

Positive Legal Aspects of Indonesia in Health Services Based on the Perspective of Law Number 17 of 2023 Concerning Health

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Abstract. Lawful direction and improvement in the wellbeing area plans to make request and legitimate sureness and work with advancement in the wellbeing area. Regulations that can guarantee and safeguard the public's access to the expected health services and protect health care workers are the desired pieces of legislation. Guidelines It should have a lawful viewpoint that is thorough and strong so it can direct wellbeing administrations given by both the public authority and the confidential area. Through the enactment of a variety of sectoral laws, Indonesia has implemented legal aspects pertaining to the health sector. Aspects of health services have been regulated in detail in Articles 26-39 of Law No. 17 of 2023 concerning Health. Health efforts in the form of services in Indonesia are organized through a. Primary Health Care; and b. Advanced Health Services. Primary Health Services and secondary Health Services are provided based on policies determined by the Central Government taking into account input from the Regional Government and/or the community.

Keywords: Aspect; Positive Law; Health services; UURI No. 17 of 2023.

1 Introduction

All the Public Objective of the Indonesian State is to safeguard the whole Indonesian country and Indonesia's blood and to advance general government assistance, teach the existence of the country, and partake in executing a world request in view of freedom, timeless harmony, and civil rights.[1] To accomplish objectives in life as a general public, country, and express, the Indonesian public complete public turn of events. The primary objective of national development is to improve people's well-being. To propel general government assistance, the wellbeing perspective is one of the principal viewpoints that is utilized as the primary concentration in public advancement endeavors.

The Unitary Condition of the Republic of Indonesia is legitimate.[2] Everything connected with the execution of government which is connected with the objectives of individuals' lives should be by the law. This incorporates endeavors to safeguard the basic freedoms of its residents. Wellbeing is a basic liberty and one of the components of flourishing that should be acknowledged by the standards of the Indonesian country.

Wellbeing is additionally one of the essential human requirements, other than dress, food, and haven. With the improvement of wellbeing administrations today, understanding Wellbeing Morals is a significant piece of local area government assistance. In the Constitution, each individual has the privilege to reside in physical and profound flourishing, to have a spot to live, to have a decent and sound living climate, and the option to get wellbeing administrations. Then, at that point, the State is answerable for giving sufficient wellbeing administration offices and public help offices.

To accomplish public objectives, reasonable improvement endeavors are being completed which are a progression of exhaustive, coordinated, and incorporated improvement. This includes both the provision of health services specifically and the improvement of general health. In Indonesia, legitimate perspectives in the wellbeing area have been executed with the issuance of Regulation Number 17 of 2023 concerning Wellbeing. These days, it very well may be seen that all parts of society's life have been moved by lawful perspectives. This is on the grounds that people want to carry on with a methodical life. In any case, a request for one individual isn't really equivalent to a request for someone else. Accordingly, we want decides that manage relations between people through concordance among request and legitimate establishments.

Lawful direction and advancement in the wellbeing area means to make legitimate request and sureness and work with improvement in the wellbeing area. Naturally, regulations that can guarantee and safeguard the public's access to desired health services and protect health care workers constitute the desired legislation. The rule ought to have a legitimate viewpoint that is finished areas of strength for and it can oversee prosperity organizations given by both the public power and the private region. All occupants have comparable circumstance, legitimately talking (correspondence under the careful attention of the law) regardless of what by Article 27 segment (1) of the 1945 Constitution of the Republic of Indonesia, which is the most raised guideline and is similarly the most essential reference in the presence of the state. The 1945 Constitution of the Republic of Indonesia in like manner controls fair treatment from the public power/legal gadget and social government help, for instance, prosperity organizations.[3]

The Focal Government and Provincial State run administrations are obliged to give admittance to essential wellbeing administrations and auxiliary wellbeing administrations all through Indonesia. Giving admittance to essential wellbeing administrations and high level wellbeing administrations as intended in Law Number 17 of 2023 concerning Health paragraph (1) can involve the community. Apart from that, providing access to primary health services and secondary health services as intended also covers vulnerable communities and is non-discriminatory and inclusive. Provision of access to primary Health Services and advanced Health Services as intended in paragraph (1) is carried out through a) construction of facilities and infrastructure for first level Health Service Facilities and advanced level Health Service Facilities; b) meeting the needs of human resources, pharmaceutical preparations, and medical devices; and c. increasing the capability and scope of services of Health Service Facilities.

Official guidelines are a type of regulation, while the actual law contains a more extensive significance than that structure, despite the fact that all that has been organized to satisfy the guidelines of good regulation by and by, there are still

different deficiencies so sufficient comprehension is required.[4] Organizing criminal and common regulation is important to safeguard society. The quintessence of criminal arrangements is to require liability through criminal arraignment for issues that not set in stone ahead of time.[5]

Construction of first-level Health Service Facilities and advanced level Health Service Facilities, including the fulfillment of human resources, facilities, infrastructure, and Health Equipment. The Central Government and/or Regional Government can help fulfill human resources for the construction of first-level Health Service Facilities and advanced Health Service Facilities in Indonesian regions.

The problem in this paper is "What are the Positive Legal Aspects of Indonesia in Health Services Based on the Perspective of Law Number 17 of 2023 concerning Health?"

2 Method and Approach

2.1 Method

The methodology used recorded as a printed copy this applied paper is an undeniable legitimate strategy, to be explicit by using data that clearly portrays gives directly in the field, the assessment is finished and a while later closures are drawn to handle an issue. The data grouping system is through discernment and composing study to procure deals with any consequences regarding issues in setting up this paper.

2.2 Approach

The regularizing juridical system, specifically the juridical philosophy strategy used to take a gander at issues in guideline and lawful rules, with the standard methodology by breaking down the issues including legitimate rules as helper data as fundamental, discretionary, and tertiary genuine materials.[6]

The standardizing juridical methodology is finishing sure legal guidelines or composed regulations, which connect with Positive Legitimate Parts of Indonesia in Wellbeing Administrations In view of the Point of view of Regulation Number 17 of 2023 concerning Wellbeing.[7] This exploration portrays what is happening of the item under study, in particular zeroing in on Sure Legitimate Parts of Indonesia in Wellbeing Administrations In light of the Point of view of Regulation Number 17 of 2023 concerning Wellbeing practically speaking.

3 Discussion

3.1 Legal Aspects in the Health Services Sector According to Indonesian Positive Law

A new field of study known as "Medical Law," or "Health Law," or "Gezondheidsrecht," has been developed by scientists for a long time. Clinical regulation or clinical regulation in a few nations has created in accordance with the improvement of human development. Notwithstanding, the direction of its advancement withdraws from various beginning stages in taking a gander at the points and targets of regulation in settling issues that emerge.[8]

Medical law has the scope as below:[9]

- a. Legislation that directly and indirectly regulates medical issues, for example, UUPK.

- b. Appropriate use of managerial regulation, common regulation, and criminal regulation arrangements for this.
- c. Good propensities that are persistently complied in the clinical field, peaceful accords, as well as advancements in science and innovation applied in clinical practice, become wellsprings of regulation in the clinical field.
- d. The judge's choice, which has super durable legitimate power, turns into a wellspring of regulation in the clinical field.

In common and criminal procedural regulation, it is known as proof recorded as a hard copy, beginning from this, up until this point clinical records as notes made by specialists (and dental specialists) are viewed as ready to be utilized as proof recorded as a hard copy, albeit in resulting improvements, conclusions This might in any case be returned to. The clinical record

isn't proof as per regulation, despite the fact that it tends to be utilized as proof for however long it is done accurately by material guidelines.[10] The guideline of assurance for patients is as the specialist's commitment to maintain patient mysteries that are known either straightforwardly or by implication. Truth be told, the issue of clinical mysteries has been controlled in Unofficial law No. 10/1966, some time before UUPK was proclaimed.[11]

There are a few lawful parts of wellbeing administrations in Indonesia. The common viewpoint incorporates claims for remuneration in light of unlawful demonstrations (onrechtmatige daad) and the criminal angle.[12] Wellbeing administrations in Indonesia are complete in light of the fact that they are organized by a few lawful viewpoints. Lawful perspectives connected with wellbeing administrations incorporate:

3.1.1 Aspects of Constitutional Law.

Wellbeing administration improvement is far reaching and primary. This is accomplished by means of legal instruments that are based on the structure, type, and order of statutory regulations. Article 1 number 1 of Guideline No. 12 of 2011 in regards to the Arrangement of Authoritative Guidelines expresses that the development of Administrative Guidelines is the formation of Administrative Guidelines which incorporates the phases of arranging, drafting, examining, approving or deciding, and declaring.

Article 7 of Regulation No. 12 of 2011 concerning the Arrangement of Authoritative Guidelines expresses that the order of legal guidelines incorporates, among others:

- a. The 1945 Constitution of the Republic of Indonesia;
- b. Pronouncement of Individuals' Consultative Get together;
- c. Regulation/Unofficial law instead of Regulation;
- d. Unofficial laws;
- e. Official declaration;
- f. Common Provincial Guidelines; Furthermore,
- g. Rule/City Territorial Guidelines.

Article 8 of Law No. 12 of 2011 concerning the formation of statutory regulations states that:

"sorts of Administrative Guidelines other than those alluded to in Article 7 passage (1) incorporate guidelines specified by Individuals' Consultative

Gathering, Individuals' Agent Board, the Territorial Delegate Committee, the High Court, the Protected Court, the Preeminent Review Office, the Legal Commission, Bank Indonesia, Priests, offices, foundation, or commission of a similar level laid out by regulation or the public authority by request of the law, the Common Local Individuals' Agent Chamber, the Lead representative, the Regime/City Provincial Individuals' Delegate Committee, the Official/Chairman, the Town Head or the same."

3.1.2 Environmental Legal Aspects.

Natural legitimate angles in wellbeing administrations, particularly for the arrangement of wellbeing in emergency clinics should be visible in Article 8 of Regulation No. 44 of 2009 concerning medical clinics which peruses:

- (1) The area necessities as expected in Article 7 passage (1) should meet the arrangements with respect to wellbeing, natural security, and spatial preparation, and are by the consequences of the investigation of the requirements and possibility of running a medical clinic.
- (2) Provisions viewing ecological wellbeing and security as expected in passage (1) concerning Natural Observing Endeavors, Natural Administration Endeavors, or potentially Natural Effect Examination are carried out by legal guidelines.

Article 8 passage (2) above alludes to Regulation No. 32 of 2009 concerning natural insurance and the board. In Article 1 Number 11, it is expressed that:

"Ecological Effect Investigation (AMDAL) is an investigation of the critical effects of an arranged business as well as movement on the climate which is fundamental for the dynamic interaction with respect to the execution of a business or potentially action."

3.1.3 Administrative Law Aspects.

Authoritative legitimate parts of wellbeing administrations are contained in a few sectoral regulations. Article 23 section (3) of Regulation No. 36 of 2009 concerning Wellbeing states that in giving wellbeing administrations, wellbeing laborers should have consent from the public authority. Then, at that point, in Article 34 section (2) of a similar Regulation, it is expressed that wellbeing administration office administrators are precluded from utilizing wellbeing laborers who don't have capabilities and licenses to do proficient work. This grant additionally applies to wellbeing administrations conventional as expected in Article 60 section (1) of Regulation No.36 2009 concerning Wellbeing.

Regulatory assents can be forced on wellbeing laborers and wellbeing administration offices who are associated with disregarding the arrangements of Regulation No. 36 of 2009 concerning wellbeing. These administrative sanctions are written in Article 188 paragraph (3) in the form of written warnings, and revocation of temporary permits and/or permanent permits. For corporations, in addition to revocation of business permits, legal entity status will be revoked by Article 201 paragraph (2) of Law No. 36 of 2009 concerning Health.

3.1.4 Civil Law Aspects.

Parts of common regulation in wellbeing administrations between wellbeing laborers and patients should be visible in a restorative exchange

made by the two players. What is meant by a therapeutic transaction is a transaction (agreement or verbintenis) to determine the doctor's search for the most appropriate therapy for the patient.[8] Exchanges are by and large directed in the Common Code (Het Burgerlijk Wetboek), hereinafter alluded to as the Common Code, which for the exchange to produce results legitimately should for the most part satisfy 4 (four) prerequisites in Article 1320 of the Common Code, to be specific:

- (1) The arrangement of the individuals who tie themselves (toesteming van degene kick the bucket zich verbinden);
- (2) The capacity to reach an agreement (the willingness to do so);
- (3) Regarding a specific matter (een bepaald onderwerp);
- (4) Due to a legal reason (een geoorloofde oorzaak).

In a restorative exchange, the two players should satisfy the circumstances referenced above, and in the event that the exchange has happened, the two players are troubled with freedoms and commitments that should be satisfied. As stated in Civil Code article 1338, which reads:

“All arrangements made legitimately apply as regulation to the individuals who make them. An arrangement can't be removed by some other means than understanding of the two players or because of reasons that the law states are adequate to do as such. An arrangement should be done with honest intentions.”

3.1.5 Disciplinary Legal Aspects.

The disciplinary genuine point is contained in Article 55 area (1) of Guideline No. 29 of 2004 concerning Clinical Practice. To keep up with the discipline of subject matter experts and dental experts in finishing clinical practice, the Indonesian Clinical Discipline Privileged Board was framed. Then, at that point, for clinical specialists and dental specialists who disregard clinical expert discipline as expressed in the Indonesian Clinical Set of rules (KODEKI), they will receive disciplinary sanctions by Article 69 paragraph (3), in the form of:

- a. Providing composed alerts;
- b. Recommendations for denial of enrollment declaration or practice license;
- c. Obligation to go to schooling or preparing at a clinical or dental instructive establishment.

The reason for disciplinary discipline forced on wellbeing laborers who commit errors is to improve and teach the wellbeing laborers concerned.[13]

3.1.6 Criminal Law Aspects.

The Crook Code (Wetboek van Strafrecht), applies to Indonesian inhabitants and residents regardless in view of Article 7 of Regulation No. 1 of 1946, which dealt with regulations for the criminal law. General standards of criminal regulation are contained in Articles 1 to 9 of the Lawbreaker Code. Doctors who are residents and citizens of the Republic of Indonesia are subject to the Criminal Code, especially if they belong to the medical profession subsystem, which is one of Indonesian society's subsystems and its supra-system.

3.2 Legal Aspects in the Health Services Sector According to Law Number 17 of 2023 concerning Health.

Health services are all forms of activities and/or a series of service activities provided directly to individuals or the community to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative. The concept of health services based on Law Number 17 of 2023 discussing Health reflects a commitment to creating a health system that is more inclusive, prevention-oriented, and of high quality. This law also regulates various aspects, from regulations on the provision of health services to patient rights. The Indonesian government strives to continue to improve and optimize the health system by the principles contained in the Health Law for the welfare and health of the population.

Specifically, aspects of health services are regulated in Articles 26-39 of Law Number 17 of 2023 concerning Health, as follows:

Article 26

Health efforts in the form of services are carried out through:

- a. Primary Health Care; And
- b. Advanced Health Services.

Article 27

Primary Health Services and secondary Health Services are provided based on policies determined by the Central Government taking into account input from the Regional Government and/or the community.

Article 28

- (1) The Focal Government and Provincial Legislatures are obliged to give admittance to essential Wellbeing Administrations and high level Wellbeing Administrations all through Indonesia.
- (2) The obligations as intended in paragraph (1) are prioritized by optimizing the role of the Regional Government.
- (3) Providing access to primary Health Services and advanced Health Services as intended in paragraph (1) can involve the community.
- (4) Providing access to primary health services and secondary health services as referred to in paragraph (1) covers vulnerable communities and is inclusive and non-discriminatory.
- (5) Provision of access to primary Health Services and advanced Health Services as intended in paragraph (1) is carried out through:
 - a. construction of offices and foundation for first level Wellbeing Administration Offices and high level Wellbeing Administration Offices;
 - b. meeting the needs for human resources, pharmaceutical preparations, and medical devices; and c. increasing the capability and scope of services of Health Service Facilities.

Article 29

- (1) The people group can take part in the development of first-level Wellbeing Administration Offices and high level Wellbeing Administration Offices.
- (2) Construction of first-level Health Service Facilities and advanced level Health Service Facilities as referred to in paragraph (1) including the fulfillment of human resources, facilities, infrastructure, and Health Equipment.
- (3) The construction of the first level Health Service Facilities and advanced level Health Service Facilities as referred to in paragraph (1) must take into

consideration the need for Health Services in remote, border and island areas, including the need for educational facilities.

- (4) The Central Government and/or Regional Government can assist in fulfilling human resources for the construction of first-level Health Service Facilities and advanced-level Health Service Facilities in the regions as intended in paragraph (3).

Article 30

The Focal Government, Territorial Government, and Town Government are answerable for the execution and advancement of essential wellbeing administrations.

Article 31

- (1) Primary Health Services organizes individual Health Efforts and Community Health Efforts.
- (2) Primary Health Services as referred to in paragraph (1) are Health Services closest to the community as the first contact for Health Services.
- (3) Primary Health Services as intended in paragraph (1) are carried out in an integrated manner with the aim of:
 - a. meeting health needs in every phase of life;
 - b. improving health determinants or factors that influence health consisting of social, economic, commercial, and environmental determinants; And
 - c. strengthening the health of individuals, families, and communities.
- (4) Integrated primary health services as referred to in paragraph (3) include promotive, preventive, curative, rehabilitative, and/or palliative services for every phase of life.
- (5) Preventive services as referred to in paragraph (4) are carried out for disease prevention including screening and surveillance.
- (6) Primary Health Services as referred to in paragraph (3) strategically prioritize primary/essential Health Services aimed at individuals, families, and communities based on risk factors.
- (7) Improving health determinants or factors that influence health as referred to in paragraph (3) letter b involves related parties through developing cross-sector policies and actions.
- (8) Strengthening the health of individuals, families, and communities as intended in paragraph (3) letter c aims to optimize their health status and strengthen their role as partners in health development and providers of care for themselves and others.
- (9) Strengthening the health of individuals, families, and communities as intended in paragraph (8) provides services that are individual-centered, family-focused, and community-oriented by socio-cultural backgrounds.

Article 32

- (1) Primary Health Services are provided through a Health Services network system that coordinates and cooperates.
- (2) Puskesmas with a primary health care network system in its working area.
- (3) The Health Service network system as intended in paragraph (1) is designed to reach the entire community through:
 - a. administrative area-based network structure;
 - b. educational unit-based network structure;
 - c. workplace-based networking structures;
 - d. referral system network structure; And
 - e. cross-sector network structure.

- (4) The administrative area-based network structure as intended in paragraph (3) letter a ensures the availability of Health Services for the entire community by guaranteeing the availability of Health Services up to the village/kelurahan level which includes:
 - a. First-level Health Service Facilities and supporting Health Service Facilities, whether owned by the Central Government, Regional Government, or the community;
 - b. Health Service units at the village/sub-district level; And
 - c. Health efforts are sourced from community resources, within the work area of the Community Health Center.
- (5) The Health Services Unit at the village/subdistrict level as referred to in paragraph (4) letter b coordinates Health affairs in the village/subdistrict, including the provision of Health Services and community participation.
- (6) The Health Service Unit at the village/subdistrict level as intended in paragraph (5) is at least implemented by Health cadres assigned by the village/subdistrict and Health Workers.
- (7) The educational unit-based network structure as intended in paragraph (3) letter b includes all educational units within the working area of a Puskesmas.
- (8) The workplace-based network structure as intended in paragraph (3) letter c includes all workplaces within the work area of a Puskesmas.
- (9) The referral system network structure as referred to in paragraph (3) letter d is carried out through vertical, horizontal, and back-referrals.
- (10) The cross-sector network structure as referred to in paragraph (3) letter e includes government networks at the sub-district, village/kelurahan, hamlet, community association, neighborhood association, and Health partner networks to address health determinants.
- (11) Primary Health Services are supported by data connectivity in a network system that is integrated with the National Health Information System.

Article 33

- (1) The implementation of primary Health Services is supported by a Health Laboratory.
- (2) Health laboratories as intended in paragraph (1) include medical laboratories, public health laboratories, and other laboratories determined by the Minister.
- (3) The public health laboratory as intended in paragraph (2) is arranged in stages.
- (4) The Central Government and Regional Governments are responsible for providing and organizing public health laboratories.
- (5) Further provisions regarding Health laboratories are regulated by Government Regulations.

Article 34

- (1) The Central Government, Regional Government, and Village Government are responsible for independence in Health Efforts.
- (2) In the setting of autonomy as expected in passage (1), the Focal Government, Territorial Government, and Town Government empower the arrangement of local area obtained Wellbeing Endeavors.

Article 35

- (1) Community-sourced Health Efforts are a vehicle for community empowerment in the Health sector that is formed based on community needs, managed by, from, for, and with the community, and can be facilitated by the Central Government,

Regional Government, and/or Village Government by involving the sector others related.

- (2) Community-based health efforts can take the form of integrated service posts.
- (3) Integrated service posts as intended in paragraph (2) can provide basic social services, including in the health sector.
- (4) The integrated service post as intended in paragraph (2) is carried out by cadres and/or the community.
- (5) In the context of basic social services in the Health sector at integrated service posts, technical guidance and capacity building of cadres are carried out by Health units in villages/sub-districts and Community Health Centers.
 - (6) In offering fundamental social types of assistance in the Wellbeing area at coordinated help posts, the Focal Government, Provincial Government, or Town Government gives motivating forces to units.
 - (7) The Focal Government, Provincial Government, and Town Government are liable for the execution of coordinated help posts.

Article 36

Further provisions regarding primary health services are regulated by Government Regulations.

Article 37

- (1) Advanced health services are specialist and/or subspecialist services that prioritize curative, rehabilitative, and palliative services without neglecting promotive and preventive services.
- (2) Advanced Health Services as referred to in paragraph (1) are provided by Medical Personnel and Health Personnel by the competence and authority of advanced Health Service Facilities. (3) Advanced Health Services as intended in paragraph (1) are funded by Health Service recipients or through Health Insurance in the national social security system and/or commercial insurance.

Article 38

- (1) In developing advanced Health Services, the Central Government, Regional Government, and the community can develop national superior service centers with international standards.
- (2) The development of national superior service centers as intended in paragraph (1) aims to meet Health Service needs and face regional and global competition.

(1) Article 39

- (1) Primary Health Services and advanced Health Services as intended in Article 26 are provided on an ongoing basis through an individual Health Service referral system.
- (2) The individual Health Service referral system as intended in paragraph (1) is carried out based on the patient's medical needs and service capabilities at each Health Service Facility.
- (3) The individual Health Service referral system includes vertical, horizontal, and reverse referrals.
- (4) The individual Health Service referral system is supported by information and communication technology that is integrated with the National Health Information System.
- (5) Information and communication technology as referred to in paragraph (4) contains up-to-date data and information regarding the service capabilities of each Health Service Facility that is part of an integrated referral system.

- (6) Apart from containing the latest data and information regarding the service capabilities of each Health Service Facility as intended in paragraph (5), the use of information and communication technology as intended in paragraph (4) is carried out in the process of transferring patient data and medical information required for the referral process.
- (7) Further arrangements with respect to the singular Wellbeing Administration reference framework are directed by an Ecclesiastical Guideline.

4 Conclusion

To accomplish public objectives, manageable improvement endeavors are completed which are a progression of thorough, coordinated, and incorporated improvement. This incorporates general wellbeing improvement and giving explicit wellbeing administrations. There are a few legitimate parts of wellbeing administrations in Indonesia. Health efforts in the form of services are carried out through a. Primary Health Care; and b. Advanced Health Services. Primary Health Services and secondary Health Services are provided based on policies determined by the Central Government taking into account input from the Regional Government and/or the community.

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