan et al., 2023).

Law No. 17 of 2023 on Health, as positive law amending Law No. 36 of 2009, represents the most recent legislative development in the health sector. This law is accompanied by several implementing regulations, including Government Regulation No. 28 of 2024 and Presidential Regulation No. 59 of 2024. Nevertheless, these revisions and updates require critical examination to assess the extent to which Pancasila values have been internalized within the normative framework. One of the main challenges in legal harmonization lies in bridging formal juridical principles in law-making with the ideological and philosophical values of Pancasila.

Harmonization in this context may be understood as the process of aligning various legal regulations, both vertically (across different hierarchical levels of legislation, such as laws, government regulations, and presidential regulations) and horizontally (across sectors or policymaking institutions). More importantly, it also entails value harmonization, namely the integration of positive law with the ideological and philosophical values of Pancasila. This need for harmonization has emerged in response to regulatory changes in the health sector, particularly following the enactment of Law No. 17 of 2023 on Health, which replaced Law No. 36 of 2009, along with the issuance of its derivative regulations (Wiji, et al., 2023; Yamin, 2023).

In practice, there is a tendency for regulations to be formulated using a technocratic approach that at times neglects the nation's ideological foundations. This condition has contributed to the weakening of substantive justice in health policies, particularly for marginalized groups and economically disadvantaged communities. Moreover, regulatory fragmentation and lack of synchronization among regulations further undermine the equitable delivery of healthcare services. This underscores the importance of legal harmonization, not only in terms of inter-level (vertical) and inter-sectoral (horizontal) regulation, but also in terms of value harmonization namely, aligning positive law with Pancasila values as the source of all sources of law in Indonesia (Wiji, et al., 2023; Yamin, 2023).

Several previous studies have highlighted the importance of Pancasila values in the formulation of health policies. For instance, Mardiansyah (2023) emphasizes that the values of humanity and social justice have not been fully reflected in healthcare practices under the JKN era. Meanwhile, a study by Hermawan et al. (2023) identifies disparities in the distribution of healthcare facilities as evidence of failure in implementing the principle of social justice. Another study by Asya et al. (2024) reveals the existence of covert discrimination within the JKN referral system, adversely affecting communities in underdeveloped and border regions. However, most of these studies remain descriptive in nature or focus primarily on technical and operational aspects. Comprehensive analyses examining the harmonization of health legislation with Pancasila values as the philosophical and constitutional foundation of the state remain limited.

This study is particularly relevant given ongoing public debates regarding the effectiveness and fairness of the JKN system. Many stakeholders question whether the program truly guarantees citizens' rights to adequate healthcare services or instead generates covert discrimination through tiered referral systems, limited availability of medicines, and unequal minimum service standards across regions (Asya, et al., 2024). Therefore, a

comprehensive normative legal study is necessary to assess the compatibility of healthcare legislation with Pancasila values. Such a study not only contributes to the development of legal scholarship but also offers policy recommendations for lawmakers to formulate regulations that are more responsive to humanitarian values, justice, and social welfare.

The urgency of this study lies in the need to ensure that the national healthcare system operates in alignment with the nation's foundational values, rather than being driven solely by administrative efficiency or budgetary considerations. In the context of increasing social inequality and fiscal pressures on the state, evaluating the alignment between legal norms and Pancasila values becomes increasingly important. Such harmonization will not only strengthen the legal legitimacy of healthcare services but also ensure that every citizen is treated fairly, humanely, and with dignity in accordance with constitutional mandates. Based on this background, this study aims to examine and analyze the harmonization of healthcare legislation within the JKN system with Pancasila values, thereby providing a normative foundation for the realization of a more just and civilized healthcare system in line with the constitution and national ideology.

2. Method

This study adopts a normative legal research design, focusing on the analysis of statutory regulations as the primary source for addressing the legal issues under examination. The normative approach is employed to evaluate the compatibility between legal norms governing healthcare services within the National Health Insurance system (*Jaminan Kesehatan Nasional/JKN*) and the values of Pancasila, which serve as the ideological foundation of the state and the principal basis of the national legal system (Yanova, et al., 2023).

The research employs a statutory approach by examining Law No. 17 of 2023 on Health, Law No. 24 of 2011 on the Social Security Administration (BPJS), and their implementing regulations, including Government Regulation No. 28 of 2024 and Presidential Regulation No. 59 of 2024 on Health Insurance. In addition, a conceptual approach is used to elucidate the fundamental concepts of justice, Pancasila values, and the right to health within the framework of health law. A legal philosophy approach is also employed to analyze Pancasila as the core foundation that should guide every stage of law-making in Indonesia (Yanova et al., 2023).

The legal materials used in this research consist of primary legal materials, namely relevant statutory regulations; secondary legal materials, including legal literature, scientific journal articles, previous research findings, and expert opinions; and tertiary legal materials, such as legal encyclopedias and legal dictionaries. The collection of legal materials is conducted through library research, while data analysis is carried out using a qualitative normative method by interpreting and comparing legal norms contained in applicable regulations to identify conformity, overlap, or potential contradictions with Pancasila values (Rosidi, 2022).

The research process begins with the identification of legal issues, specifically the problem of disharmony between healthcare service regulations and Pancasila values within the context of the JKN system. This is followed by the inventory and collection of legal materials through literature review, which are subsequently classified and categorized based on their relevance and normative hierarchy. Normative analysis is then undertaken by interpreting and comparing statutory provisions, evaluating their substantive content, and assessing the extent to which Pancasila values have been internalized therein. In the final stage, the study formulates conclusions and proposes normative recommendations as a

contribution to the harmonization of health law that is just, humane, and consistent with the spirit of Pancasila (Rosidi, 2022). Through this approach, the study seeks to identify an ideal model of legal harmonization in healthcare services that aligns with the values of social justice, humanity, and welfare as embodied in Pancasila.

3. Analysis and Discussion

3.1. Legal Foundations of Healthcare Services within the National Health Insurance (JKN) System in Indonesia

Healthcare services within the National Health Insurance system (Jaminan Kesehatan Nasional/JKN) are grounded in a robust and comprehensive legal framework that serves as the foundation for the implementation of equitable and just health programs. The provision of healthcare services under the JKN system in Indonesia is regulated by several interrelated statutes that collectively form a strong legal framework to guarantee the right to health for all citizens. This regulatory structure aims to establish a healthcare system that is equitable, accessible, and affordable, in line with the spirit of Pancasila (Putri & Murdi, 2019).

First, the primary legal basis is Law No. 17 of 2023 on Health, which replaced Law No. 36 of 2009. This law affirms that health constitutes a fundamental human right and that the state bears the obligation to provide quality healthcare services. It comprehensively regulates the implementation of the national health system, including the administration of the JKN as a form of social protection in the health sector. Second, Law No. 24 of 2011 on the Social Security Administering Body (BPJS) provides the legal foundation for the implementation of the JKN through BPJS Kesehatan. This law governs the mechanisms of the national social security system, mandatory participation, and the rights and obligations of participants in accessing healthcare services.

Within this framework, BPJS Kesehatan is mandated to administer an efficient, equitable, and sustainable health insurance system. Implementing regulations, such as Government Regulation No. 28 of 2024 and Presidential Regulation No. 59 of 2024, function as technical regulatory instruments that comprehensively govern the management of healthcare services under the JKN system. These regulations address detailed aspects ranging from participant registration procedures and minimum service standards to the referral system among healthcare facilities. They also regulate monitoring and evaluation mechanisms to ensure that the services provided comply with established standards. Government Regulation No. 28 of 2024 serves as the implementing regulation of the Health Law and stipulates technical procedures for healthcare service delivery within the JKN system, including service standards, referral procedures, and the responsibilities and authorities of healthcare facilities in implementing the JKN program. Meanwhile, Presidential Regulation No. 59 of 2024, which amends Presidential Regulation No. 82 of 2018 on Health Insurance, sets out strategic policies, fund management, and operational mechanisms of BPJS Kesehatan to ensure the sustainability and quality of healthcare services.

These statutory regulations emphasize the principles of equality, inclusivity, and social justice as mandated by Pancasila, particularly the Second Principle (just and civilized humanity) and the Fifth Principle (social justice for all Indonesian people). The government is obligated to provide fair and non-discriminatory access to healthcare services, with particular attention to vulnerable groups and residents of remote areas. By guaranteeing the right to health for every citizen without discrimination, the JKN system seeks to realize social justice and humane treatment in healthcare delivery. Nevertheless,

in practice, challenges such as disparities in healthcare services across regions, limited facilities, and financing constraints remain significant issues that require serious attention (Hermawan, et al., 2023; Felen, 2024). Therefore, harmonization and synchronization of healthcare-related legislation within the JKN framework are essential to addressing these challenges. Such efforts must consistently refer to Pancasila as the philosophical and ideological foundation of the national legal system, ensuring that healthcare services genuinely function as an embodiment of social justice and civilized humanity.

3.2. Integration of Pancasila Values in the Legal Construction of Healthcare Services within the JKN System

Pancasila, as the foundational philosophy of the Indonesian state, functions not only as an ideology but also as the source of all sources of law underpinning every statutory regulation, including those governing healthcare services. The integration of Pancasila values into the legal construction of healthcare services within the National Health Insurance system (*Jaminan Kesehatan Nasional/JKN*) is therefore imperative to ensure that healthcare provision is not merely technical or administrative in nature but is firmly grounded in the nation's noble values of justice, humanity, and unity. Pancasila plays a central role as both the legal and ethical foundation (*grundnorm*) of healthcare services in Indonesia—a concept that can be comprehensively understood through Hans Kelsen's theory and further reinforced by Hans Nawiasky's normative hierarchy.

According to Kelsen, the *grundnorm* represents the highest fundamental norm from which the validity of all subordinate legal norms is derived; it constitutes a logical presupposition accepted to enable the legal system to exist and function. In the Indonesian context, Pancasila occupies this position by providing legitimacy and constitutional grounding for the 1945 Constitution as well as for all statutory regulations and policies in the health sector. Without Pancasila as the *grundnorm*, the entire legal framework governing healthcare services would risk losing its normative validity (Mardiansyah, 2023; Yamin, 2023).

The strengthening of Pancasila's position as a *grundnorm* is further supported by Hans Nawiasky's *Stufenbau Theory*, which conceptualizes a hierarchical structure of legal norms whereby lower norms must derive from and remain consistent with higher norms. Within Nawiasky's framework, Pancasila is situated at the apex as the *Staatsgrundnorm* (basic norm of the state). Beneath it lies the *Staatsgrundgesetz* (fundamental state law), namely the 1945 Constitution, which operationalizes Pancasila values at a constitutional level. This hierarchy then extends to *Formell Gesetz* (formal statutes), including laws regulating health, medical practice, and hospitals, all of which must conform to both the Constitution and Pancasila. Finally, *Verordnung* (implementing regulations) provide detailed operational rules that must also remain consistent with higher norms. Accordingly, Nawiasky firmly positions Pancasila as the foundational basis for all health-related regulations, ensuring coherence and consistency from the most fundamental to the most operational levels (Atqiya, et al., 2024; Maharani, et al., 2024).

As a *grundnorm*, Pancasila serves not only as a legal foundation but also as an ethical compass for healthcare services. Legally, all health-related regulations—from statutory laws to policies under the National Health Insurance system (JKN)—must be rooted in and must not contradict the values of Pancasila. For example, the principle of Social Justice for All the People of Indonesia (the Fifth Principle) underpins equitable access to and quality of healthcare services across all segments of society, free from discrimination. Ethically, Pancasila guides the conduct of healthcare professionals and

institutions. The value of Just and Civilized Humanity (the Second Principle) requires fair and humane treatment that upholds patient dignity, including respect for privacy and informed consent. Belief in the One and Only God (the First Principle) reinforces moral integrity and accountability in professional practice, while The Unity of Indonesia (the Third Principle) fosters interprofessional collaboration within the health sector. Finally, Democratic Life Led by Wisdom of Thoughts in Deliberations Amongst Representatives of the People (the Fourth Principle) emphasizes the importance of public participation in health-related decision-making and deliberative consensus when addressing ethical dilemmas (Husni et al., 2024; Indriani et al., 2024). In this sense, Pancasila constitutes both the moral and structural foundation of Indonesia's healthcare system, ensuring that policies and actions are not only legally valid but also ethically grounded and oriented toward public welfare.

The legal regulations governing healthcare services within the National Health Insurance system (JKN) are fundamentally designed to represent and internalize the values of Pancasila. As the ideological foundation of the nation and the primary source of legal norm formation, Pancasila is reflected in Law No. 17 of 2023 on Health and its implementing regulations, which incorporate principles of human rights protection and social justice as the basis for healthcare delivery. This demonstrates a systematic effort to uphold the value of Just and Civilized Humanity by ensuring equitable and non-discriminatory access to healthcare services. Moreover, the concept of universal health coverage underlying the JKN system aligns with the Pancasila ideals of The Unity of Indonesia and equality, aiming to provide inclusive and equitable healthcare services to all segments of society (Azeri, Tamba, & Silaban, 2023; Agustin & Syahuri, 2024).

Pancasila values serve as the principal foundation in the formulation of legal policies regulating healthcare services. First, the value of Belief in the One and Only God (the First Principle) emphasizes respect for the right to life and human dignity in the National Health Insurance system (JKN). Healthcare delivery must respect the spiritual values and beliefs of all JKN participants without religious or belief-based discrimination. For example, healthcare facilities cooperating with BPJS Kesehatan are required to respect patients' rights to receive services that do not conflict with their religious convictions, thereby reflecting respect for human dignity grounded in spiritual values.

Second, the principle of Just and Civilized Humanity (the Second Principle) constitutes the core foundation of equitable and dignified healthcare services. Within the legal construction of the JKN system, this value is manifested in inclusive access to healthcare services, ensuring that every citizen is entitled to fair treatment regardless of background. The JKN program also promotes improvements in service quality in accordance with humane standards, emphasizing patient rights and protection for vulnerable groups. This reinforces the state's obligation to provide accessible and high-quality healthcare services for all segments of society.

Law No. 17 of 2023 on Health contains provisions that explicitly recognize the right to health as part of human rights, reflecting the value of Just and Civilized Humanity enshrined in the Second Principle of Pancasila. For instance, Article 3 paragraph (1) stipulates that everyone has the right to obtain safe, high-quality, and affordable healthcare services. Additionally, the principle of non-discrimination is articulated in Article 6 paragraph (1), which prohibits distinctions based on social, economic, or geographical background in healthcare provision. These provisions are consistent with constitutional mandates and the principle of human dignity (Indriani et al., 2024). Nevertheless, empirical studies indicate that, in practice, the principle of humanity has

not been fully realized, particularly in remote areas and among marginalized communities. Disparities in healthcare infrastructure, shortages of medical personnel, and limitations in referral systems continue to hinder the realization of equitable and dignified healthcare access (Noya et al., 2021; Mahendradhata et al., 2017).

Furthermore, the principle of The Unity of Indonesia (the Third Principle) mandates that the JKN healthcare system foster national solidarity and collective responsibility. The JKN financing model, which is based on social insurance and solidarity, represents a concrete manifestation of this value, whereby society collectively shares healthcare costs to mutually protect and support one another (Aprita, & Paramitha, 2022; Buamona, 2022; Harianto et al., 2024).

The value of Democracy Guided by Inner Wisdom through Deliberation and Representation (the Fourth Principle) underscores the necessity of a participatory and democratic healthcare system. In this regard, the legal construction of the JKN system provides governance mechanisms involving multiple stakeholders, including the government, BPJS administrators, healthcare facilities, and participants, to ensure decision-making through deliberation and mutual respect. Regulatory frameworks also incorporate elements of public participation in oversight and management, such as complaint mechanisms and citizen involvement in decision-making processes.

However, the deliberative and participatory values embedded in the Fourth Principle have not yet been explicitly or substantively accommodated in policymaking or healthcare service delivery models. Public participation in health policy formulation often remains procedural rather than substantive. Although Law No. 17 of 2023 on Health promises a community-based approach in Article 8, it lacks robust and measurable implementation instruments. Strengthening public participation as an expression of deliberative values is therefore essential to ensure that the JKN system is shaped not solely by administrative logic, but also by ethical considerations and social values (Yamin, 2023).

Finally, the principle of Social Justice for All the People of Indonesia (the Fifth Principle) serves as the primary benchmark for developing an inclusive and equitable healthcare system. Social justice within the JKN framework is realized through policies designed to ensure that no citizen is excluded from healthcare access due to economic, social, or geographical factors. This principle requires the state to guarantee fair distribution of healthcare services, not only in terms of quantity but also quality. In this context, the JKN system is expected to reduce disparities between urban and rural areas.

The contribution subsidy scheme for Contribution Assistance Recipients (*Penerima Bantuan Iuran, PBI*) constitutes a tangible governmental effort to ensure that economically disadvantaged citizens are not excluded from healthcare services. However, studies by Asya et al. (2024) reveal persistent disparities in healthcare financing and service quality across regions, which in fact exacerbate structural inequalities. For instance, Presidential Regulation No. 59 of 2024 has not fully accommodated proportional equity, as it remains predominantly based on technocratic fiscal assumptions rather than substantive justice. Consequently, legislation governing the JKN system must consistently prioritize the equitable distribution of services and benefits for all (Aprita & Paramitha, 2022; Azeri et al., 2023; Wiji et al., 2023).

Although Pancasila values have been formally incorporated into the legal framework governing healthcare services, significant challenges persist in their implementation. Persistent disparities in healthcare access in remote areas and limitations in resources indicate a gap between normative legal provisions and empirical realities. Therefore, the integration of Pancasila values must extend beyond normative

texts and be translated into concrete foundations for policymaking and practical healthcare delivery.

3.3. Forms of Normative Disharmony between Positive Healthcare Regulations and the Implementation of Pancasila Values

Normative disharmony in healthcare regulations can be observed in several forms that reflect misalignment between the framework of positive law and the fundamental values of Pancasila. First, there exists substantive disharmony between technocratically oriented regulations and the value of just and civilized humanity. Although Law No. 17 of 2023 on Health guarantees the right to healthcare services for all citizens, in practice certain provisions tend to restrict access for low-income communities through tiered referral systems and limitations on types of services (Articles 42 and 51). Such policies prioritize budgetary efficiency over the fulfillment of humanitarian principles, thereby positioning patients particularly vulnerable groups as fiscal burdens rather than as holders of constitutional rights (Yamin, 2023).

Second, disharmony arises in the form of horizontal conflicts among regulations, resulting in normative ambiguity at the implementation level. For instance, discrepancies between Presidential Regulation No. 59 of 2024 on Health Insurance and Ministry of Health regulations concerning referral services have led to overlapping authorities between primary healthcare facilities (*Fasilitas Kesehatan Tingkat Pertama*, FKTP) and referral hospitals. This conflict reflects weak inter-institutional coordination and the absence of deliberative processes in policymaking, which contradicts the spirit of mutual cooperation and cross-sectoral collaboration enshrined in Democratic Life Led by Wisdom of Thoughts in Deliberations Amongst Representatives of the People (the Fourth Principle of Pancasila) (Tirza & Cendana, 2021).

Third, normative disharmony is also evident in the form of vertical fragmentation, namely inconsistencies between centrally formulated policies and their implementation at the regional level. Local governments often face difficulties in adapting to national policies, given significant variations in geographical, demographic, and infrastructural conditions across regions. This misalignment results in disparities in healthcare services, particularly in disadvantaged, frontier, and outermost areas—commonly referred to as 3T regions (*Tertinggal, Terdepan, dan Terluar*)—which continue to experience shortages of facilities, medical personnel, and budget allocations. Normatively, populations in 3T regions are entitled to equal healthcare services (Romero et al., 2024). This situation reflects a failure to realize the principle of Social Justice for All the People of Indonesia (the Fifth Principle), due to a lack of synchronization between central policies and local-level implementation.

Finally, at the conceptual level, many regulations continue to be formulated based on a purely legal-formal approach, with insufficient attention to the ethical and philosophical dimensions rooted in Pancasila values. Such regulations tend to emphasize administrative efficiency and technocratic considerations, while humanitarian values, justice, and human dignity are often marginalized. This condition demonstrates a disjunction between the ideological foundations of the state and prevailing legislative practices (Hermawan, et al., 2023).

Based on the foregoing analysis, there exists a causal and reciprocal relationship between regulatory disharmony and the inadequate implementation of Pancasila values within the National Health Insurance (JKN) policies. Regulatory inconsistencies—whether substantive, horizontal, or vertical—directly contribute to the failure to realize Pancasila's foundational principles in the healthcare system. For instance,

efficiency-oriented provisions in Articles 42 and 51 of Law No. 17 of 2023 on Health indicate that the value of Just and Civilized Humanity (the Second Principle) has not been fully internalized as a policy foundation. Similarly, conflicts between presidential and ministerial regulations reveal the absence of deliberative mechanisms reflecting Democratic Life Led by Wisdom of Thoughts in Deliberations Amongst Representatives of the People (the Fourth Principle). At the same time, centralized policies that lack sensitivity to local contexts further underscore the unrealized ideal of Social Justice for All the People of Indonesia (the Fifth Principle), as evidenced by persistent disparities in healthcare access and utilization across regions despite near-universal coverage under JKN (Cheng et al., 2025; Rakmawati et al., 2019).

Accordingly, regulatory disharmony should not be viewed merely as an administrative issue, but rather as a structural and ideological problem that hinders the realization of a just, humane, and value-based JKN system. This normative disharmony underscores the urgency of comprehensive legal harmonization—not only at the vertical and horizontal levels, but also at the philosophical level through the systematic internalization of Pancasila values at every stage of policy formulation and regulatory development. Such harmonization constitutes a fundamental prerequisite for establishing a national healthcare system that is genuinely rooted in the nation's ideological identity and committed to upholding substantive justice for all citizens.

3.4. Inhibiting Factors in the Harmonization between Healthcare Legislation and Pancasila Values

The process of harmonizing legislation governing healthcare services with Pancasila values encounters various obstacles of a structural, conceptual, and practical nature. These constraints constitute significant challenges in efforts to establish a healthcare system that is genuinely rooted in the state philosophy and national ideology of Indonesia.

First, regulatory inconsistency and overlap represent major impediments to harmonization. Numerous regulations governing healthcare services remain sectoral in nature and have not been comprehensively integrated with the fundamental principles of Pancasila. This condition generates legal uncertainty and complicates the consistent implementation of social justice, humanity, and national unity within healthcare practice. Second, the limited understanding and commitment of state officials and healthcare providers toward Pancasila values in the context of healthcare services further hinder harmonization. Insufficient comprehension of how Pancasila values should be concretely manifested in legal norms and service delivery leads to weak integration of the state's foundational principles into policy formulation and practical implementation (Romero, et al., 2024; Riyanto, et al., 2024).

Third, a rigid and procedural bureaucratic structure poses another challenge in aligning legal norms with Pancasila values. Complex administrative procedures, inadequate inter-agency coordination, and organizational cultures that are insufficiently responsive to change obstruct the realization of synergy between regulation and the implementation of Pancasila principles. In addition, limited resources, both in terms of financing and human resource capacity, contribute to the suboptimal realization of Pancasila values in healthcare services. Without adequate resource support, the implementation of social justice and humanitarian principles becomes difficult, rendering these values merely formalistic rather than substantively realized.

Equally significant is the influence of political dynamics and economic interests, which often function as inhibiting factors in the harmonization process. Particular

interests may shape regulatory formulation and implementation in ways that prevent full accommodation of Pancasila values, especially those related to social justice and humanity. Finally, low levels of public participation in the formulation, implementation, and oversight of healthcare services constitute a serious obstacle. Weak social control mechanisms and ineffective complaint procedures reduce institutional incentives to integrate foundational state principles into both policy design and service delivery (Aprita, et al., 2022; Yuli, 2023).

By addressing these inhibiting factors in a synergistic manner through appropriate legal and institutional solutions, healthcare services within the JKN system are expected to more effectively embody Pancasila values. In this way, the JKN system will function not merely as an administrative instrument, but as a concrete manifestation of the nation's ideals in providing equitable, just, and humane healthcare services for all Indonesian citizens.

3.5. An Ideal Model for Harmonizing Healthcare Legislation Based on Pancasila within the JKN Context

The harmonization of healthcare legislation constitutes an urgent necessity amid the regulatory complexity and implementation challenges of the National Health Insurance system (Jaminan Kesehatan Nasional/JKN). To ensure that Indonesia's health legal system is not only juridically valid but also substantively just, an ideal harmonization model must be grounded in the fundamental values of Pancasila as the ideological and philosophical foundation of the state.

First, the ideal harmonization model should be value-based, rather than merely technocratic or normatively technical. This means that every regulation must be assessed in terms of its relevance and conformity to Pancasila values. The principle of just and civilized humanity requires that health policies not only pursue efficiency but also safeguard human dignity and guarantee every individual's right to quality and non-discriminatory healthcare services (Wiji, et al., 2023). Accordingly, all JKN implementing regulations, at both central and regional levels, should explicitly incorporate principles of inclusivity, non-discrimination, and protection of vulnerable groups.

Second, ideal harmonization must apply intersectoral and interlevel principles, encompassing alignment between central and regional regulations as well as coordination across sectors such as health, finance, social welfare, and population administration. This approach is essential to prevent JKN implementation from becoming trapped in sectoral and fragmented bureaucratic arrangements. Law No. 17 of 2023 on Health and its implementing regulations should be enforced in accordance with the principles of mutual cooperation and deliberative consensus as enshrined in the Fourth Principle of Pancasila. In this context, public participation and the involvement of health professional organizations must be expanded—not only in policy implementation, but also in the policymaking process itself (Rachmawati, & Prasetyo, 2023).

Third, an ideal model of legal harmonization must be flexible and adaptive to local contexts, reflecting the principle of social justice for all Indonesian people. Healthcare regulations should allow room for differentiated policies in disadvantaged, frontier, and outermost (*tertinggal, terdepan, dan terluar/3T*) regions, particularly with regard to the adjustment of service standards, resource allocation, and strengthening of local institutions. In this sense, the principle of “equal treatment” in healthcare provision must

be balanced with the principle of “equitable treatment,” namely proportional equality tailored to specific regional conditions (Hermawan, et al., 2023).

Moreover, the harmonization model should incorporate legal-ethical and philosophical dimensions of Pancasila, whereby law functions not merely as an administrative instrument but also as a reflection of the nation’s noble values. To this end, the establishment of a *Pancasila Screening Mechanism* in the legislative process of the healthcare sector is proposed—an ideological and philosophical alignment test that complements the existing formal and material review mechanisms within the national legislative system (Yamin, 2023).

In conclusion, the ideal model for harmonizing healthcare legislation within the JKN context is one that positions Pancasila as the primary normative and value framework. Harmonization should not be limited to technical synchronization among regulations but must involve a fundamental reorientation of legal drafting toward justice, humanity, and social welfare as the ultimate objectives of the national healthcare system.

3.6. Efforts to Realize Ideal Legal Harmonization between Healthcare Services in the JKN Era and Pancasila Values as the State Foundation

Achieving ideal legal harmonization between healthcare service regulations within the JKN system and Pancasila values requires a systemic approach encompassing normative, implementative, and participatory dimensions. As the state foundation and the source of all national legal norms, Pancasila demands that the entire legal system including the healthcare sector uphold the values of social justice, national unity, humanity, belief in God grounded in humanism, and democracy.

First, normative harmonization must be pursued through legislative review and regulatory reform of all regulations governing healthcare services, including Law No. 17 of 2023 on Health and its implementing regulations. Many existing regulations remain sectoral and overlapping, resulting in legal uncertainty and inconsistency with Pancasila’s fundamental principles. Accordingly, regulatory revisions should be directed toward strengthening the protection of the right to health as a constitutional right, while simultaneously affirming the principles of distributive justice, non-discrimination, and equal treatment for all members of society (Busroh et al., 2023; Agustin & Syahuri, 2024).

Second, the formulation of new legal norms must be grounded in the pro persona principle, which prioritizes human dignity and fundamental rights. Every policy and regulation should explicitly incorporate the values of Social Justice for All the People of Indonesia (Fifth Principle), Just and Civilized Humanity (Second Principle), and Democratic Life Led by Wisdom of Thoughts in Deliberations Amongst Representatives of the People (Fourth Principle). Technical guidelines are needed to operationalize the application of Pancasila values in healthcare policy and practice, including social justice principles, protection of vulnerable groups, and participatory mechanisms in service planning and evaluation.

Third, strengthening institutional capacity and human resources is essential to ensure the effective implementation of Pancasila values in healthcare policy. BPJS Kesehatan, the Ministry of Health, and healthcare facilities must be supported through continuous training programs on integrating Pancasila values into service delivery. Governance reforms within BPJS Kesehatan should focus on enhancing transparency, accountability, and public participation, including the establishment of independent supervisory boards and the simplification of digital-based complaint mechanisms. Periodic evaluations based on Pancasila principles should also be integrated into the

JKN service quality management system (Azeri, Tamba, & Silaban, 2023; Asya et al., 2024).

Fourth, strengthening oversight mechanisms and public accountability must be prioritized to enhance alignment between healthcare governance and Pancasila values. The government should expand opportunities for public involvement in monitoring, evaluating, and formulating health policies as an embodiment of democratic principles and the protection of citizens' constitutional rights.

Fifth, the integration of Pancasila values into health professional education must be intensified. Curricula in medicine, nursing, hospital administration, and other health professions should incorporate ideological and ethical education grounded in Pancasila. Institutionalizing these values at the educational stage aims to cultivate health professionals who possess ideological commitment, social responsibility, and sensitivity to justice and humanity in public service delivery (Putri & Murdi, 2019; Tirza & Cendana, 2021).

Sixth, the establishment of specialized forums or institutions functioning as independent watchdogs should be seriously considered. Such bodies would play a strategic role in bridging policymakers, service providers, academics, and the public to ensure that regulatory directions and policy implementation remain aligned with Pancasila values (Felen, 2024).

Seventh, affirmative policies for vulnerable groups and communities in disadvantaged regions must be strengthened. Healthcare regulations should establish minimum service standards to ensure equitable and adequate access for all citizens, accompanied by targeted incentives for health workers and facilities in remote areas as a concrete manifestation of social justice (Ajuebor et al., 2020; Noya et al., 2021).

4. Conclusion

Healthcare services within Indonesia's National Health Insurance (JKN) system possess a robust juridical foundation; however, they remain substantively and ideologically misaligned with the values of Pancasila. Although Law No. 17 of 2023 concerning Health and its derivative regulations normatively guarantee the right to healthcare, normative disharmony persists in the form of substantive conflicts, regulatory overlaps, and discrepancies between central policies and regional implementation. This regulatory incoherence reflects a suboptimal internalization of Pancasila values specifically humanity, social justice, unity, and deliberation within the formulation and execution of healthcare policies. Furthermore, structural impediments such as rigid bureaucracy, resource constraints, limited public participation, and the influence of political-economic interests exacerbate these conditions. Consequently, there is an urgent need for a regulatory harmonization model for healthcare services that transcends technical-formal aspects, adopting the fundamental values of Pancasila as a philosophical and ethical cornerstone. This ideal harmonization should be realized through legislative review, the integration of Pancasila legal ethics, institutional capacity building, enhanced community participation, ideological education for healthcare professionals, and independent oversight. By implementing these measures, the JKN system is expected to serve as a genuine instrument for social justice, the protection of human rights, and a tangible manifestation of Pancasila ideology within national healthcare practices.

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