

Legal Analysis of the 'BERANI SEHAT' Program as an Instrument for the Protection of the Right to Health

Bambang Hermawan¹, Mohammad Feir Chalifardy Na'a², Asria Wahyuni Ahmad³, Andi Reza Alief Chairin Nor⁴

¹ Faculty of Law, Universitas Tadulako, Indonesia; bambanghermawan079@gmail.com

² Faculty of Law, Universitas Tadulako, Indonesia; eyifheir@gmail.com

³ Faculty of Law, Universitas Tadulako, Indonesia; wahyuniahmadariasria@gmail.com

⁴ Faculty of Law, Universitas Tadulako, Indonesia; andireza21@gmail.com

Received: 15/09/2026

Revised: 06/10/2026

Accepted: 23/10/2026

Abstract

The Government of Central Sulawesi Province launched the BERANI SEHAT Program to provide free and equitable access to healthcare services for all residents. The program is legally grounded in Governor Regulation Number 13 of 2025 on the Administration of Integrated Regional Health Insurance. This study aims to analyze its policy design from the perspective of the General Principles of Good Governance (AAUPB). Employing a normative juridical method with statutory and conceptual approaches, this research operationalizes systematic and teleological interpretations to avoid subjective qualitative assessments. The findings indicate that the regulation serves as a strategic discretionary instrument that effectively resolves bureaucratic deadlocks for individuals with inactive JKN status by leveraging digital intermediation (the SEHATI application) as a vital safety net. However, a critical evaluation reveals potential legal loopholes concerning the certainty of administrative response times and the accessibility risk for marginalized, undocumented residents without an Electronic National Identity Card (KTP-el). The study concludes that while the BERANI SEHAT Program reflects a strong commitment to the principles of expediency and the public interest in accelerating Universal Health Coverage (UHC), it is recommended to elevate its legal status to a Regional Regulation (Perda) to secure long-term, binding legitimacy and permanent budget allocations.

Keywords

AAUPB; BERANI SEHAT; Healthcare Services

Corresponding Author

Bambang Hermawan

Faculty of Law, Universitas Tadulako, Indonesia; bambanghermawan079@gmail.com

1. INTRODUCTION

The Preamble to the 1945 Constitution of the Republic of Indonesia establishes the protection of all citizens, the promotion of public welfare, the advancement of national education, and the realization of social justice as constitutional mandates that must be achieved through the exercise of governmental authority. These constitutional objectives not only reflect the philosophical foundation upon which the Indonesian state was established but also provide the normative basis for all governmental activities



aimed at creating a just, prosperous, and equitable society. Consequently, every governmental policy and administrative action should ultimately be directed toward achieving the state's constitutional objectives.

Health is a fundamental human right that must be protected, as it is closely linked to a person's ability to engage in social, economic, and daily activities (Nugroho & Fatma Ulfatun Najicha, 2023). As the highest constitutional norm, the Preamble to the 1945 Constitution serves as the principal foundation for both the enactment of legislation and the administration of government at all levels. Accordingly, the provision of public services should not be understood merely as the performance of administrative functions, but rather as a constitutional instrument for realizing the state's objectives, particularly the protection of citizens and the promotion of public welfare.

One of the constitutional implications of the objectives enshrined in the Preamble is Indonesia's adoption of the welfare state concept, under which the state assumes an active responsibility for fulfilling its citizens' social rights. Within a welfare state, the role of government extends beyond maintaining public order and security to ensuring the effective delivery of public services that improve the quality of life for the population. This conception places public welfare at the center of governmental administration, thereby requiring the state to implement public policies that provide comprehensive social protection for all citizens.

Within this framework, health is one of the fundamental pillars of the welfare state and inseparable from its normative foundations. The fulfillment of the right to health represents an essential prerequisite for achieving public welfare, given the close relationship between public health, human resource development, economic productivity, and social justice. Accordingly, the provision of healthcare services constitutes a concrete manifestation of the state's obligation to perform its welfare function as mandated by the Constitution.

The fulfillment of the right to health is one of the state's constitutional obligations. Everyone has the right to enjoy a healthy life, according to Article 28H, Paragraph 1 of the 1945 Constitution of the Republic of Indonesia, which guarantees the right to health in a rule-of-law country like Indonesia (Maria Alberta Liza Quintarti et al., 2025). Accordingly, the Constitution not only recognizes health as a fundamental constitutional right but also requires the state to establish and maintain a system of public administration capable of ensuring the effective realization of that right.

Within the framework of the Unitary State of the Republic of Indonesia, the realization of these welfare objectives is not solely the responsibility of the Central Government but also involves Regional Governments, which are integral components of the national system of government at the subnational level. (Afiyah, 2026) Pursuant to the principle of decentralization as enshrined in the 1945 Constitution and further elaborated in Law Number 23 of 2014 on Regional Government, Regional Governments are

vested with the authority, rights, and responsibilities to independently regulate and administer governmental affairs, based on the principles of regional autonomy and co-administration (tugas pembantuan). Through these constitutional and statutory powers, Regional Governments are afforded the discretion to deliver public services that correspond to the distinctive characteristics, needs, and socio-economic conditions of their respective regions.

One of the governmental functions entrusted to Regional Governments is the provision of healthcare services as part of the mandatory basic public services. This authority encompasses responsibilities relating to governmental administration, public finance, public service delivery, and local socio-economic development. (Muhammad Rizqi Afandi et al., 2025) Accordingly, Regional Governments do not merely function as implementing agencies for Central Government policies but also serve as key actors in realizing the state's constitutional objectives by providing healthcare services at the regional level. In this regard, Regional Governments play a strategic role in ensuring the fulfillment of the right to health as an essential component of mandatory basic public services. (Irman Puansah et al., 2026)

The constitutional obligation to fulfill the right to health is further implemented through Indonesia's national health insurance system, which is governed by several legislative instruments, including Law Number 40 of 2004 on the National Social Security System, Law Number 24 of 2011 on the Social Security Administering Agency (BPJS), Law Number 17 of 2023 on Health, and Presidential Regulation Number 82 of 2018 on Health Insurance, as subsequently amended. Collectively, these legal instruments establish the regulatory framework for the National Health Insurance (Jaminan Kesehatan Nasional—JKN), which is intended to provide comprehensive health protection for all Indonesian citizens through a sustainable financing mechanism. Normatively and philosophically, the principle of justice in BPJS Health services has become a key issue following the enactment of Law Number 17 of 2023 because this law reaffirms health as a human right and a state obligation, thus demanding a balance between the values of social justice, non-discrimination, and the practice of health service delivery. (Budiman, 2023)

The implementation of JKN is increasingly focused on achieving UHC. This healthcare system ensures equitable access for every individual to quality promotive, preventive, curative, and rehabilitative health services without imposing financial hardship. (Nurhalimah Sitorus et al., 2023) BPJS Kesehatan, with the National Health Insurance Program (JKN), is a national strategic program that aims to provide access to quality and equitable health services in accordance with the mandate of the 1945 Constitution. (Wulandari, 2025)

In addition to the National Health Insurance scheme, Indonesia's healthcare system also grants Regional Governments legal authority to administer Regional Health Insurance (Jaminan Kesehatan Daerah—Jamkesda) as a complementary mechanism to provide health protection tailored to regional needs and conditions. The establishment of Jamkesda is not intended to replace the JKN scheme but rather to complement the national health protection system by ensuring that individuals who have not yet been covered under the JKN scheme continue to have access to adequate healthcare services.

As an integral component of Indonesia's national health insurance system, Jamkesda must be implemented in an integrated manner with the JKN program. This requirement is expressly stipulated in Article 102 of Presidential Regulation Number 82 of 2018 on Health Insurance, which mandates that Regional Governments administering regional health insurance schemes integrate their implementation into the JKN program administered by BPJS Kesehatan. This regulatory framework demonstrates that regional health insurance constitutes an inseparable component of the national health protection system and must therefore be administered in a coordinated and integrated manner.

Such integration also provides Regional Governments with the opportunity to develop innovative policy measures to expand access to healthcare services, provided these initiatives remain consistent with the institutional framework of the JKN system. Consequently, Regional Governments possess the authority to establish administrative mechanisms for healthcare service delivery that accommodate regional characteristics and local needs while maintaining integration with the national health insurance system.

Despite the clear constitutional mandates and statutory frameworks, a fundamental legal conflict frequently arises in practice. There is a normative collision between the rigid administrative verification procedures of active BPJS Kesehatan membership and the absolute constitutional obligation of Regional Governments to provide immediate, life-saving healthcare during medical emergencies or for marginalized populations lacking proper identification. The strict administrative requirements of the national JKN system often create a bureaucratic deadlock, leaving unverified residents—such as impoverished individuals, victims of domestic violence, and undocumented abandoned persons—deprived of immediate medical care. This creates a legal and administrative vacuum in which the state's welfare function is paralyzed by procedural rigidity, thereby necessitating an innovative regional policy intervention to bridge the gap between national administrative compliance and the fulfillment of fundamental human rights.

In fulfilling the obligation to administer an integrated regional health insurance scheme, the Government of Central Sulawesi Province introduced the BERANI SEHAT Program as one of its flagship regional policy initiatives. The program is intended to guarantee access to healthcare services for low-income communities, abandoned and vulnerable populations, and other groups that have not

yet been covered under the JKN scheme. Through this program, the Provincial Government assumes responsibility for financing healthcare services, ensuring that eligible residents can obtain necessary care even if they have not yet been registered as active participants in the National Health Insurance program.

As one of the Province's strategic development priorities, the BERANI SEHAT Program has been incorporated into the Regional Regulation of Central Sulawesi Province Number 1 of 2025, concerning the Regional Medium-Term Development Plan (RPJMD) for 2025–2029. Its operational implementation is further regulated by the Governor of Central Sulawesi Regulation Number 13 of 2025 concerning the Administration of Integrated Regional Health Insurance (Governor Regulation No. 13 of 2025). This regulation governs various aspects of the administration of regional health insurance, including participant eligibility, registration procedures, healthcare administrative services, financing arrangements, inter-agency coordination, and the utilization of the Integrated Health Insurance Electronic System (Sistem Elektronik Jaminan Kesehatan Terintegrasi—SEHATI) as a supporting platform for integrated healthcare service delivery. Accordingly, the Governor Regulation constitutes the principal normative instrument governing the implementation of the BERANI SEHAT Program within the healthcare system of Central Sulawesi Province.

A review of the existing literature indicates that previous studies have extensively examined the implementation of both the JKN and Jamkesda systems from the perspectives of general policy evaluation, healthcare service quality, and the socio-economic impact of Universal Health Coverage (UHC). However, these studies predominantly treat regional health policies merely as public health or public administration phenomena, overlooking the complex juridical dynamics involved. Unlike previous research, this study fills a critical research gap by examining the administration of regional health insurance strictly through the lens of State Administrative Law.

The novelty of this research lies in its legal analysis of the Governor of Central Sulawesi Regulation Number 13 of 2025, positioning the regulatory framework not just as a healthcare financing policy, but as a concrete instrument of bureaucratic discretion. Specifically, this study analyzes how the Provincial Government utilizes a digital platform (the SEHATI application) as a legal and administrative tool to resolve the aforementioned bureaucratic deadlock. By evaluating this policy design against the General Principles of Good Governance (AAUPB), this study aims to contribute conceptually to administrative law scholarship, particularly regarding the limits of regional discretion, the integration of technology into legal administration, and the governance of local healthcare delivery.

2. METHODS

This study employs a normative juridical research method. Normative legal research is a legal research approach that examines legal norms, principles, and doctrines to formulate arguments addressing the legal issues under investigation. (Marzuki, 2017) The study is conducted through library research and adopts a qualitative research design. It applies both the statutory and conceptual approaches.

The statutory approach is employed to analyze the legal issues concerning the BERANI SEHAT Program as regulated by the Governor of Central Sulawesi Regulation Number 13 of 2025 on the Administration of Integrated Regional Health Insurance. It is also used to examine the regulatory design of the BERANI SEHAT Program from the perspective of the AAUPB as stipulated in Law Number 30 of 2014 on Government Administration.

The conceptual approach is applied to examine the legal concepts, doctrines, and principles developed within legal scholarship and to relate them to the regulatory design of the BERANI SEHAT Program. The research relies on primary legal materials, consisting of Indonesian legislation governing the JKN and Jamkesda systems, and secondary legal materials, including books, scholarly journal articles, and expert opinions, which are used to analyze and interpret the applicable legal framework.

To operationalize the legal analysis techniques, this study employs two methods of legal interpretation: systematic and teleological. Systematic interpretation is used to analyze the position of Governor Regulation Number 13 of 2025 within the broader system of constitutional and administrative law by linking it to the constitutional mandates of the 1945 Constitution, the Regional Government Law, and Presidential Regulation Number 82 of 2018. Meanwhile, teleological interpretation is applied to ascertain the underlying purpose of the policy norms in fulfilling the right to health for marginalized communities, as well as to evaluate the conformity of the regional government's discretionary actions against the benchmarks of the AAUPB as stipulated in the Government Administration Law.

This study operationalizes specific normative indicators to measure compliance with the General Principles of Good Governance (AAUPB). The principle of legal certainty is measured by the clarity of administrative response times; the principle of accuracy is evaluated through the validity of data verification and its mitigation strategy for undocumented residents; and the principle of non-abuse of authority is assessed by the harmonization of regional discretionary acts with the overarching National Health Insurance framework, specifically Presidential Regulation Number 82 of 2018. Furthermore, the principles of good public service, expediency, and the public interest are measured by the extent of bureaucratic simplification, cost barrier reduction, and affirmative coverage for marginalized populations utilizing the integrated digital system.

The principle of legal certainty is measured by the clarity of administrative response times; the principle of accuracy is evaluated through the validity of data verification and its mitigation strategy for undocumented residents; and the principle of non-abuse of authority is assessed by the harmonization of regional discretionary acts with the overarching National Health Insurance framework, specifically Presidential Regulation Number 82 of 2018. Furthermore, the principles of good public service, expediency, and the public interest are measured by the extent of bureaucratic simplification, cost barrier reduction, and affirmative coverage for marginalized populations utilizing the integrated digital system.

3. FINDINGS AND DISCUSSION

3.1. The Legal Responsibility of Regional Governments in Healthcare Service Delivery

The right to health is one of the fundamental rights of citizens recognized and protected under Indonesia's national legal system. As a social right, its fulfillment is regarded not merely as an individual interest but also as a constitutional responsibility of the state, to be realized through the administration of government. Nevertheless, several challenges continue to hinder the effective realization of the right to health, including limited public awareness, inadequate affordability of healthcare services, shortages of medicines and medical equipment, unequal access to healthcare facilities, and disparities in the quality of healthcare services. (Setyowati, 2022)

The right to health should not be interpreted as a guarantee that every individual will always enjoy a state of good health, nor does it impose an absolute obligation upon the state to provide every conceivable form of healthcare service regardless of available resources. Rather, the right to health should be understood as imposing a positive obligation on the state to formulate appropriate public policies, establish an effective healthcare system, and organize healthcare services that enable every citizen to obtain equitable, adequate, and sustainable access to healthcare. (Kusuma, 2024)

This understanding demonstrates that the fulfillment of the right to health cannot be achieved solely by providing healthcare facilities. It also requires establishing policies, institutions, and administrative mechanisms to ensure sustainable public access to healthcare services. Accordingly, the state's responsibility for fulfilling the right to health must be translated into a comprehensive social protection system, founded on a clear legal framework, so that its implementation can effectively reach all segments of society. Moreover, the right to health constitutes an integral component of internationally recognized human rights. Its scope extends beyond access to healthcare services to include the right to a healthy environment, access to health-related information, and the right to receive healthcare free from all forms of discrimination. (Nurmala et al., 2024)

Indonesia's National Social Security System was established on the premise that the state bears a constitutional responsibility to fulfill the social rights of its citizens. Within this framework, the welfare state concept positions the state as having an affirmative obligation to establish and administer social protection mechanisms to ensure that the population's basic needs are met equitably. (Samosir & Gultom, 2025)

As part of Indonesia's governmental system, the implementation of the National Social Security System is not exclusively the responsibility of the Central Government but also involves Regional Governments in accordance with the constitutional allocation of governmental functions under the principle of decentralization. In this context, Regional Governments play a strategic role in ensuring that health insurance policies are implemented effectively by providing healthcare services that respond to the specific characteristics and needs of local communities. From the perspective of the welfare state, the provision of healthcare services is one of the state's affirmative responsibilities to ensure that every citizen has access to quality, affordable healthcare. (Ardinata, 2020)

A logical consequence of the welfare state doctrine is the emergence of a legal obligation requiring the government not only to recognize the public's right to healthcare services but also to undertake concrete measures through the administration of health affairs. In a decentralized governmental system, this obligation is borne not only by the Central Government but also by Regional Governments in accordance with the distribution of governmental powers established by legislation. This legal responsibility arises from the mandatory governmental function in the health sector as stipulated in Law Number 23 of 2014 on Regional Government. It is further reinforced by Law Number 17 of 2023 on Health. (Sari et al., 2026)

Accordingly, the legal responsibility of Regional Governments in the health sector should be understood not merely as the exercise of statutory governmental authority but also as a legal obligation to provide public services that effectively guarantee the fulfillment of the public's right to healthcare. The discharge of this obligation constitutes a form of legal protection afforded by the government to its citizens through the administration of public health services. In this regard, Philipus M. Hadjon defines legal protection as the protection of human dignity and the recognition of the human rights possessed by legal subjects under the rule of law against arbitrary governmental action, as well as a body of legal norms intended to safeguard one legal interest from interference by another. (Philipus M. Hadjon, 2007)

This conception of legal protection emphasizes that governmental administration is intended not only to exercise authority conferred by law but also to ensure the protection of citizens' rights through lawful governmental action. Within the context of healthcare services, legal protection is realized through the provision of public services that ensure legal certainty, accessibility, and equal treatment for every citizen in obtaining healthcare. Consequently, healthcare services are among the principal

instruments by which the government fulfills its constitutional obligations while simultaneously protecting the public's right to health.

From an administrative law perspective, healthcare services constitute a form of public service delivered by governmental institutions and healthcare providers through an organized administrative system. Such services are intended to meet society's basic healthcare needs by providing promotive, preventive, curative, and rehabilitative care to individuals, groups, and communities. (Handijani & Nugroho, 2023)

Based on the foregoing analysis, the legal responsibility of Regional Governments in healthcare service delivery represents the implementation of both constitutional and administrative obligations in administering governmental affairs in the health sector. This responsibility is manifested not only through the provision of healthcare services but also through the formulation of public policies and regulatory frameworks that guarantee accessibility, legal certainty, and legal protection for all members of society.

3.2. The Design of the BERANI SEHAT Program under Governor Regulation Number 13 of 2025 on the Administration of Integrated Regional Health Insurance

The BERANI SEHAT Program is a flagship policy initiative introduced by the Government of Central Sulawesi Province under the leadership of Governor Anwar Hafid and Vice Governor Reny A. Lamadjido. Fundamentally, the program focuses on the healthcare sector, particularly on improving the administration of healthcare services within healthcare facilities. The program was officially launched on 13 April 2025 to coincide with the 61st Anniversary of Central Sulawesi Province. According to information published on the official website of the Provincial Government of Central Sulawesi, BERANI SEHAT is a priority program designed to ensure that every resident has access to quality healthcare services free of charge. (Pemerintah Provinsi Sulawesi Tengah, 2026b) The program is implemented in partnership with BPJS Kesehatan as part of the Province's efforts to achieve UHC. (Pemerintah Provinsi Sulawesi Tengah, 2026b)

According to the Appendix to Regional Regulation Number 1 of 2025, the BERANI SEHAT Program comprises several supporting sub-programs, namely: (1) integration of healthcare services with BPJS Kesehatan, enabling residents to obtain healthcare services using only their national identity card (*Kartu Tanda Penduduk*—KTP); (2) stunting prevention initiatives; (3) free health examinations; (4) improvement of healthcare service quality at UNDATA Regional General Hospital and MADANI Regional General Hospital; (5) development of UNDATA Hospital and MADANI Hospital into internationally accredited referral hospitals; (6) healthcare protection for low-income communities through the *Naseha Kami* program; and (7) integration of healthcare services with other hospitals located

in Palu City. Data obtained by the author indicate that, as of June 2026, the realization of the BERANI SEHAT Program's budget had reached approximately IDR 52.4 billion. (Pemerintah Provinsi Sulawesi Tengah, 2026a)

In general, Article 2 of Governor Regulation Number 13 of 2025 provides that the Integrated Regional Health Insurance scheme is administered through two distinct mechanisms: (i) a health insurance program integrated into the JKN system; and (ii) a Regional Health Insurance program that operates outside the JKN system. The JKN-integrated scheme is intended for residents classified as Non-Wage-Earning Workers (Pekerja Bukan Penerima Upah/PBPU) and Non-Workers (Bukan Pekerja/BP) within Central Sulawesi Province, with premium contributions financed by the Provincial Government while remaining subject to the institutional framework, administrative procedures, and governance standards established under the JKN system. Meanwhile, the Regional Health Insurance program operating outside the JKN system provides healthcare protection for the following categories of beneficiaries:

- a. participants in the non-registered Regional Health Insurance Program (non-registered);
- b. victims of domestic violence;
- c. abandoned residents whose identities cannot be established;
- d. victims of disasters whose healthcare expenses are not covered by other funding sources;
- e. individuals affected by disease outbreaks or extraordinary public health events; and
- f. beneficiaries of other healthcare service programs that are not covered by BPJS

Governor Regulation Number 13 of 2025 further specifies the eligibility criteria applicable to each category of beneficiaries under the non-JKN Regional Health Insurance scheme. Participants in the non-register program consist of residents of Central Sulawesi Province who are classified as poor or economically disadvantaged and who have not yet been enrolled in any health insurance scheme. Beneficiaries categorized as victims of domestic violence are residents who have suffered domestic violence within the Province. Likewise, abandoned residents without verifiable identities are eligible for coverage, provided that their status is supported by a certification issued by either the Provincial or Regency/Municipal Social Affairs Office or the relevant regional government agency responsible for social affairs.

Furthermore, all beneficiaries covered under the Regional Health Insurance scheme operating outside the JKN system, as regulated by Governor Regulation Number 13 of 2025, are entitled to receive healthcare services at designated Healthcare Facilities (Fasilitas Pelayanan Kesehatan/Fasyankes) upon submission of the required administrative documents. The documentary requirements applicable to each category of beneficiaries are summarized by the author in the following table:

Table 1. Categories of Beneficiaries under the Regional Health Insurance Program Outside the JKN System and the Administrative Requirements for Accessing Healthcare Services

No.	Beneficiaries under the Regional Health Insurance Program Outside the JKN System	Required Supporting Documents
1	Participants in the Non-Registered Regional Health Insurance Program (Non-Registered)	a. KTP or Family Card (<i>Kartu Keluarga</i> —KK); b. Medical treatment certificate issued by Fasyankes; and c. Certificate confirming that the participant is registered in the National Integrated Socio-Economic Data (DTSEN).
2	Victims of Domestic Violence	a. National Identity Card (KTP); b. Police report; and c—medical examination report (<i>visum et repertum</i>) issued by a physician.
3	Abandoned Residents without Verifiable Identity	Certificate issued by the Social Affairs Office or by the head of the Regency/Municipal government agency responsible for social affairs.
4	Victims of Disasters Not Covered by Other Funding Sources	a. KTP or KK; and b. Certificate issued by the Village Head (<i>Kepala Desa</i>) or Urban Village Head (<i>Lurah</i>) confirming that the individual is a disaster victim.
5	Victims of Disease Outbreaks or Extraordinary Public Health Events	a. KTP; and b. Certificate issued by the Village Head (<i>Kepala Desa</i>) or Urban Village Head (<i>Lurah</i>) confirming that the individual is affected by a disease outbreak or extraordinary public health event.
6	Beneficiaries of Other Healthcare Service Programs Not Covered by BPJS Kesehatan	a. KTP or KK; and b. Referral letter issued by the Healthcare Facility (<i>Fasyankes</i>).

Source: Compiled by the Author based on the Governor of Central Sulawesi Regulation Number 13 of 2025

Governor Regulation Number 13 of 2025 establishes the procedures governing the delivery of healthcare services under the Integrated Regional Health Insurance scheme. For beneficiaries covered under the Regional Health Insurance Program integrated with the JKN system, healthcare services are provided in accordance with the applicable laws and regulations governing the JKN program. Meanwhile, beneficiaries of the Regional Health Insurance Program operating outside the JKN system—except for abandoned residents without verifiable identities as referred to in Article 4(c)—are entitled to receive healthcare services at designated Healthcare Facilities, namely: (a) hospitals owned by the Provincial Government; and (b) regency/municipal government-owned hospitals or other hospitals that have entered into cooperation agreements with the Provincial Government. By contrast,

beneficiaries classified as abandoned residents without verifiable identities are eligible to receive healthcare services exclusively at Provincial Government-owned healthcare facilities.

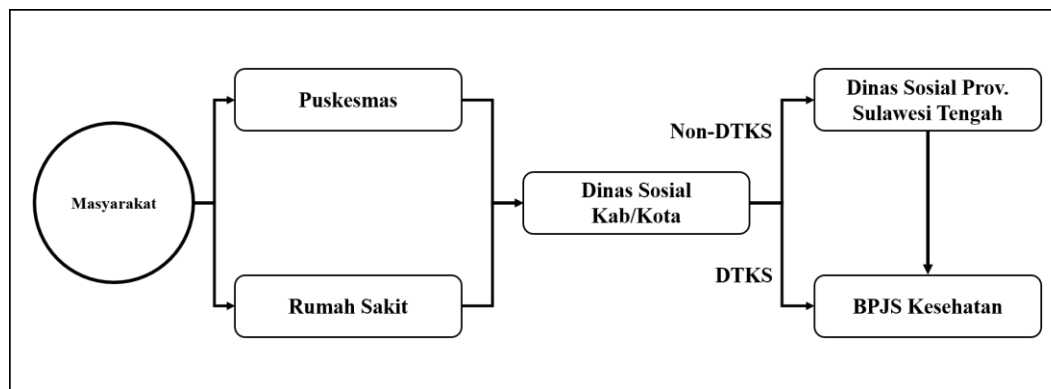
The healthcare services provided to beneficiaries under both the JKN-integrated scheme and the Regional Health Insurance scheme outside the JKN system include specialist outpatient care, inpatient care, and emergency medical services. In particular, advanced inpatient services are provided only in Class III hospital wards. Furthermore, hospitals designated by, or in cooperation with, the Provincial Government are legally required to provide emergency healthcare services to all residents of Central Sulawesi Province.

To support the administrative management of healthcare services for program beneficiaries, the Government of Central Sulawesi Province introduced the SEHATI application, a digital platform for use by healthcare facilities. The SEHATI application operates through an integrated information system with an automated notification mechanism that coordinates communication among healthcare facilities, the Social Affairs Office, the Health Office, the Civil Registration and Population Office (*Dinas Kependudukan dan Pencatatan Sipil/DUKCAPIL*), BPJS Kesehatan, and other relevant government agencies.

As part of its operational workflow, the SEHATI application is used by healthcare facilities when patients arrive at hospitals or community health centers (*Puskesmas*) for medical treatment. Where the patient is eligible under the JKN scheme, the administrative process proceeds in accordance with the standard procedures established by BPJS Kesehatan. As part of this process, the Regency/Municipal Social Affairs Office verifies the patient's eligibility using the Integrated Social Welfare Database (Data Terpadu Kesejahteraan Sosial—DTKS). If the patient is not recorded in the DTKS, the relevant information is forwarded to the Provincial Social Affairs Office of Central Sulawesi. Subsequently, the verified data are transmitted to BPJS Kesehatan to issue National Health Insurance membership. Once the patient's JKN membership has been activated by BPJS Kesehatan, the healthcare facility may proceed to provide medical services.

The procedural flow governing healthcare service delivery under the JKN scheme in cases involving incomplete administrative data is illustrated in the following figure:

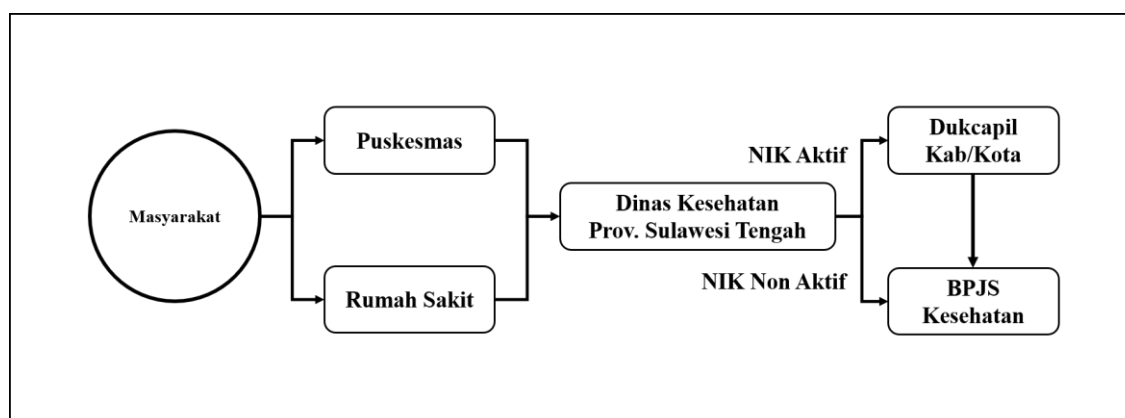
Figure 1. Flow of Healthcare Service Delivery under the BERANI SEHAT Program within the JKN Scheme (Complete Administrative Data)



Within the JKN scheme, a separate procedure applies where a patient's National Identity Number (NIK) is inactive. In such cases, the healthcare facility (Fasyankes) submits the patient's information to the Civil Registration and Population Office to verify the patient's NIK status. If the patient does not have a valid NIK, the Regency/Municipal DUKCAPIL Office is responsible for facilitating its activation or issuance. Following verification, the patient's data are forwarded to the Provincial Health Office to confirm the application for National Health Insurance (JKN) membership. BPJS Kesehatan subsequently issues the patient's health insurance coverage once all required administrative documents have been completed and verified.

The procedural flow governing healthcare service delivery under the JKN scheme in cases involving inactive or incomplete population registration data is illustrated in the following figure:

Figure 2. Flow of Healthcare Service Delivery under the BERANI SEHAT Program within the JKN Scheme (Incomplete Administrative Data)

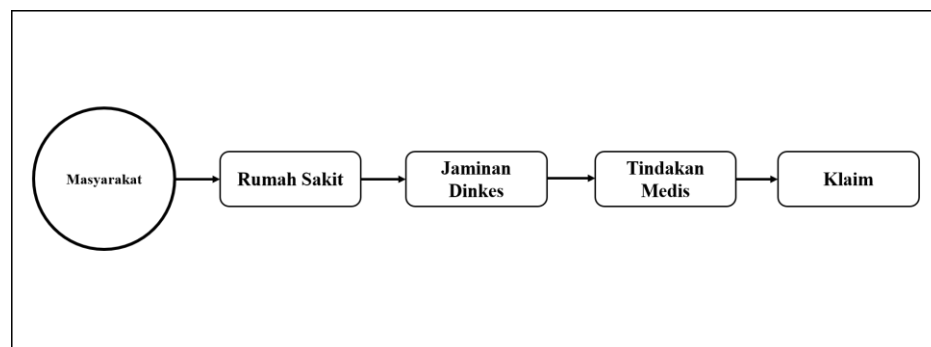


Source: Compiled by the Author based on the Governor of Central Sulawesi Regulation Number 13 of 2025

In contrast to the JKN scheme, the procedure applicable to the Regional Health Insurance Program operating outside the JKN system is considerably simpler. Upon the patient's arrival, the healthcare facility (Fasyankes) enters the patient's information into the Integrated Health Insurance Electronic System (SEHATI). The Provincial Health Office of Central Sulawesi then reviews the submitted information and issues a letter of guarantee for healthcare expenses (*surat penjaminan biaya perawatan*) for eligible patients. Following approval, the healthcare facility provides the required medical treatment free of charge. Thereafter, the healthcare facility submits its reimbursement claim to the Provincial Health Office of Central Sulawesi for verification, after which the claim proceeds to payment.

The procedural flow governing healthcare service delivery under the Regional Health Insurance Program outside the JKN system is illustrated in the following figure:

Figure 3. Flow of Healthcare Service Delivery under the BERANI SEHAT Program Outside the JKN Scheme



Source: Compiled by the Author based on the Governor of Central Sulawesi Regulation Number 13 of 2025

The Appendix to Governor Regulation Number 13 of 2025 further provides that where the relevant Regency/Municipal Government Agency fails to demonstrate progress within the prescribed timeframe in processing a beneficiary's healthcare administrative requirements, the SEHATI system will automatically generate a notification to the Provincial Government Agency to facilitate the prompt resolution of the matter. If no progress is subsequently achieved, the complaint is automatically escalated to the Governor of Central Sulawesi for further intervention and administrative action.

The implementation of the SEHATI application and the non-JKN scheme procedures depicted above are not merely technical digitalizations of healthcare services. Rather, they serve as the exact legal and administrative resolution to the previously identified bureaucratic deadlock. When a marginalized patient is denied by BPJS Kesehatan's rigid active-status verification, the Governor Regulation authorizes healthcare facilities to bypass this administrative blockade by using the SEHATI system as an intermediary guarantee. By issuing an immediate letter of guarantee (*surat penjaminan*) from the Provincial Health Office, the regional government effectively exercises its discretionary power to fulfill its constitutional welfare obligation without waiting for the lengthy national verification process.

3.3. Analysis of the BERANI SEHAT Program Design from the Perspective of the General Principles of Good Governance (AAUPB)

Administrative justice plays an important role in ensuring that government authority is exercised legally, fairly, and accountably (Ikhsan & Sulastris, 2025). In Indonesia, as a rule-of-law country, guidance for state administration officials emphasizes compliance with laws and regulations and the General Principles of Good Governance (AAUPB) (Razak, 2023). AAUPB constitutes an essential normative foundation for reviewing governmental actions in the administration of public affairs. (Asmara et al., 2025) According to Indroharto, AAUPB occupies a fundamental position in the study of administrative law for at least three reasons: (1) it forms part of the applicable positive law; (2) it serves as a normative standard governing administrative actions in addition to written and unwritten legal norms; and (3) it may serve both as a legal basis for challenging governmental actions before the courts and as a standard of judicial review for assessing the legality and validity of administrative decisions. (Asmara et al., 2025)

From the perspective of Indonesian Administrative Law, the government bears both the authority and the responsibility to regulate and administer governmental affairs, including establishing regulatory frameworks that improve the quality of healthcare services while ensuring that such services are delivered in accordance with the General Principles of Good Governance. (Susetio et al., 2022) Ridwan HR argues that AAUPB functions not only as an ethical guideline for public administration but also as a legal principle with significant juridical implications. (Ridwan HR, 2018) In administrative practice, AAUPB serves as a reference for interpreting ambiguous legal provisions and preventing the abuse of governmental authority by public bodies and officials. (Ridwan HR, 2018) Moreover, AAUPB provides citizens with a legal basis for challenging government actions, serves as a benchmark for Administrative Court judges when reviewing the legality of administrative decisions, and guides legislators in formulating legal norms consistent with the principles of good governance. (Ridwan HR, 2018)

Conceptually, AAUPB embodies the moral and ethical values underlying good governance. (Ali & Rozi, 2026) However, the development of Indonesian administrative law demonstrates that AAUPB is no longer regarded merely as an ethical guideline for public officials but has evolved into a binding legal norm governing all administrative actions and decisions undertaken by governmental authorities. Consequently, the exercise of governmental authority must not only comply with the principle of legality. However, it must also reflect the values of propriety, justice, legal certainty, transparency, and accountability, which are essential elements of good governance. AUPB plays an important role alongside the principle of legality in the context of government administration, including when the

government exercises authority through decisions (*beschikking*) or actions. (Suniapriy & Suharno, 2023)

The legal status of AAUPB within Indonesia's administrative law system was further strengthened through the enactment of the Law on Government Administration. Article 10, paragraph (1) of the Law expressly provides that governmental administration shall be conducted in accordance with the principles of legal certainty, expediency, impartiality, accuracy, prohibition of abuse of authority, transparency, the public interest, and good public service. This provision confirms that AAUPB has evolved beyond a doctrinal concept in administrative law and now functions as a normative benchmark for assessing the legality of governmental actions and public policies.

From a normative perspective, the BERANI SEHAT Program is a public policy instrument established by the Government of Central Sulawesi Province to expand public access to healthcare services by implementing an Integrated Regional Health Insurance scheme. The policy is designed to integrate the Regional Health Insurance system into the JKN program administered by BPJS Kesehatan, while simultaneously providing an alternative service mechanism for individuals who have not yet been enrolled as active JKN participants. Through this regulatory design, the Provincial Government not only fulfills its administrative responsibilities under the constitutional distribution of governmental functions but also introduces an innovative public service model to accelerate the realization of the public's right to healthcare.

One of the defining characteristics of the BERANI SEHAT Program is the simplification of healthcare administrative procedures. Governor Regulation Number 13 of 2025 establishes an administrative framework that enables residents to access healthcare services through simplified procedures by using population identity data and integrating participant information into systems jointly managed by the Provincial Government and BPJS Kesehatan. This policy design demonstrates that the program is oriented not merely toward financing healthcare services but also toward improving administrative accessibility as an integral component of effective public service delivery.

As regulated under Governor Regulation Number 13 of 2025, the BERANI SEHAT Program represents a significant paradigm shift in the administration of regional healthcare services. Whereas access to healthcare services has traditionally depended on an individual's active membership in the JKN program, the Governor Regulation establishes a more flexible administrative mechanism by allowing individuals who meet specified eligibility requirements to obtain healthcare services through the Integrated Regional Health Insurance scheme. Consequently, the regulatory framework's principal focus extends beyond healthcare financing to include simplifying administrative procedures to expand public access to healthcare services.

This normative design is reflected in the integration of population data, beneficiary verification, and healthcare financing mechanisms into a unified administrative system. Such integration demonstrates that the Government of Central Sulawesi Province has gone beyond merely financing healthcare services by establishing an administrative governance framework intended to minimize bureaucratic barriers to healthcare access. From the perspective of Administrative Law, the simplification of administrative procedures is one of the principal indicators of effective public service delivery oriented toward administrative efficiency and the public interest.

One of the distinguishing features of the BERANI SEHAT Program, compared with conventional regional healthcare schemes, is the use of the Electronic National Identity Card (Kartu Tanda Penduduk Elektronik—KTP-el) as the primary administrative instrument for accessing healthcare services. The KTP-el serves not only as proof of legal identity but also as the principal administrative basis for verifying an individual's eligibility for healthcare benefits under the Governor's Regulation. This regulatory design reflects a shift from a service model dependent on multiple administrative documents to a data-driven model that uses integrated population records as the basis for delivering public services. Such an approach is consistent with the broader digital transformation of public administration, which emphasizes accessibility, efficiency, and the simplification of administrative procedures.

In contemporary governance structures, the presence of the AUPB underscores that administrative authority is not an unlimited right; rather, it must be exercised in accordance with legal norms, public ethical standards, and the principles of substantive justice (Abd. Basid et al., 2026). AUPB functions as living principles that are constantly evolving in accordance with the needs of the community and the dynamics of government administration (Putra & Nugroho, 2026). Article 10 of Law Number 30 of 2014 explicitly recognizes eight core principles of AUPB, namely legal certainty, expediency, impartiality, accuracy, prohibition of abuse of authority, openness, public interest, and quality public service. (Sulthan et al., 2026)

From the perspective of the General Principles of Good Governance (AAUPB), the design of the BERANI SEHAT Program demonstrates a strong commitment to good public service, expediency, and the public interest. The simplification of administrative procedures facilitates easier public access to healthcare services, while the integration of population data enhances the effectiveness and efficiency of governmental administration.

A more detailed analysis of the BERANI SEHAT Program from the perspective of AAUPB is presented in the following table:

Table 2. Analysis of the BERANI SEHAT Program Design from the Perspective of AAUPB

No.	AAUPB	Normative Design of the BERANI SEHAT Program (Governor Regulation No. 13 of 2025)	Analysis
1	Principle of Legal Certainty	The Governor Regulation normatively stipulates the eligibility requirements for beneficiaries, verification procedures, and the allocation of responsibilities among the Regional Government, healthcare facilities, and BPJS Kesehatan.	"Provides legal certainty regarding eligible beneficiaries and service procedures. However, a critical loophole exists: the regulation lacks a definitive time limit (response time) for handling complaints when the SEHATI system automatically escalates unresolved administrative issues to the Governor, thereby posing a risk of prolonged administrative uncertainty.
2	Principle of Expediency (Benefit)	Eligible residents can access healthcare services through the Integrated Regional Health Insurance scheme without bearing the cost of healthcare services.	The regulatory framework provides tangible benefits by expanding access to healthcare services while reducing administrative and financial barriers for the public.
3	Principle of Impartiality	Eligibility for healthcare services is determined by objective normative criteria established in the Governor's Regulation, rather than by the subjective discretion of public officials.	Ensures that every individual who meets the prescribed eligibility requirements receives equal treatment when accessing healthcare services.
4	Principle of Accuracy	Verification is conducted by integrating population data with participant status prior to the provision of healthcare services.	Integration of population data reduces administrative errors. Nevertheless, there is a risk of maladministration and service obstruction for extremely marginalized residents who do not possess a KTP-el or National Identity Number (NIK), necessitating a more inclusive mitigation strategy.
5	Principle of Non-Abuse of Authority	The authority of each government agency and healthcare facility is expressly limited by the provisions of the Governor's Regulation.	Expressly limits the authority of implementing agencies. However, the Provincial Government's discretion (beleidsregel) in financing healthcare outside the JKN scheme must be continuously harmonized with regional financial regulations and the integration mandates of Presidential Regulation Number 82 of 2018 to prevent ultra vires actions.
6	Principle of Transparency	Beneficiaries' rights, eligibility requirements, service procedures, and implementation mechanisms are clearly regulated by the publicly accessible Governor Regulation.	Promotes transparency in the administration of healthcare services by enabling the public to understand their rights and the applicable administrative procedures.
7	Principle of the	The program is designed to	Demonstrates that the policy is primarily

	Public Interest	ensure access to healthcare services for individuals who have not yet obtained health protection through the active National Health Insurance (JKN) scheme.	oriented toward serving the broader public interest rather than merely fulfilling administrative objectives.
8	Principle of Good Public Service	Administrative procedures are simplified through the use of the Electronic National Identity Card (KTP-el) and the integration of service delivery with BPJS Kesehatan.	Reflects a healthcare service model that is simpler, faster, more effective, and more accessible, thereby improving the overall quality of public healthcare services.

Source: Compiled by the Author based on the Governor of Central Sulawesi Regulation Number 13 of 2025

Furthermore, a critical examination of the policy design reveals that while the BERANI SEHAT Program satisfies the overarching principles of expediency and public interest, the implementation of administrative discretion (*beleidsregel*) by the Central Sulawesi Provincial Government requires strict legal boundaries. The assumption of healthcare financing outside the active JKN scheme for non-registered populations constitutes a legitimate discretionary act aimed at fulfilling the constitutional right to health. However, to strictly comply with the principle of non-abuse of authority, this discretion must not conflict with the mandatory integration provisions outlined in Presidential Regulation Number 82 of 2018. It must function strictly as an intermediary safety net rather than as an independent, permanent parallel system, ensuring that regional budget allocations remain legally sound and do not overlap with national mandates.

3.4. The Position of the BERANI SEHAT Program as a Discretionary Policy (*Beleidsregel*) in Regional Healthcare Financing

According to the classical doctrine of Indonesian Administrative Law articulated by Prajudi Atmosudirdjo, under the principle of discretion, government officials must not refuse to make a decision or take action because "there is no regulation" governing a specific urgent matter (Atmosudirdjo, 1981). Therefore, officials are granted the freedom to make decisions based on their own objective judgment, provided that such actions do not violate the principles of juridicity and legality. However, as emphasized by Paulus Effendie Lotulung, this freedom is not absolute; it must not constitute an abuse of power (*detournement de pouvoir*). (Lotulung, 1986)

The critical legal question arises when evaluating the non-JKN scheme under Governor Regulation Number 13 of 2025 against Article 102 of Presidential Regulation Number 82 of 2018, which strictly mandates Regional Governments to integrate their Jamkesda into the JKN program administered by BPJS Kesehatan. Immediately, the Provincial Government's action to independently finance medical treatments for non-registered residents, victims of domestic violence, and undocumented abandoned

individuals using the regional budget (APBD) might appear as an ultra vires act or a deviation from the national integration mandate.

However, an in-depth legal analysis reveals that the BERANI SEHAT Program neither violates Presidential Regulation Number 82 of 2018 nor breaches regional financial regulations. The Governor Regulation functions precisely as a *beleidsregel* (policy rule) to fill a critical legal void (*recht vacuum*). The rigid verification system of BPJS Kesehatan fundamentally clashes with the absolute constitutional obligation to provide life-saving emergency medical services, especially for individuals lacking a National Identity Number (NIK). Therefore, the discretion exercised by the Central Sulawesi Provincial Government is legally valid because it does not intend to replace or create a parallel system to the JKN permanently. Instead, it acts as an intermediary safety net and a transitional financing mechanism. The regional financial expenditure is legally justified under the welfare state doctrine as an emergency response to constitutional mandates, safeguarding the fundamental right to health. At the same time, the administration concurrently processes the beneficiaries' integration into the active JKN system. This demonstrates a proportional exercise of *beleidsregel* that fulfills the substantial justice of healthcare access without negating formal administrative integration.

4. CONCLUSION

Based on the foregoing analysis, it can be concluded that the BERANI SEHAT Program formulates a novel "digital-based regional health law governance model governed by AAUPB". Governor Regulation of Central Sulawesi Province Number 13 of 2025 functions not merely as a financing scheme, but as a valid discretionary policy (*beleidsregel*) that effectively resolves the bureaucratic deadlock between the rigid verification requirements of the national JKN system and the absolute constitutional mandate of the regional government to provide immediate, life-saving healthcare. By utilizing digital intermediation through the SEHATI application, the policy acts as a transitional safety net that strongly reflects the principles of expediency and public interest without violating the formal integration mandate of Presidential Regulation Number 82 of 2018. However, based on a critical evaluation against AAUPB, this governance model still requires normative improvements to eliminate legal loopholes, particularly by establishing definitive administrative response times to ensure legal certainty and by designing inclusive mitigation strategies for undocumented residents to uphold the principle of accuracy.

It is strongly advised that the Government of Central Sulawesi Province elevate the normative legal status of this regulatory framework from a Governor Regulation (Pergub) to a Regional Regulation (Perda). This normative elevation is imperative to secure stronger, permanent legal legitimacy for APBD budget allocations and to establish a binding commitment upon the Regional House of Representatives

(DPRD) in the long term, thereby guaranteeing the sustainability of the Universal Health Coverage (UHC) agenda and the continuous fulfillment of the right to health.

REFERENCES

- Abd. Basid, Sidqi, F. A., & Megasari, I. D. (2026). Asas-Asas Umum Pemerintahan yang Baik (AUPB) dalam Perspektif Hukum Administrasi Indonesia dan Belanda. *Journal of Comprehensive Science*, 5(9), 2996–3009. <https://doi.org/10.59188/jcs.v5i9.4329>
- Afiyah, S. (2026). *Otonomi Daerah dan Jaminan Kesehatan Nasional (Telaah Kepastian Hukum dan Kewenangan)*. CV Angkasa Media Literasi.
- Ali, N., & Rozi, S. Z. R. (2026). Penerapan Asas-Asas Umum Pemerintahan yang Baik dalam Pelayanan Publik sebagai Pilar Demokrasi di Indonesia. *Audi Et AP: Jurnal Penelitian Hukum*, 5(01), 206–114. <https://doi.org/10.24967/jaeap.v5i01.4681>
- Ardinata, M. (2020). Tanggung Jawab Negara terhadap Jaminan Kesehatan dalam Perspektif Hak Asasi Manusia (HAM). *Journal HAM*, 11(2), 319–333. <https://doi.org/10.30641/ham.2020.11.319-332>
- Asmara, G., Sukmariningsih, R. M., Elita, R., Nuswardani, N., Madril, O., Pietersz, J. J., Is, M. S., Bagijo, H. E., Simatupang, D. P., Tjandra, W. R., Efendi, A., Aspan, D., Sudrajat, T., & Azhar, M. (2025). *Hukum Administasi Negara*. Rajawali Pers.
- Atmosudirdjo, P. (1981). *Hukum Administrasi Negara*. Ghalia Indonesia.
- Budiman, A. (2023). Legal analysis of the fairness of BPJS health services based on Law No. 17 of 2023 concerning health. *LEGAL BRIEF*, 14(5), 1158–1166. <https://doi.org/10.4108/eai.28-10-2023.2341811>
- Handijani, J., & Nugroho, M. A. (2023). Tinjauan terhadap Praktik Kedokteran dan Kesehatan Berdasarkan Prinsip Etika Confidentiality yang Berpedoman terhadap Hukum Kesehatan. *Syntax Literate; Jurnal Ilmiah Indonesia*, 8(11), 6333–6346. <https://doi.org/10.36418/syntax-literate.v8i11.13890>
- Ikhsan, F., & Sulastri, D. (2025). Kedudukan Asas-Asas Umum Pemerintahan Yang Baik (AUPB) Sebagai Tolak Ukur Normatif atas Keputusan Pengadilan Tata Usaha Negara Dalam Mewujudkan Reformasi Yudisial. *Qanuniya: Jurnal Ilmu Hukum*, 2(2), 1–16. <https://doi.org/10.15575/qanuniya.v2i2.1796>
- Irman Puansah, Anggi Aulia Hutasuhut, Melisa Aulia Koto, Nurhamida Fitri Simatupang, & Muri Entia Melati Lubis. (2026). Analisis Kebijakan Pemerintah Daerah dalam Penanganan Kesehatan Masyarakat. *Cendekia: Jurnal Ilmu Sosial, Bahasa dan Pendidikan*, 6(2), 308–316. <https://doi.org/10.55606/cendekia.v6i2.9116>
- Kusuma, A. E. (2024). Peran Bpjs Kesehatan dalam Mewujudkan Hak atas Pelayanan Kesehatan Bagi

- Warga Negara Indonesia. *J-PeHI: Jurnal Penelitian Hukum Indonesia*, 1(1), 55–65.
<https://ejournal.undaris.ac.id/index.php/jphi>
- Lotulung, P. E. (1986). *Beberapa Sistem Tentang Kontrol Segi Hukum Terhadap Pemerintah*. Bhuana Ilmu Populer.
- Maria Alberta Liza Quintarti, Endah Labati Silapurna, Denny Achsanul Hak, Ady Purwoto, & Bambang Supriadi. (2025). Legal Implications of Health Service Denial for BPJS Patients: A Study on the Principles of Universal Health Coverage. *International Journal of Health, Economics, and Social Sciences (IJHESS)*, 7(1), 271–276. <https://doi.org/10.56338/ijhess.v7i1.6787>
- Marzuki, P. M. (2017). *Penelitian Hukum* (Revisi). Kencana.
- Muhammad Rizqi Afandi, Ardiansyah, & Kamdani. (2025). Otonomi Daerah sebuah Kajian Literature Review. *Journal of Literature Review*, 1(1), 211–217. <https://doi.org/10.63822/e50m4s79>
- Nugroho, A. R., & Fatma Ulfatun Najicha. (2023). Pemenuhan Hak Asasi Manusia atas Lingkungan Hidup yang Sehat. *Yustitia*, 9(1), 108–121. <https://doi.org/10.31943/yustitia.v9i1.175>
- Nurhalimah Sitorus, Yusrizal, Y., & Nasution, J. (2023). Peranan Program Jaminan Kesehatan Nasional (JKN) dalam Mendorong Sustainable Development Goals (SDGs) di Indonesia. *Economic Reviews Journal*, 3(1), 45–60. <https://doi.org/10.56709/mrj.v3i1.108>
- Nurmala, N., Mulyana, A., & Amalia, M. (2024). Optimalisasi Kebijakan Pemerintah Daerah Mengenai Perlindungan Kesehatan Mental Masyarakat. *Jatiswara*, 39(1), 59–70. <https://doi.org/10.29303/jtsw.v39i1.574>
- Pemerintah Provinsi Sulawesi Tengah. (2026a). *Program Berani Tunjukkan Hasil Nyata, Pemprov Sulteng Perkuat Pendidikan, Kesehatan, dan Infrastruktur*. Pemerintah Daerah Provinsi Sulawesi Tengah. <https://sultengprov.go.id/daerah/program-berani-tunjukkan-hasil-nyata-pemprov-sulteng-perkuat-pendidikan-kesehatan-dan-infrastruktur/>
- Pemerintah Provinsi Sulawesi Tengah. (2026b). *Tentang Program Berani Sehat*. Berani Command Center. <https://samporoa.sultengprov.go.id/program/berani-sehat>
- Philipus M. Hadjon. (2007). *Perlindungan Hukum bagi Rakyat di Indonesia: Sebuah Studi tentang Prinsip-Prinsipnya, Penanganannya oleh Pengadilan dalam Lingkungan Peradilan Umum dan Pembentukan Peradilan Administrasi* (Khusus). Perdaban.
- Putra, A. H., & Nugroho, A. B. H. (2026). Penerapan Asas-Asas Umum Pemerintahan yang Baik dalam Perspektif Hukum Pemerintahan di Indonesia. *Journal Juristic*, 7(1), 84–93. <https://doi.org/10.56444/jrs.v7i01.7259>
- Razak, A. (2023). General Principles of Good Government on the Competence of Government Apparatus in Making State Administration Decisions. *UNES Law Review*, 6(1), 3452–3459. <https://doi.org/10.31933/unesrev.v6i1.1139>

Ridwan HR. (2018). *Hukum Administrasi Negara* (Revisi). Rajawali Pers.

Samosir, T. R. A., & Gultom, E. (2025). Analisis Konstitusional terhadap Tanggung Jawab Negara dalam Penyediaan Layanan Kesehatan bagi Warga Negara. *Jurnal Pendidikan Indonesia*, 6(5), 2297–2310. <https://doi.org/10.59141/japendi.v6i5.7736>

Sari, K. P., Ginting, J. D., Dhevita, E., & Riyadi, B. S. (2026). Tanggung Jawab Yuridis Pemerintah Daerah dalam Penyelenggaraan Pelayanan Kesehatan Mental Pasca Berlakunya Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Constitutio Journal of State and Political Law Research*, 5(1), 283–298. <https://doi.org/10.47498/constitutio.v5i1.6489>

Setyowati, R. K. (2022). Sistem Jaminan Kesehatan yang Memenuhi Hak-Hak Kepesertaan. *Justice Voice*, 1(1), 1–9. <https://doi.org/10.37893/jv.v1i1.27>

Sulthan, M. A. H., Ridwan, A., & Makanung, R. (2026). Implementation of General Principles of Good Governance (AUPB) in the Implementation of Regional Government. *Masterpiece Journal Society Service Insight*, 2(2), 510–527. <https://doi.org/10.65246/mjssi.v2i1.548>

Suniapriy, F. G., & Suharno. (2023). Pertanggungjawaban Diskresi Pemerintah dan Hubungannya dengan Asas Umum Pemerintahan yang Baik (Aupb) Menurut Undang-Undang Nomor 30 Tahun 2014 tentang Administrasi Pemerintahan. *Klausula (Jurnal Hukum Tata Negara, Hukum Administrasi, Pidana dan Perdata)*, 2(1), 32–46. <https://doi.org/10.32503/klausula.v2i1.2979>

Susetiyo, W., Zainul Ichwan, M., Iftitah, A., & Dievar, T. I. (2022). Kepastian Hukum Undang-Undang Cipta Kerja Bidang Kesehatan Pasca Putusan Mahkamah Konstitusi Nomor 91/PUU-XVIII/2020. *Jurnal Supremasi*, 27–36. <https://doi.org/10.35457/supremasi.v12i2.2315>

Wulandari, A. Y. (2025). Legal Analysis of the Impact of Law Enforcement on Fraud Perpetrators in the JKN Program. *Unram Law Review*, 9(2 SE-Articles), 334–343. <https://doi.org/10.29303/ulrev.v9i2.451>

The 1945 Constitution of the Republic of Indonesia

Law Number 40 of 2004 on the National Social Security System

Law Number 24 of 2011 on the Social Security Administering Agency

Law Number 23 of 2014 on Regional Government

Law Number 30 of 2014 on Government Administration

Law Number 17 of 2023 on Health

Presidential Regulation Number 82 of 2018 on Health Insurance

Regional Regulation of Central Sulawesi Province Number 1 of 2025 on the Central Sulawesi Provincial Medium-Term Development Plan for 2025–2029

Governor Regulation of Central Sulawesi Province Number 13 of 2025 on the Administration of Integrated Regional Health Insurance

