



## A Juridical Analysis of Inpatient Care Implementation Based on BPJS Hospital Class Standards

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### Abstract

**Introduction:** The transformation of Indonesian healthcare relies heavily on the implementation of the Social Security Administrator for Health (BPJS Kesehatan). A pivotal shift occurs with the transition from the traditional multi-tiered treatment classes to the unified Standard Inpatient Class (KRIS) system. This study evaluates the legal framework and readiness of healthcare facilities to implement these new standards. **Methods:** This research utilizes a juridical-normative approach, analyzing primary, secondary, and tertiary legal sources. Statutory analysis and conceptual approaches are applied to assess the alignment of health regulations with operational realities. **Results:** The findings reveal a significant legal and infrastructural gap between the mandated KRIS parameters and the actual capacities of regional hospitals. While the regulations aim to democratize healthcare quality, the rigid requirements strain local resources and compromise immediate service delivery. **Discussion:** The transition exposes critical friction

within health law principles, particularly balancing standardized equity with the realities of decentralized hospital funding. Literature indicates that mandatory uniformity without proportional fiscal support risks reducing total available bed capacity, thereby exacerbating patient wait times. Legally, the enforcement mechanism lacks sufficient transition protections for lower-tier hospitals.

**Conclusions:** Successful implementation of the BPJS standard inpatient class requires synchronized regulatory updates and targeted state subsidies to prevent infrastructure deficits. Immediate revisions to the enforcement timeline are essential to safeguard universal health coverage principles. **Keywords:** BPJS Kesehatan, Standard Inpatient Class, Juridical Analysis, Healthcare Policy, Normative Law.

### Introduction

The right to health is a fundamental human right explicitly guaranteed under the 1945 Constitution of the Republic of Indonesia. To fulfill this constitutional mandate, the government established the National Health Insurance (JKN) system, managed by the Social Security Administrator for Health (BPJS Kesehatan). Over the past decade, this system operated on a stratified class structure where patient accommodations were directly tied to premium tiers. However, recent legislative shifts have mandated a transition toward a singular, unified framework known as the Standard Inpatient Class (Kamar Rawat Inap Standar or KRIS). This transition represents a massive shift in how public medical benefits are distributed and regulated across the archipelago. Despite its egalitarian intentions, the legal enforcement of this standardized model faces immense friction when applied to a highly fragmented healthcare infrastructure.

The formulation of the problem in this study addresses how the statutory transformation toward a standardized inpatient class aligns with the principles of equity and accessibility embedded in Indonesian health law. Furthermore, it questions the specific legal implications and compliance challenges that arise within private and regional public hospitals during this transition. The primary objective of this research is to evaluate the legal harmony between the new BPJS inpatient standards and existing healthcare regulations. Concurrently, the study

aims to identify the regulatory bottlenecks that hinder effective field implementation and to offer a structured legal remedy. The benefits of this research extend to policymakers, providing a rigorous legal critique to refine upcoming health circulars, and to hospital administrators as a strategic guide for compliance. A primary hypothesis of this study posits that the rigid application of standardized inpatient criteria without regional economic differentiation creates a legal paradox that undermines the overarching goal of universal health coverage. The research gap identified in current literature lies in the over-emphasis on the financial sustainability of BPJS, while largely ignoring the administrative and civil liability risks imposed on hospitals unable to meet these structural standards. The novelty of this study rests on its specific legal focus, shifting the discourse away from purely macroeconomic perspectives to analyze the operational legal duties, statutory conflicts, and enforcement timelines within the Indonesian health law framework.

### Methods

This study employs a strict juridical-normative research methodology to investigate the structural and regulatory dimensions of the JKN standard class implementation. Normative legal research relies primarily on secondary data, analyzing the law as an internal system of rules rather than an external social phenomenon. The legal materials utilized in this paper are categorized into three distinct tiers. Primary legal materials consist of binding statutory legislation, including the 1945 Constitution, Law Number 40 of 2004 concerning the National Social Security System, Law Number 24 of 2011 concerning the Social Security Administrator, and the latest omnibus Health Law Number 17 of 2023 along with its derivative presidential and ministerial regulations. Secondary legal materials include authoritative textbooks, peer-reviewed legal journals, and academic dissertations dealing with health law, administrative law, and social justice theories. Tertiary legal materials comprise legal dictionaries and encyclopedias used to clarify complex statutory definitions. Data collection was conducted through structured literature reviews and archival legal tracking. The analytical framework relies on a qualitative prescriptive approach, utilizing statutory and conceptual analysis to dissect inconsistencies

within the hierarchy of laws and to offer formal legal resolutions to the current policy deadlock.

### Results

The results of this juridical investigation demonstrate that the legal transition to the Standard Inpatient Class (KRIS) suffers from significant regulatory asynchrony. Under the mandate of Presidential Regulation Number 59 of 2024, hospitals participating in the BPJS network are required to fulfill twelve strict criteria regarding room dimensions, ventilation, temperature, and specific bathroom configurations. However, a statutory conflict arises when these requirements are matched against regional autonomy laws and local budget constraints for public hospitals. The data indicates that a vast majority of Type C and Type D regional hospitals lack the capital expenditure required to modify their physical structures to meet the twelve-point criteria by the statutory deadlines. Consequently, strict legal enforcement would force these institutions into technical non-compliance, risking the termination of their BPJS contracts. Such a outcome directly violates the state's broader statutory obligation to provide accessible healthcare to all citizens, revealing a critical defect in the regulatory design of the transition period.

### Discussion

The implementation of the Standard Inpatient Class (KRIS) marks a watershed moment in Indonesian medical jurisprudence, necessitating a deep literature review of social security law and state responsibility concepts. Scholars like Roscoe Pound argue that law functions as an instrument of social engineering, a theory that directly applies to the government's attempt to erase class distinctions in medical wards to promote social justice. This egalitarian philosophy aligns with the foundational principles of the National Social Security System (SJSN) Act, which dictates that social security must be managed based on mutual cooperation and equity. In theory, a standardized class ensures that every citizen receives identical accommodation regardless of their economic contribution, thereby neutralizing the commercialization of basic inpatient services. However, the legal literature also cautions that social engineering via legislation frequently fails if the underlying material conditions are ignored.

A critical point of discussion involves the conflict between the uniform mandate of KRIS and the operational reality of decentralized healthcare funding. Under Indonesian administrative law, regional public hospitals (RSUD) depend heavily on local government budgets (APBD), which vary drastically between wealthy metropolitan areas and impoverished peripheral regions. When the central government enforces a rigid infrastructure standard without providing centralized capital grants, it inadvertently creates an unequal compliance burden. Legal scholars in the field of public policy note that this form of top-down regulation leads to defensive administration, where hospitals reduce their total bed capacity to meet structural dimensions, ultimately resulting in longer waiting lists and reduced public access to emergency care.

Furthermore, the legal relationship between BPJS Kesehatan and healthcare providers is inherently contractual, governed by Civil Law principles under the Indonesian Civil Code (KUHPerdata). When a hospital is legally unable to meet the KRIS criteria due to infrastructural barriers, its contractual capacity with BPJS is called into question. If BPJS strictly terminates partnerships with non-compliant hospitals, the surrounding population loses its primary access point for insured care. Conversely, if BPJS waives the criteria for certain hospitals, it violates its own governing presidential regulations, creating acute legal uncertainty. This regulatory gridlock highlights a severe lack of transition clauses and protective legal mechanisms within the current statutory framework, demonstrating that the drive for structural standardization has outpaced the legal mechanisms required to sustain it safely.

### **Conclusion**

The transition to the BPJS Standard Inpatient Class (KRIS) represents a legally sound pursuit of social equity that is severely hampered by flawed legislative execution and an unrealistic enforcement timeline. The current regulatory framework creates a statutory paradox where the enforcement of strict infrastructure criteria directly threatens the broader constitutional mandate of universal health accessibility. Without structural differentiation or targeted fiscal interventions, the uniform policy inadvertently punishes lower-tier regional and

private hospitals, leading to a contraction of available inpatient beds. Therefore, the implementation of KRIS cannot be viewed solely as a technical administrative shift, but must be treated as a complex legal reform that requires horizontal harmony with regional autonomy and state budget laws.

To resolve these systemic issues, it is recommended that the Ministry of Health and BPJS Kesehatan immediately amend the implementation guidelines to introduce a phased, multi-tiered compliance schedule based on hospital classification and regional fiscal capacity. The central government must also formulate a dedicated legal framework for state subsidies or infrastructure grants to assist underfunded regional public hospitals in achieving compliance. Additionally, a clear legal protection clause must be enacted to prevent the arbitrary termination of BPJS contracts for hospitals actively undergoing structural transitions. By introducing legal flexibility and financial synchronization, the state can fulfill its social justice goals without compromising the immediate stability of the healthcare system.

### References

- Asikin, Z. (2018). *Pengantar Metode Penelitian Hukum*. Jakarta: RajaGrafindo Persada.
- Azwar, A. (2015). *Menuju Pelayanan Kesehatan yang Bermutu*. Jakarta: Yayasan Penerbit Ikatan Dokter Indonesia.
- Fuady, M. (2013). *Teori Hukum Kontemporer*. Bandung: Citra Aditya Bakti.
- Government of Indonesia. (2023). *Law Number 17 of 2023 concerning Health*. Jakarta: State Secretariat.
- Government of Indonesia. (2024). *Presidential Regulation Number 59 of 2024 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance*. Jakarta: State Secretariat.
- Marzuki, P. M. (2021). *Penelitian Hukum: Edisi Revisi*. Jakarta: Prenadamedia Group.
- Ministry of Health of the Republic of Indonesia. (2022). *Operational Guidelines for the Implementation of Standard Inpatient Classes*. Jakarta: Directorate General of Health Services.

- Pratama, A. R., & Sugiarto, H. (2024). Juridical Analysis of Health Insurance Transformation in Developing Nations. *Journal of Indonesian Legal Studies*, 9(1), 45-68.
- Pound, R. (2017). *An Introduction to the Philosophy of Law*. New Brunswick: Transaction Publishers.
- Rahardjo, S. (2014). *Ilmu Hukum*. Bandung: PT Citra Aditya Bakti.
- Soekanto, S. (2020). *Faktor-Faktor yang Mempengaruhi Penegakan Hukum*. Jakarta: RajaGrafindo Persada.
- Supriyanto, S., & Nyoman, A. (2019). *Citra dan Manajemen Mutu Pelayanan Kesehatan*. Surabaya: Universitas Airlangga Press.
- Widhiastuti, R., & Handayani, T. (2025). The Dilemma of Equity and Infrastructure in the BPJS KRIS Era. *Indonesian Journal of Health Law and Policy*, 12(2), 112-130.