
APPLICATION OF THE CONCEPT OF WELFARE STATE IN THE IMPLEMENTATION OF HEALTH SOCIAL SECURITY PROGRAMS

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Abstract

Indonesia adopts the concept of a welfare state. However, there are many challenges, such as the sustainability of the national health insurance program, equal distribution of health facilities and subsidies for people who cannot afford it, so they have not achieved expectations. The Welfare State is an ideal idea of how the state carries out its duties in order to serve all citizens towards a harmonious and prosperous life order. The Indonesian state is one of the adherents of the concept of a material legal state which actually adopts the concepts of a welfare state which can be implicitly found in the general explanation of the 1945 Constitution of the Republic of Indonesia. However, there are many challenges such as the sustainability of the national health insurance program, equal distribution of health facilities and subsidies for people who cannot afford it so that it has not achieved what was expected.

Keywords: Well-Being, Security, Health

Abstrak

Indonesia mengadopsi konsep negara kesejahteraan. Namun, banyak tantangan seperti keberlanjutan program jaminan kesehatan nasional, pemerataan fasilitas kesehatan serta subsidi bagi masyarakat yang tidak mampu sehingga belum mencapai harapan. Negara Kesejahteraan merupakan gagasan ideal bagaimana negara melaksanakan tugasnya dalam rangka melayani segenap warga negara menuju tatanan kehidupan yang harmonis dan sejahtera. Negara Indonesia merupakan salah satu penganut konsep negara hukum material yang sebenarnya mengadopsi konsep-konsep negara kesejahteraan yang secara implisit bisa dijumpai pada penjelasan umum Undang-Undang Dasar Negara Republik Indonesia 1945. Namun terdapat banyak tantangan seperti keberlanjutan program jaminan kesehatan nasional, pemerataan fasilitas kesehatan serta subsidi bagi masyarakat yang tidak mampu sehingga belum mencapai apa yang diharapkan.

Kata Kunci: Kesejahteraan, Jaminan, Kesehatan

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INTRODUCTION

Internet adalah tempat yang sempurna untuk bisnis.¹ Bisnis *online*, istilah ini mungkin sering kita dengar di mana saja, bisnis *online* juga merupakan salah satu industri dengan potensi bisnis yang sangat potensial. Hal ini terjadi seiring berkembangnya zaman, yang mana pada saat ini trend dengan belanja *online* yang sedang marak diterapkan oleh masyarakat seluruh dunia, termasuk Indonesia.² Bisnis *online* atau bisnis *e-commerce* juga merupakan jalan baru untuk memasuki peluang-peluang bisnis yang tidak ditemukan dalam bisnis konvensional.³ Pesatnya perkembangan dunia usaha perlu diimbangi dengan iklim usaha yang sehat, efektif, dan efisien sehingga dapat mendorong pertumbuhan ekonomi yang wajar.⁴ Hal ini merupakan salah satu bentuk kemajuan dari transaksi *e-commerce* yang perkembangannya begitu sangat cepat.

The welfare state is an ideal idea of how the state carries out its duties in order to serve all citizens towards a harmonious and prosperous life order. Basically, the existence of the concept of a welfare state is inseparable from a developed political-economic system. The current concept of the welfare state has undergone an evolution in modern times. Modernity is defined by the ability of the state to empower its people. The role and responsibility of the state is so great for its citizens because the state will behave and position itself as a “friend” for its citizens. The meaning of the word “friend” refers to readiness to provide assistance if a citizen of his country has difficulties and needs help.⁵

England was the first country to have the idea of the concept of social welfare, namely between 1300 and the mid-1800s England implemented the Poor Law, this law was published because of the crisis due to the effects of war which resulted in a lot of hunger, poverty and disease that occurred everywhere. On the other hand, the feudal system suffered a failure, along with it the unavailability of aid to society. In 1349, there was even a deadly plague that became known as the black death where at that time there were many casualties resulting in a reduced population, so King Edward then made a law (poor law) that regulates the problem of workers with a focus on the homeless and beggars.⁶

The state of Indonesia is one of the adherents of the concept of the state of material law which actually adopts the concepts of the welfare state which can be implicitly found in the general explanation of the Constitution of the Republic of Indonesia 1945 (hereinafter referred to as the 1945 Constitution), and if examined as a whole the contents of the 1945 Constitution can be concluded that the state of Indonesia is a material legal state or state with the concept of a welfare state in which the state has an absolute responsibility to promote the general welfare and realize social justice for all citizens. One of them is the responsibility of the state in terms of Social Security for society.

¹James Timothy, *Membangun Bisnis Online* (Jakarta: PT. Alex Media Komputido, 2010), h.4.

²Rosinta Romauli Situmeang, “Dampak bisnis online dan lapangan pekerjaan terhadap peningkatan pendapatan masyarakat (studi kasus jasa bisnis online transportasi grab di kota medan”, *Asian Journal Of Innovation and Entrepreneurship*: Fak. Ekonomi Universitas Prima Indonesia Medan 3, 2018, h.320.

³Jonathan Sarwono J dan Prihartono, A.H, *Perdagangan Online: Cara bisnis di internet* (Jakarta: PT. Alex Media Komputido, 2012), h.30.

⁴Hilmiah, Marilang, Erlina, “Proses Penyelesaian Perkara Persaingan Usaha (Studi Putusan KPPU No.18/KPPU-I/2009)”, *Alauddin Law Department (ALDEV)*, Vol.1 No. 02. (2009),h. 24.

⁵ Alappatt F. (2005). *Mahatma Gandhi : Prinsip Hidup, Pemikiran Politik Dan Konsep Ekonomi*. Penerbit Nusamedia.

⁶ Hadiyono V. *Indonesia dalam Menjawab Konsep Negara Welfare State dan Tantangannya*. *Jurnal Hukum Politik dan Kekuasaan*. 2020;1(1):23-34. <http://journal.unika.ac.id/index.php/jhpk23>

The Constitution of the Unitary State of the Republic of Indonesia (NKRI) has implied that this country as a welfare state. This is in accordance with Paragraph IV in the preamble of the 1945 Constitution which states :

“to promote the general welfare, educate the life of the nation and participate in implementing the world order based on independence, lasting peace and social justice”.

The opening of Paragraph IV can be interpreted that advancing the general welfare is one of the goals of the establishment of the state of Indonesia which has been mandated by the 1945 Constitution. Speaking of the welfare state, it will always be related to the existence of social guarantees for citizens. Welfare is an absolute right and fundamental right that must be owned by citizens. Therefore, Social Security is a very important aspect in order to prosper citizens. Rules regarding the rights to social security for citizens are also mentioned in Article 22 of the United Nations Universal Declaration of Human Rights, Article 13 of the Cairo Declaration on Human Rights and Article 14 of the Cairo Declaration on Human Rights.⁷

Indonesia provides social security to citizens so that the birth of Law No. 40 of 2004 on the National Social Security System (SJSN). One of them is Social Security in the field of Health. In Indonesia, it has been held that used to be known as health insurance (ASKES) which is only specifically for civil servants (PNS) but has now been transformed into the Health Social Security Agency (BPJS Kesehatan) which is currently an obligation for all Indonesian citizens to participate. The state has full authority in monopolizing Social Security with all forms of sanctions that can be imposed if not incorporated in it. The basis for the delegation of authority in the implementation of Social Security to BPJS Kesehatan is the 1945 Constitution Article 33 paragraph (2).⁸

On the other hand, social security in the field of Health in the efforts of the state as a welfare state encountered several obstacles in its implementation. Efforts to implement the concept of Universal Health Coverage (UHC) encountered obstacles in the scope of participation that has not been evenly distributed especially in the outer, leading and lagging areas (3T) where socialization of the importance of Social Security has not been maximized where people do not know how to become participants and what benefits they will get if registered in the JKN program. Data shows the growth of National Health Insurance (JKN) participants has reached 241.7 million people as of June 30, 2022 with a total population of Indonesia at 275.36 million (Ministry of home affairs) with the realization of the target in 2021 the scope of JKN program participation reaches 86.89% of Indonesia's population exceeds the target of the National Medium-Term Development rpjmn in 2022 is 87%⁹.

The number of registered participants in the health insurance program did show a significant increase, but the problem was the number of arrears that occurred which caused a financing deficit and late payment of claims to hospitals and related health facilities. On the positive side, it has provided health services to the community at large. However, financially the financial condition is in a state of loss, until the end of December 2019, BPJS financial condition although there has been an injection of

⁷ PBB. *Deklarasi Universal Hak-Hak Asasi Manusia.*; 1948. Accessed July 15, 2022. [https://www.komnasham.go.id/files/1475231326-deklarasi-universal-hak-asasi--\\$R48R63.pdf](https://www.komnasham.go.id/files/1475231326-deklarasi-universal-hak-asasi--$R48R63.pdf)

⁸ *Undang-Undang Republik Indonesia Nomor 5.*; 1999. Accessed July 15, 2022. https://www.dpr.go.id/dokjdi/document/uu/UU_1999_5.pdf

⁹ *Ibid* Hal. 5

funds from the government of Rp 15 trillion but still negative, almost around Rp 13 trillion¹⁰ this is due to several factors, among others, the high cost of hospitals rather than premium contributions of participants who are considered not in accordance with the amount of the ideal premium that must be paid by participants, the cost of treatment is classified as high with chronic diseases that are not limited to be covered by BPJS Kesehatan¹¹.

Not to mention the problems of inadequate facilities and infrastructure due to the lack of standards that are used as reference guidelines for health facilities, especially those that are difficult to reach with problems regarding the availability of adequate doctors and drugs, although the government plans to test the implementation of Standard inpatient classes¹² for JKN participants, of course, it takes time to see the implementation in the field

Related to the legal synchronization experienced by BPJS Kesehatan as the executor of the JKN program where there is a transfer of participants receiving contribution assistance (PBI) from ABPN and then transferred to the regional APBD PBI. However, there are problems related to the transfer of financing PBP / BP Class III from the provincial government to the district/city and not a few city government / Regency government who are unable to bear the contributions of BPJS participants after the delegation of the provincial government.¹³ So that many participants inevitably have to register independently. Based on information obtained from the participant Complaint Information Channel (SIPP) of BPJS Kesehatan in September 2022, there were 57 complaints related to the deactivation of membership which resulted in the cessation of Health Services obtained based on regulation of the Minister of Social Affairs number 21 of 2019 concerning requirements and procedures for changing data on recipients of Health Insurance contributions, these conditions without.

Seeing this situation is certainly not in line with the Universal Health Coverage (UHC) target where it does not differentiate from the type of participation, all must be registered in the JKN program plus government regulations through Presidential Instruction 01 of 2022¹⁴ The Presidential Instruction instructs ministries / institutions, regional heads and directors of the Health Social Security Agency and the National Social Security Council to take steps according to their respective duties, functions and authorities in order to optimize the National Health Insurance program. Several ministries / institutions directly follow up on these directives through policies according to their respective duties and functions

Since its implementation in 2014, there has been a significant increase in health spending through the health insurance scheme from 8% in 2014 to 23.1% in 2019. The increase in spending for the JKN-KIS program was accompanied by a decrease in household spending from 51.6% in 2014 to

¹⁰ <https://finansial.bisnis.com/read/20200618/215/1254579/98-persen-penduduk-harus-jadi-peserta-bpjs-kesehatan2024->

¹¹ Franedy, R. (2019, January 8). *bpjs-kesehatan-dari-defisit-hingga-tunggakan-rumah-sakit*. CNBC Indonesia <https://www.cnbcindonesia.com/news/20190108141822-4-49573/bpjs-kesehatan-dari-defisit-hingga-tunggakan-rumah-sakit>

¹² BPJS Kesehatan. (2022, Juni). *Dirut BPJS Kesehatan: Sarana Prasarana Prima, Mimpi Implementasi KRIS di Masa Depan*. BPJS Kesehatan. <https://www.bpjs-kesehatan.go.id/bpjs/post/read/2022/2314/Dirut-BPJS-Kesehatan-Sarana-Prasarana-Prima-Mimpi-Implementasi-KRIS-di-Masa-Depan>

¹³ *Pembiayaan Dialihkan, Kuota PBI BPJS Kesehatan Malah Dikurangi*. (n.d.). Retrieved December 27, 2022, from <https://www.jawapos.com/nasional/30/03/2022/pembiayaan-dialihkan-kuota-pbi-bpjs-kesehatan-malah-dikurangi/>

¹⁴ Presiden Republik Indonesia. (2022). *Instruksi Presiden Republik Indonesia Nomor 1 Tahun 2022 tentang Optimalisasi Pelaksanaan Program Jaminan Kesehatan Nasional*.

32.1% in 2019. This shows that the implementation of JKN helps reduce the burden of household spending¹⁵.

METHODS

This study is an empirical type of research with an interdisciplinary approach (interdisciplinary approach) in solving a problem by using a review of various perspectives of relevant cognate Sciences in an integrated manner. From the perspective of social science or socio research perspective legal interdisciplinary approach aims to research a topic/ issue, where there is communication, collaboration and integration ranging from definition, objectives, processes, data collection to analysis and conclusions¹⁶.

RESULTS AND DISCUSSION

1. *Community welfare with the existence of BPJS Health*

In order to realize the National Social Security that has been mandated by the Constitution of NRI 1945 which aims to provide certainty of protection and social welfare for all the people of Indonesia, where the state develops the National Social Security System (SJSN) for all the people of Indonesia, everyone has the right to Social Security to be able to meet the basic needs of a decent life and improve their dignity towards the realization of a prosperous, just, and prosperous Indonesian society.

The social security Model implemented in the implementation of health insurance is a social insurance model in which Social Security obtained by the community is funded by insurance principles. This Model is similar to that implemented by the German state. Where the source of funding comes from participant contributions not from tax revenue. This scheme is the main character of the social insurance system developed by Chancellor Otto von Bismarck (Bismarck Model) that became the hallmark of Social Security in Germany.

The National Social Security System law, hereinafter referred to as the SJSN law, regulates compulsory membership which requires the entire population to become participants and is implemented gradually. The principles adopted by social security use: (a) cooperation; (b) non-profit; (c) openness; (d) prudence; (e) accountability; (f) portability; (g) mandatory participation; (h) mandate funds; and (i) the results of Social Security Fund Management are used entirely for program development and for the greatest benefit of participants . Based on the results of the study there are 2 (two) membership segment that will be discussed as follows:

a. Mandiri Membership

Independent participation or what is termed non-wage earners (PBPU) who are JKN participants who work independently and their contributions are financed by the participants concerned by 364,273 people or about 26% of the total population of Makassar which means the

¹⁵ *Ibid Hal. 7*

¹⁶ Irwansyah, Yunus A. *Penelitian Hukum : Pilihan Metode dan Praktik Penulisan Artikel*. 4th ed. Mirra Buana Media; 2021 hal. 206

principle of mutual cooperation which is the principle of National Health Insurance (JKN) has been implemented.

However, the problem in the field can not be avoided by various factors that affect it 1) the tendency of the community in the payment of contributions on a regular basis has not been maximized so that there are arrears and assume will pay if at the time will be used therefore the service penalty system is currently in force referring to the , 2) The tendency of participants to pay personally in some cases in one family card only a few are registered for certain reasons when referring to the applicable rules of membership registration must be covered all in one family card which results if the new illness will be registered for that BPJS health always educate the public to register all family members.

Based on research data obtained answers 60 % or about 93 respondents answered that only BPJS health as the only health insurance owned and about 67% of respondents get positive benefits by participating in the JKN program and about 75% of respondents stated the benefits received as expected. However, there are 41 % of respondents answered agree with membership fees that burden the current finances.

Health factors are indeed the government's focus in terms of Social Security is enforced. BPJS Kesehatan bear chronic diseases such as heart, kidney failure, stroke, cancer, etc.and of course requires a relatively high cost so that the claim payment also requires a large cost that can cause the sustainability of the JKN program can be hampered marked by a deficit that has been experienced before. One of the causes of this chronic disease is the habit of Indonesian people, namely cigarette consumption, especially the prevalence of snoring reached 8.7% of children aged 10-18 years, not to mention many poor people who prioritize buying cigarettes rather than fulfilling their basic decisions properly.

b. Participants receiving contribution assistance

The government bears the poor and the underprivileged who are then called recipients of contribution assistance (PBI) which by definition are the poor and the underprivileged as participants in the health insurance program¹⁷ and the poor is a person who has absolutely no source of livelihood and/or has a source of livelihood but does not have the ability to meet the basic needs that are feasible for the life of himself and / or his family.

The registration mechanism is carried out in stages to the participants of the Social Security organizing bodies. Then in Article 17 paragraph (5) of the SJSN law, the dues will be paid by the government for the health insurance program while the Independent participants pay the dues that have been determined by the government based on the service class I (Rp 150,000/person), class II (Rp 100,000/person) and Class III (Rp 35,000) with a note that class III has been subsidized by the government amounting to Rp 7,000. For wage earners is determined based on a percentage of wages to a certain extent which is gradually shared by workers and employers. In detail, the participants of wage recipient workers (PPU) or formal workers, both state organizers such as ASN, TNI, POLRI

¹⁷ Peraturan Pemerintah RI Nomor 101 Tahun 2012 Pasal 1 Ayat 4 tentang Penerima Bantuan Iuran

and private workers, the amount of contributions is 5% of wages. The breakdown is that 4% is paid by the employer and 1% by the worker.

Based on data, it is known that the number of recipients of state budget contributions (PBI) in Makassar city as of August 2022 as many as 326,408 people out of the total population in Makassar city of 1,463,809 (semester I, 2022) people or approximately 21% are people borne by the government in the Health Social Security program so that it can be said that the amount borne by the government for people who cannot afford it is large enough so that the role of the state in guaranteeing its people is seen in these efforts. Thus the welfare state refers to a development model that is focused on improving the welfare of society through giving a more important role to the state in providing social services to its citizens¹⁸

However, the implementation in the field encountered several obstacles such as 1) verification of data that is not maximized such as not updating the data obtained from relevant agencies such as double data of dues recipients have died but have not reported or moved domicile is a common thing found in the field, 2) Mapping of contribution recipients that have not been maximized based on established criteria and 3) availability of budgets and commitments from local governments allocated to health social security programs that fluctuate so that it affects the amount of participation that can be covered

2. *Implementation of Community Development related to the presence of BPJS Kesehatan*

a. Financial

The presence of the state in the National Health Insurance Program managed by BPJS Kesehatan in the form of premium contributions to the membership of the contribution assistance segment (PBI) derived from the state budget (APBN), regional budget (APBD), as well as increased taxes on several components that affect health, such as tobacco excise taxes.

As the government's commitment to meet the health budget of 5 % of state spending as stated in Law No. 9 of 2009 on health. The 2019 budget is directed to several programs in improving the health of Indonesian citizens, one of which is the acceleration of increasing the number of participants in the Indonesian National Health Insurance (JKN) Program and improving access and service quality of the JKN program. Based on the data, it can be seen the development of the health budget allocated in state expenditures from 2014 to 2022.

¹⁸ *Ibid* Hal.16

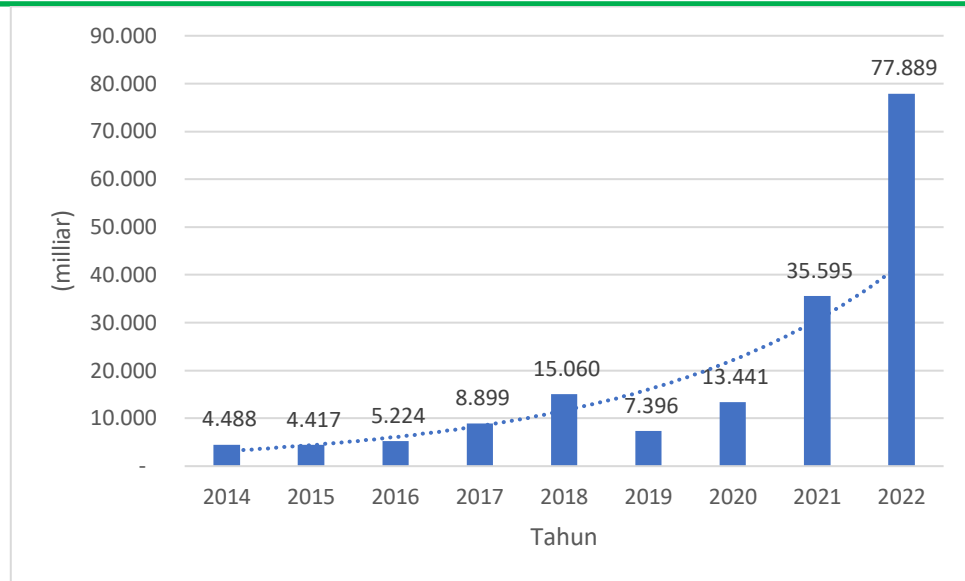


Figure 1 Non K/L Health Budget Allocation 2014-2022

Sources: Kementerian Keuangan, 2022

Based on the figure above, it can be seen that there has been an increase in the health budget for the last 8 years since the JKN program was enacted by the government in 2015 where initially the amount of 4.4 trillion increased to 77.8 trillion in 2022 or an increase of 19 times, especially coupled with the covid-19 pandemic that occurred in.

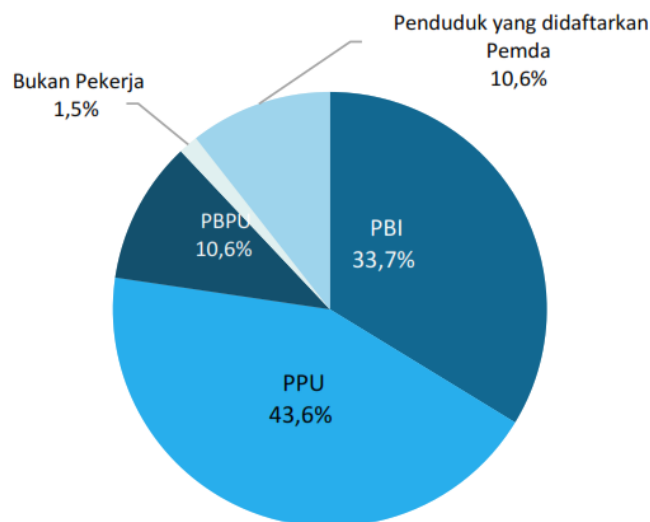


Figure 2 BPJS Kesehatan contribution income by membership segment 2021

Sources : Pusat Kebijakan Pembiayaan dan Desentralisasi Kesehatan, Kemenkes RI, 2022

The Total contribution income until December 31, 2020 was Rp138.5 trillion, where BPJS Health contribution income based on the largest membership segment, namely the PPU segment or

wage recipient workers amounting to Rp60. 9 trillion or about 43.6%, the second most from the PBI segment or contribution aid recipients amounting to Rp47. 1 trillion or about 33.7%. Meanwhile, BPJS Kesehatan's contribution income based on the lowest membership segment, namely in the BP or non-workers segment, amounted to Rp2.0 trillion or only about 1.5% of total contribution income.

Based on the data above, it can be seen that the participation borne by the government, namely the recipients of contribution assistance (PBI), keeps the second portion of Rp47.1 trillion or 33.7%, this means that the government applies subsidies to the poor and those who cannot afford to participate in the National Health Insurance program. Furthermore, the largest portion comes from the contribution of wage earners (PPU) of Rp60. 9 trillion or about 43.6% which indicates the concept of mutual cooperation between fellow applied in the implementation of national health insurance.

b. Access To Health Facilities

The presence of BPJS Kesehatan in the community can be seen from the improvement of the quality of welfare in health care facilities that are met in terms of guaranteeing the benefits of Health Services. The principle of mutual cooperation is the foundation in providing cross-subsidies to guarantee health care benefits, relieve the economy of the community and the state..

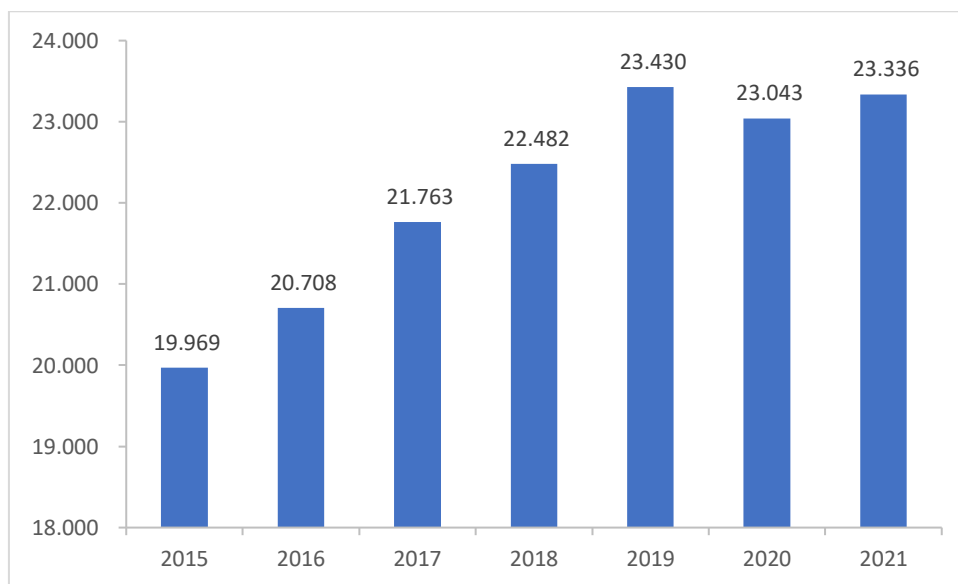


Figure 3 Number of First Level Health Facilities (FKTP) in cooperation with BPJS Kesehatan in 2015-2021

Based on the above data there are fluctuations in the number of first-level health facilities that cooperate with BPJS Kesehatan but in general the number has increased when viewed from the beginning of 2015 where the number is only 19,969 increased to 23,336 for 7 years. The type of FKTP that cooperates with BPJS Kesehatan most is Puskesmas which is 43.1%, then primary clinic by 30.0%, then individual practice doctors by 21.4%. This shows that health facilities are addressed to the community more and more with the presence of BPJS Kesehatan.

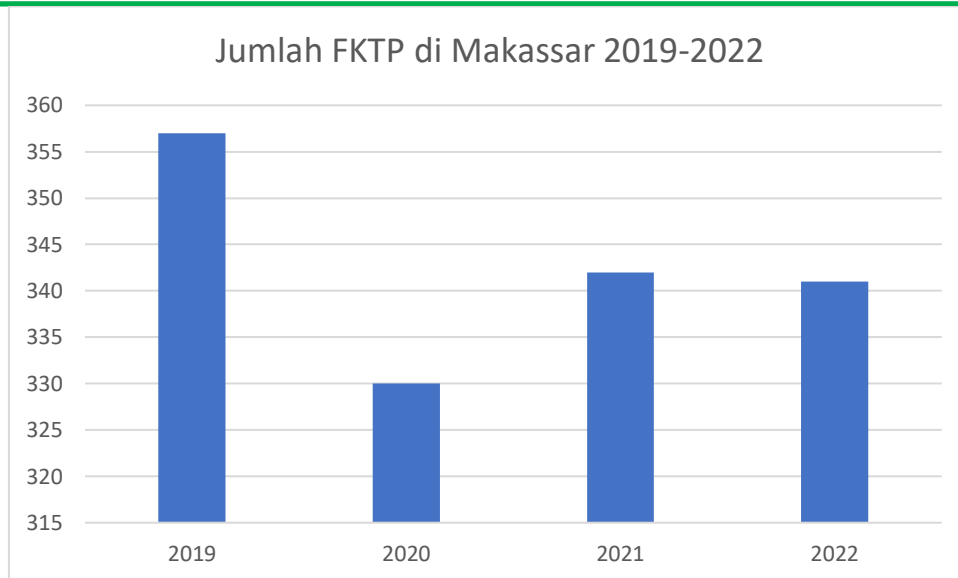


Figure 4. Number of FKTP in Makassar City

Sources : Pusat Data dan Teknologi Informasi, Kemenkes RI, 2022

Based on the table above, there are the number of FKTP in Makassar City and Maros Regency during 2019-2022 where there is a change in the number of fktp which decreases which in 2019 amounted to 357 down to 330 in 2020 due to the credentialing program which is a stage of evaluation of health facilities and medical staff to determine work competence so.

CONCLUSION

The welfare of the community related to the presence of BPJS Kesehatan can be seen from the results of the study where the majority of the answers were greatly helped by the JKN program, especially those in the Iuaran aid recipient (PBI) and Class III segments covered by the government. The welfare of the community can also be seen from the gini ratio where the presence of Social Security can reduce income inequality in Indonesian society and the government seeks to improve the quality of Public Health by increasing taxes on tobacco excise components which are the causes of various diseases that can burden the long-term sustainability of Social Security.

The implementation of community development related to the presence of BPJS Kesehatan can be seen from the public accessibility to services in health facilities in collaboration with BPJS Kesehatan, this encourages health facilities to improve the quality of services to participants to obtain health service benefit guarantees, this is seen by the significant increase in the number of health facilities that cooperate with BPJS Kesehatan, especially non-government/private health facilities. In terms of non K/L health budget there is also a large increase which is in accordance with the government's commitment to meet the health budget of 5 % of state expenditure as stated In Law No. 9 of 2009 on health and the amount of participation borne by the government through the PBI segment is in the second largest portion which amounted to Rp47. 1 trillion or 33.7 % this means that the government applies subsidies to the poor and who can not afford to participate in the National Health Insurance program.

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