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Legal Review of KRIS Implementation under Presidential Decree No. 59 of 2024 (amending Presidential Decree No. 82 of 2018 on Health Insurance) and Law No. 40 of 2004 on the National Social Security System

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Abstract:

This study stems from concerns regarding normative changes to inpatient care classifications introduced by Presidential Regulation No. 59 of 2024—which reforms Presidential Regulation No. 82/2018—within the framework of Law No. 40 of 2004 on the National Social Security System (SJSN). It focuses on assessing whether the Standard Inpatient Class (KRIS) aligns, both legally and operationally, with the principles of equity and sustainability underpinning the National Health Insurance (JKN) scheme. The research aims to (1) map and interpret the KRIS regulations set forth in Presidential Regulation 59/2024 and (2) evaluate the alignment of KRIS implementation with SJSN principles. A normative legal research (doctrinal legal research) methodology was employed, utilizing statutory, legal-hermeneutic, and vertical-horizontal harmonization analysis approaches, alongside qualitative content analysis of legal and policy documents (2015–2025). The findings indicate that, doctrinally, Presidential Regulation 59/2024 establishes a legal framework coherent with SJSN objectives; however, substantive alignment depends on the finalization of implementing regulations, adjustments to tariffs and premiums, and hospital operational readiness. Data reveal inconsistencies in meeting the 12 KRIS criteria and a potential for service fragmentation arising from "top-up" mechanisms. The study concludes that while KRIS supports equity *de jure*, its achievement remains conditional *de facto*. Consequently, it recommends finalizing derivative regulations, adjusting financing structures, providing transition support for regional hospitals, and adopting an H-E-I (Law–Equity–Implementation) evaluative framework alongside further empirical study.

Keywords: National Social Security System (SJSN); Policy Implementation; Presidential Regulation 59/2024; Standard Inpatient Care Class (KRIS).

INTRODUCTION

The Standard Inpatient Class (KRIS) policy is part of the National Health Insurance (JKN) reform effort, which is based on the principle of social justice and a commitment to ensuring that every citizen receives equitable healthcare services. This program is designed to standardize inpatient facilities and infrastructure across all healthcare facilities, so that patients from diverse backgrounds can enjoy equal quality healthcare without discrimination. The standardization applied covers the physical aspects of the facility, including the availability of

space, medical equipment, and a decent environment, as well as the quality of services provided by healthcare workers. Thus, KRIS focuses not only on infrastructure development but also on improving service quality to align with the objectives of Law Number 40 of 2004 concerning the National Social Security System (SJSN). This policy is also expected to strengthen the principle of equity, ensure that every individual has the right to fair healthcare services, and increase efficiency and transparency in the management of healthcare facilities. Through KRIS, the government emphasizes the importance of equal access and quality of services, so that JKN reform can provide an inclusive and equitable healthcare system for all Indonesians (Hade & Agus, 2019).

KRIS serves as a strategic instrument in strengthening equality in health services, while also being an integral part of the government's efforts to realize social goals and citizens' human rights as guaranteed by the 1945 Constitution. The implementation of this policy is expected to reduce service disparities between regions and provide consistent quality assurance across all health facilities, supporting the creation of an inclusive, equitable, and sustainable national health system. Through KRIS, access to inpatient services is no longer dependent on location or economic capacity, but is instead guaranteed by regulations that favor the welfare of the wider community (Aziza et al., 2024). Law Number 40 of 2004 concerning the National Social Security System (SJSN) emphasizes that health insurance is implemented by prioritizing the principles of social insurance, namely mutual cooperation, mandatory contributions, and non-profit management. Furthermore, this law also emphasizes the principle of equity, where each participant has the right to receive health services according to their medical needs regardless of the amount of contributions paid. The main objective of the SJSN Law is to ensure that the basic needs of a decent life are met for all participants, while guaranteeing fairness in access to health services. As part of the implementation of healthcare reform, Presidential Regulation Number 59 of 2024 replaced the inpatient class 1 to 3 system with the Standard Inpatient Class (KRIS) concept. KRIS aims to standardize the facilities and quality of inpatient services for BPJS participants, so that all people receive equal, fair, and quality services, in line with the spirit of the SJSN Law in creating an inclusive and sustainable national health insurance system (Sitomorang, 2025). Kompasiana noted that Presidential Regulation 59/2024 has been enacted but its implementation is not yet complete, and regulates KRIS to replace BPJS classes 1, 2, and 3 along with related benefits, rates, and contributions.

Presidential Regulation Number 59 of 2024 was issued as a concrete manifestation of the implementation of the principles stated in the National Social Security System (SJSN). This Presidential Regulation affirms the government's seriousness in ensuring the provision of fair and equitable health services that focus on the medical needs of each participant, in line with the spirit of Law Number 40 of 2004. This policy is considered a strategic step to follow up on the mandate of the SJSN Law, which had previously not been fully implemented, particularly regarding the principle of equality in access to health services. With this Presidential Regulation, it is hoped that the implementation of health insurance will not only be formal, but also be able to address the real needs of the community in an inclusive manner. The National Social Security Council (DJSN) assesses that this regulation strengthens the oversight and standardization mechanisms for health services, thereby creating a transparent and accountable system. In addition, Presidential Regulation 59 of 2024 serves as the legal basis for coordination between the central government, regional governments, and health service providers, so that the principles of justice and equity can be consistently realized. Overall, this policy affirms the government's commitment to providing equal, quality, and sustainable health services for all Indonesians (Hariani et al., 2025).

With the enactment of Presidential Decree 59/2024, the old inpatient class system was replaced with the Standard Inpatient Class (KRIS), thus standardizing the quality and facilities of services across all hospitals. This measure aims to reduce service disparities, guarantee equal access for all BPJS participants, and ensure that each individual receives services according to their medical needs, regardless of financial ability or location. Thus, this Presidential Decree serves as a strategic instrument in strengthening the principles of mutual cooperation and non-profit that underpin the SJSN, while simultaneously realizing the goal of an inclusive and equitable national health insurance (DJSN, 2024). As the legal basis for the implementation of JKN, Article 32 paragraph (4) of Law No. 24/2011 (BPJS Law) requires “inpatient service classes based on class standards,” and Article 19 paragraph (1) of the JKN Law emphasizes that implementation must be based on the principle of equity (Sudrajat & Rahayu, 2025). Presidential Decree 59/2024 adds a new definition: Standard Inpatient Class is the minimum standard of inpatient services received by Participants. This Presidential Decree also stipulates twelve mandatory criteria for inpatient room facilities (Article 46A), referring to Minister of Health Regulation No. 24/2016 and input from hospital associations. The DJSN even detailed that hospitals must gradually meet these 12 criteria over a 13-month period (May 8, 2024–June 30, 2025). Thus, the normative provisions in Presidential Regulation 59/2024 combine the regular provisions of the National Health Insurance (JKN) (BPJS Law) with the equitable goals of the National Social Security System (SJSN).

Presidential Regulation Number 59 of 2024 establishes the KRIS implementation mechanism by setting a transition phase and a clear deadline for all BPJS partner hospitals. Article 103B stipulates that KRIS implementation must be completed in all facilities no later than June 30, 2025. During this transition period, hospitals are given the flexibility to provide partial or full inpatient services according to their respective capabilities, allowing for gradual adaptation to the new standards (Kholdun et al., 2025). After July 1, 2025, the government will determine new benefits, rates, and contributions based on a comprehensive evaluation of inpatient facilities, to ensure fair, equitable, and tailored services tailored to participant needs. Recent data shows that the majority of BPJS partner hospitals, approximately 2,554 out of 2,715 hospitals, have prepared their facilities for KRIS implementation, although not all are ready. This situation prompted the House of Representatives (DPR) to propose extending the deadline to December 2025, so that all hospitals can fully meet the KRIS standard requirements. This step is crucial to ensure uniform quality of inpatient services and strengthen the principle of equity within the National Health Insurance (JKN) system (Reporter, 2025). The Kompasiana report also revealed that the Ministry of Health and the BPJS Kesehatan (Social Security Agency) had not yet formulated all derivative provisions (Articles 46A and 103B) by the specified deadline. In other words, although the Presidential Decree sets June 30, 2025, as the target for full implementation, the KRIS transition is still ongoing and requires regular evaluation.

The Standard Inpatient Class (KRIS) policy has drawn mixed reactions, both supportive and critical, while also presenting a number of challenges in its implementation. Previous studies have shown significant technical constraints, including disparities in the quality and condition of hospital infrastructure, such as classical-style buildings, inefficient patient flow layouts, and limited supporting facilities. Furthermore, the readiness of human resources, particularly healthcare workers, is also a crucial factor influencing the smooth implementation of KRIS. From the service provider perspective, efforts to adapt facilities to meet the 12 KRIS standard criteria pose real challenges, such as the need for inpatient room renovations, reorganization of service flows, and operational adjustments that incur additional costs (Ambas et al., 2025). Another challenge is ensuring clarity regarding tariff efficiency before the new fees are implemented, a key concern for hospitals to ensure that KRIS implementation does not result in financial losses. Therefore, the success of this policy depends not only on government regulations but also on hospital readiness, cross-stakeholder coordination, and thorough technical and financial planning to ensure that inpatient service standards can be achieved equitably and sustainably (Aziza et al., 2024). This policy has the potential to improve social equality in the health sector. The government emphasized that the implementation of the new contribution structure after July 1, 2025, must be designed in accordance with the principle of fairness, so that each participant pays contributions proportional to their ability and needs. Furthermore, this policy also emphasizes the importance of the sustainability of the National Health Insurance (JKN) program, ensuring that health services remain accessible to all without compromising quality or coverage. With a fairer and more measurable contribution structure, it is hoped that an inclusive and equitable health insurance system will be created, while strengthening the program's financial stability. This approach emphasizes not only administrative aspects but also directs the equitable distribution of benefits and protection for all participants, so that the main goal of JKN, which is to ensure equal and sustainable access to health care for all citizens, can be effectively achieved (Winastya & Saputra, 2025). The positive legal aspect needs to address the extent to which crisis management, preparedness, and participant protection are covered in accordance with the objectives of the National Social Security System (SJSN).

A literature review indicates that normative studies specifically discussing Presidential Regulation No. 59 of 2024 are still very limited. Several existing studies, such as that conducted by Aziza and colleagues in 2024, highlight that Presidential Regulation 59/2024 was designed with the primary goal of increasing equal access to healthcare services. One of the key strategies stipulated in this regulation is the implementation of 12 Standard Inpatient Class (KRIS) criteria within the National Health Insurance (JKN) system. The implementation of these standards is expected to ensure that every participant receives equal inpatient care in terms of quality, facilities, and comfort, regardless of social status or financial ability. However, there is still very little literature that thoroughly examines the legal aspects, implementation, and impact of Presidential Regulation 59/2024, resulting in limited understanding of the policy's effectiveness in practice (Rivai, 2024). These limitations of normative studies emphasize the need for further research to evaluate how KRIS is implemented in BPJS partner hospitals, the challenges that arise during implementation, and its impact on equity principles and healthcare quality throughout Indonesia. Thus, additional research is essential to provide a more comprehensive picture of Presidential Regulation 59/2024's contribution to national healthcare reform (Aziza et al., 2024), However, their study is a general literature review and does not yet focus on the positive legal aspects. No other study has in-

depth analyzed the implementation of KRIS within the SJSN framework and the JKN Law. Therefore, this study fills this gap with a normative juridical approach: analyzing the provisions of Presidential Regulation 59/2024 and their relationship to the principles of the SJSN. This focus purely on the implementation of positive law is a unique feature of this study, differing from previous studies that were more technical or based on operational policies. Its academic contribution is expected to strengthen the legal understanding of JKN governance in accordance with the principles of mutual cooperation and social justice (Suma & Amin, 2021).

METHOD

This research methodology is designed with a systematic, precise, and prescriptive legal approach to examine the implementation of the Standard Inpatient Class (KRIS) as stipulated in Presidential Regulation Number 59 of 2024, and its relationship with Presidential Regulation Number 82 of 2018 and Law Number 40 of 2004. Because the research focuses on positive legal analysis or normative legal, the research design, data collection methods, work procedures, and analysis techniques are specifically designed to comprehensively examine the "law in books," namely written regulations, legal doctrines, and court decisions. The analysis is conducted by applying scientifically recognized principles and rules of legal interpretation, so that the research findings can reflect a deep understanding of the regulations and legal practices related to KRIS (Sabarudin, 2024). This approach allows for the identification of compliance, gaps, and the relevance of applicable regulations, while providing a strong foundation for policy recommendations and strengthening KRIS implementation in BPJS partner hospitals. The research findings are expected to provide theoretical and practical contributions to the development of a fair and equitable national health insurance system (Benuf & Azhar, 2020). The methodological approaches and steps outlined below are derived from normative legal research methodology literature and doctrinal legal research practices (Gunardi, 2022).

This study uses a normative juridical or doctrinal legal research method with a descriptive-analytical and prescriptive approach. This design was chosen because the focus of the study is legal norms and constructions, including Presidential Regulations, Laws, implementing regulations, court decisions, and related policy documents. The method used is literature analysis with legal text interpretation, which is considered most appropriate to answer the research questions. This approach allows researchers to assess how the Standard Inpatient Class (KRIS) regulations are formulated, evaluate their compliance with the principles of the National Social Security System (SJSN), and assess the consistency of their implementation in legal practice and national policy (Majeed et al., 2023). The doctrinal approach emphasizes the discovery, interpretation, and harmonization of legal rules, making it suitable for examining the compliance of the new norm (Presidential Regulation 59/2024) with higher norms (Laws, the Constitution) and the principles of the SJSN (Rezah & Qamar, 2020). This study uses several sub-approaches. First, a statutory approach is used to examine the hierarchy, systematics, and relationships between Presidential Regulation 59/2024, Presidential Regulation 82/2018, Law No. 40/2004, BPJS Law No. 24/2011, and other implementing regulations. Second, a conceptual approach is used to explain key concepts such as inpatient care classes, service standards, equity principles, and social justice. Third, a limited comparative approach is used to compare Presidential Regulation 59/2024 with previous regulations, such as Presidential Regulation 82/2018 and previous BPJS provisions, to identify changes in norms and their implications. Fourth, legal interpretation methods (grammatical, systematic, historical, and teleological) are applied so that the normative meaning and objectives of the regulations can be understood comprehensively (D. O. Susanti & Efendi, 2018). The normative juridical design focuses on legal provisions, consistent with the research objective of evaluating the suitability of KRIS implementation to the SJSN principles stipulated in the law. This design allows researchers to construct logical, hierarchical legal arguments and propose normative improvements if inconsistencies or gaps in the rules are found (Mushafi, 2025).

The objectives of this study, due to its normative nature, include all relevant legal materials. Primary legal materials include Presidential Regulation 59/2024, Presidential Regulation 82/2018, Law No. 40/2004 on the National Social Security System (SJSN), Law No. 24/2011 on the Social Security Agency (BPJS), implementing regulations of the Ministry of Health and BPJS, and relevant decisions of the Constitutional Court and the Supreme Court. Secondary materials include scientific articles, legal books, doctrines, legal commentaries, as well as official reports from the DJSN, BPJS, Ministry of Health, and the Supreme Audit Agency (BPK), and the 2015–2025 KRIS/JKN policy documents. Tertiary materials include encyclopedias, legal dictionaries, legislative notes, and legal databases. The sample was selected purposively, including the KRIS article in Presidential Regulation 59/2024, implementing regulations, court decisions related to JKN, 10–15 scientific articles, and official reports related to

KRIS implementation (Diantha, 2016). The 2015–2025 timeframe was set to capture regulatory developments and relevant studies over the past decade. Purposive selection was conducted to ensure the analyzed material had normative weight, practical relevance, and legal authority (Gunardi, 2022). Data were collected through library and document research, encompassing several stages. First, primary legal documents such as Presidential Regulations, Laws, Ministerial Regulations, and BPJS regulations were identified and downloaded from official sources. Second, policy documents and reports were collected, including those from the DJSN, BPJS, Ministry of Health studies, and institutional research. Third, academic literature from journals, articles, books, and theses (2015–2025). Fourth, Supreme Court/MK decisions related to the National Social Security System (SJSN) or National Health Insurance (JKN) were inventoried. Documents were recorded with reference codes to facilitate tracking and verification, in accordance with normative legal research practices (Muhaimin, 2020).

The research procedure began with the planning and mapping of legal materials, encompassing primary, secondary, and tertiary documents, and the establishment of inclusion criteria based on relevance, authority, and the 2015–2025 period. Documents were collected, saved as PDFs, and their metadata recorded. Text analysis was conducted article by article of Presidential Regulation 59/2024, highlighting changes from Presidential Regulation 82/2018 and their relationship to Law 40/2004. Legal interpretation employed grammatical, systematic, historical, and teleological methods, followed by harmonization between regulations. The SJSN principles were analyzed using a matrix, findings were synthesized into coherent legal arguments, verified through source triangulation, and finally documented in a research report in accordance with scientific legal principles (Marzuki, 2005). This procedure was designed to ensure the analysis remains transparent, traceable, and based on verifiable documentary evidence (Mushafi, 2025). Data analysis was conducted qualitatively using descriptive-analytical methods using two main techniques. First, content analysis uses thematic coding to highlight issues such as access, equity, facility standards, contributions, implementation deadlines, and sanctions. Second, a hermeneutic method is applied through grammatical, systematic, historical, and teleological interpretations, so that the meaning of the regulations is fully understood and the results are presented with logical arguments and references to related articles (Marzuki, 2005). The analysis is conducted through normative harmonization, testing the vertical consistency between the Presidential Regulation and the Law and the Constitution and horizontal consistency with regulations of the same level or their derivatives to assess legal certainty. The SJSN principle evaluation matrix is used to assess the conformity of KRIS articles with normative principles. Based on the findings, prescriptive arguments are made in the form of editorial recommendations, technical arrangements, or legal interpretations so that the research results support operational and consistent legal policies (Majeed et al., 2023). The validity of the research is maintained through document triangulation and recognized interpretative techniques, while reliability is guaranteed by systematic bibliographic recording, PDF storage, and replicable coding. Ethical aspects are minimal because it does not involve human subjects, with institutional clarification carried out through official permission, and all citations are included in full to prevent plagiarism (Dewi et al., 2024).

RESULTS AND DISCUSSION

Theoretical Framework for Analyzing KRIS Implementation within the SJSN Legal System

The connection between positive norms codified in laws and regulations with the reality of their implementation, accompanied by the use of legal theory as an analytical instrument, as intended by the research objectives of this context, the focus is on the implementation of the Standard Inpatient Class (KRIS) as regulated in Presidential Regulation No. 59 of 2004 concerning the third amendment to Presidential Regulation No. 92 of 2018 concerning Health Insurance, as well as its assessment within the framework of the principles contained in Law No. 40 of 2004 concerning the National Social Security System (SJSN). The legal theory used has three main functions, namely describing, explaining, and predicting. With these functions, legal theory can be a bridge in assessing whether the KRIS policy has fulfilled the principles of social justice, legal certainty, and protection of the constitutional rights of the community as mandated by the 1945 Constitution and related laws and regulations (Purwono, 2023). The discussion conducted not only aims to directly answer the research questions but also seeks to produce a new synthesis capable of providing a critical understanding of the relationship between legal norms, policy implementation, and the achievement of the objectives of the National Social Security System (SJSN). This analysis emphasizes that law functions not only as a formal rule but also as an instrument to ensure policy implementation is carried out in accordance with the principles of justice, equality, and sustainability. Through this understanding, it can be seen how legal norms serve as a foundation for designing and evaluating policies, while also serving as a benchmark for the effectiveness of social security program implementation. Furthermore, this discussion seeks to link theoretical and practical aspects, thus providing deeper insight into the role of law in shaping

the mechanism for the delivery of inclusive and equitable health services (Masula et al., 2025). In this way, the research goes beyond simply assessing compliance with regulations but also explores the policy's concrete impact on achieving the SJSN objectives, including equitable access, improved service quality, and system sustainability for the entire community. Such critical analysis helps create a holistic perspective in understanding the relationship between law, policy, and social benefits. To analyze KRIS policy from a juridical-normative perspective, several legal and policy theoretical frameworks can be integrated that are functional for the research objectives:

Table 1. Theoretical Frameworks: Concepts and Relevance to KRIS Research

No.	Theory	Function of theory	Conceptual description and relevance in research
1.	Doctrinal theory/legal positivism and legal hermeneutics	Describe and explain	The doctrinal approach positions law as law-in-books, analyzed through interpretive methods (grammatical, systematic, historical, and teleological). It is used to describe the wording of Presidential Regulation 59/2024 and assess its vertical coherence with the National Social Security Law and horizontal coherence with other health regulations. Legal hermeneutics helps interpret the intent of lawmakers within the framework of social security objectives (Hart, 2012).
2.	The theory of social justice (Rawls: Justice as fairness) and the principle of SJSN equity	Explain and predict	Rawls' theory is used to assess whether the distribution of KRIS services meets the principles of justice and non-discrimination. The principle of equity in Law No. 40/2004 concerning the National Social Security System (SJSN) emphasizes the principle of mutual cooperation, thus serving as a normative basis for evaluating KRIS as an instrument for equalizing access to health care (Rawls, 1971).
3.	Social security system theory/financing model (Bismarck vs Beveridge)	Explain and predict	The Bismarck (contribution-based) and Beveridge (tax-based) models are used to analyze the sustainability of JKN financing. These theories are relevant in predicting whether the determination of benefits and contributions in KRIS has the potential to undermine the financial resilience of BPJS or strengthen the principle of social security sustainability (Institute, 2008; Ramos et al., 2022).
4.	Policy implementation theory (Top-down/bottom-up; Sabatier and Mazmanian; Pressman and Wildavsky)	Explain and predict	Implementation theory emphasizes the variables of normative certainty, institutional capacity, coordination, and resistance. KRIS is predicted to be successful if there is alignment between legal norms (Presidential Decree 59/2024) and the readiness of health facilities and the capacity of the BPJS. Without readiness, there will be a gap between the law on the books and the law in action (Signe, 2017).

Table 1 shows that Presidential Regulation Number 59 of 2024 introduced the concept of the Standard Inpatient Class (KRIS) as a minimum benchmark for inpatient services for National Health Insurance (JKN) participants. KRIS is designed to ensure the quality and equality of services across all BPJS partner hospitals, by establishing 12 facility criteria that must be met by each inpatient ward. Furthermore, the regulation stipulates exceptions for several types of specialized services, including neonatal care, intensive care units (ICUs), psychiatric services, and certain medical conditions requiring special attention (Pramono et al., 2025). To implement KRIS, the regulation establishes transitional provisions that allow hospitals to gradually adjust facilities and procedures, allowing adaptation to the new standards without disrupting patient care. The regulation also authorizes the government to determine benefits, rates, and contributions relevant to KRIS, based on an evaluation of hospital facilities and service capacity. Thus, KRIS serves not only as a technical and operational standard but also as a regulatory instrument to ensure the principles of equity, quality, and equal access to inpatient services throughout the JKN system. The implementation of KRIS is expected to increase legal certainty, transparency, and consistency of national health services (Muliani & Suryono, 2025).

The Presidential Regulation provides a legal instrument that clearly defines, criteria, and transition mechanisms, as law in the books, so that all provisions related to the KRIS are integrated into a single official document. Transition clauses, including the transition period and implementation deadline, as well as provisions allowing participants to choose higher-level services by paying the difference, are crucial elements that bridge technical norms with operational practices in hospitals. This ensures that the implementation of the standards does not cause confusion or disruption to ongoing services (Tarigan, 2024). Furthermore, the formulation and explanatory documents from the National Social Security Council (DJSN), along with related materials from the Ministry of Health, emphasize that the normative objective of the Presidential Regulation is to achieve service equity through standardization of inpatient facilities and procedures. This standard aims to provide a minimum level of service quality that is equitable for all participants, without eliminating the individual's right to voluntarily obtain higher-level services through top-up mechanisms (Tarigan, 2024). This Presidential Regulation serves not only as a legal and regulatory guideline but also as a strategic tool to ensure equal access to healthcare services for all National Health Insurance (JKN) participants. Furthermore, this Presidential Decree ensures certainty in the operational implementation of the program, ensuring that every procedure and mechanism runs consistently and transparently. This regulation also emphasizes the importance of protecting participant rights, including the right to fair, quality, and sustainable services. With this approach, the government strives to create a National Health Insurance (JKN) system that is not merely a legal formality but also capable of providing real benefits to the wider community. The Presidential Decree serves as a link between legal principles and implementation practices, ensuring that JKN's primary objectives of equitable access, participant protection, and service sustainability can be achieved effectively and sustainably. This structured system is expected to strengthen public trust in the national health insurance program (Suprapto, 2024).

In terms of wording, this Presidential Regulation aligns with the mandate of Law Number 40 of 2004, which emphasizes that the implementation of the National Social Security System (SJSN) must be based on the principles of justice and equity, so that every participant has equal rights in accessing social and health services. Furthermore, this Presidential Regulation also aligns with the provisions of the BPJS Law (No. 24 Tahun 2011), which provides the administrative legal basis for the operations of the Social Security Administering Body (BPJS), including management mechanisms, contribution administration, and the provision of health services. However, this Presidential Regulation emphasizes the need for further technical regulations or implementing regulations that govern detailed matters such as determining participant contribution rates, oversight mechanisms, and policy implementation procedures. Therefore, the suitability and coherence of legal norms in practice depend heavily on the timely issuance of derivative regulations that align with the objectives of the SJSN. The Presidential Regulation serves as the primary legal framework, but its effectiveness in ensuring justice, equity, and the sustainability of the social security system will be achieved if all implementing provisions are implemented consistently and comprehensively (Nurhadi, 2024).

KRIS Implementation and SJSN Principles: Normative Consistency and Practical Challenges

From the perspective of the principles of the National Social Security System (SJSN), including equity, mutual cooperation, mandatory contributions, portability, and sustainability, the implementation of the Standard Inpatient Class (KRIS) is conceptually consistent because it establishes minimum standards for the quality of inpatient services for all JKN participants. This standardization helps ensure that every patient receives equal care, reflects the principle of equity, and strengthens the spirit of mutual cooperation and mandatory contribution obligations (Hutagaol et al., 2025). However, when implemented in practice, there are potential challenges that could conflict with the principles of funding sustainability and access. Unprepared hospital facilities, inadequate tariff and contribution mechanisms, and suboptimal referral management can create additional financial burdens or inequities in services. If these are not carefully managed, the risk of funding deficits or barriers to access to services remains, even if the normative principles of KRIS have been achieved (Nurhadi, 2024). Therefore, the success of KRIS implementation depends not only on written regulations but also on hospital operational readiness, accurate tariff and contribution planning, and an efficient referral system. Proper management will ensure that KRIS can meet normative objectives while maintaining the sustainability and access of services within the JKN system as a whole (Y. Susanti et al., 2024).

Normatively, the Standard Inpatient Class (KRIS) affirms the principle of minimum equal treatment for all JKN participants, in accordance with the objectives of the National Social Security System (SJSN) Law. From a Rawlsian theoretical perspective, this policy brings the distribution of health services closer to the

principle of justice because standardization eliminates differences based on the class of length of hospitalization. However, initial empirical analysis, including BPJS reports and local studies, indicates uneven distribution of facilities between hospitals, for example, differences in infrastructure quality and human resource availability. This condition can lead to de facto equity inequality, even though KRIS has standardized services de jure (Putri et al., 2025). In other words, while legal documents (law on the books) guarantee the principle of equity through standardization, actual implementation (law in action) still risks failing to fully realize service equality. This emphasizes the importance of attention to hospital operational readiness, resource management, and implementation coordination, so that the KRIS equity principle is not only on paper but also truly felt by all JKN participants. Effective implementation is key to achieving the normative goal of standardizing inpatient care equitably (Sudrajat & Rahayu, 2025). Analysis of the financing model emphasizes the importance of understanding the risks that arise when implementing new service standards increases the average cost per treatment. If these cost increases are not offset by adjustments to participant contributions or improvements in clinical efficiency, financial pressure on health insurance funds could significantly increase. This is reflected in the claims-to-operating-funds ratio (BOPO), which can worsen in the absence of adequate compensation mechanisms. In other words, changes in service standards have economic consequences that must be managed through adaptive financing strategies, including restructuring the contribution structure, optimizing service processes, and strengthening oversight of fund use. This analysis also shows that the sustainability of the health insurance system depends heavily on the ability to balance improvements in service quality with the program's financial capacity. Therefore, risk evaluation and adjustment of financing policies are crucial steps to achieve higher service standards without compromising the financial stability and overall quality of health insurance services (Rawls, 1971).

The 2023 BPJS Kesehatan management report, along with the 2023 National Social Security Council (DJSN) report, shows a program cost-to-revenue ratio that indicates a quite worrying financial condition. This situation emphasizes the importance of implementing transparent, fair, and redistributive tariff and contribution mechanisms to ensure that the implementation of the Standard Inpatient Class (KRIS) does not exacerbate the JKN budget deficit. In other words, equitable inpatient service standards must be balanced with thorough financial planning and a sustainable fund management strategy (Puspita & Arimbi, 2023). KRIS's alignment with the SJSN sustainability principles can only be achieved if several critical elements are implemented simultaneously: first, tariff and contribution designs that reflect the principle of mutual cooperation and participants' ability to pay; second, strengthening promotive and preventive programs to reduce the burden of curative service costs; and third, increasing the operational efficiency of hospital services, including optimal resource utilization and referral management. With this combination of strategies, KRIS will not only standardize the quality of inpatient care for all participants but also maintain the financial health of the JKN system, ensuring tangible and consistent sustainability (Nugraha, 2024). The following is a graphic depicting the 2023 program management report and the 2023 audited financial report from Health BPJS:

The Presidential Regulation grants participants the freedom to obtain services above the KRIS standard through differential payments or additional insurance. Normatively, this policy does not conflict with the principle of mutual cooperation, as long as basic access for all participants continues to guarantee adequate and equal inpatient care (Sudastra, 2020). However, if the top-up mechanism becomes widespread and dominant, there is a risk of dualization of services that weakens the quality of public services and leads to fragmented access among participants. Theoretical predictions regarding implementation suggest that if many hospitals prioritize patients who pay top-ups, participants who rely solely on JKN could potentially face longer queues and limited access to inpatient services. This situation could undermine the principles of equity and equality of service that underlie the SJSN (Aminasya & Suriani, 2024). Therefore, the regulation of the top-up mechanism must be designed in such a way as to protect the quality of basic services, avoid disparities in access, and ensure that additional services are voluntary without compromising the rights of JKN participants. A balanced policy will maintain the sustainability of the system, support the principle of mutual cooperation, and enable KRIS to continue to function as a minimum standard that is evenly distributed across all BPJS partner health facilities (Aryami, 2024).

Analysis of official government documents, reports from the National Social Security Council (DJSN), field studies at several hospitals, and academic literature indicate that readiness for the implementation of the Standard Inpatient Class (KRIS) remains highly variable and uneven. Many hospitals, both at the national and regional levels, have not fully met the 12 KRIS criteria stipulated in the derivative regulations of Presidential Decree No. 59 of 2024. Several important criteria, such as the number of beds per room, partitions between beds, and en-suite bathroom facilities, remain serious obstacles, especially in hospitals facing resource constraints (Ilmansyah & Basabih, 2025). These findings are reinforced by the ThinkWell report and research at Bandung Regional General Hospital, which demonstrates the heterogeneity of readiness and the high costs required to adjust facilities and infrastructure. These conditions underpin the government's consideration, through the Ministry of Health, to propose extending the transition period for KRIS implementation until December 31, 2025, as a pragmatic measure. The proposal was discussed in a joint meeting with the House of Representatives (DPR) and disseminated in public policy forums, with the aim of providing additional time for hospitals to make adjustments, ensuring that the transformation of inpatient services can be implemented with quality that meets KRIS standards, while maintaining equality of service for all JKN participants (Gusman, 2024).

Objections to the implementation of the Standard Inpatient Class (KRIS) have also emerged from various stakeholders, including hospital associations, health policy observers, and several legislators. The criticisms generally highlight several key aspects. First, the implementation deadline is considered too short for many hospitals, creating significant pressure to adjust facilities and operational procedures (Nurhayati et al., 2025). Second, the costs required to undertake infrastructure transformation, including renovating inpatient rooms, adding facilities, and meeting the 12 KRIS criteria, are considered very high, especially for hospitals located in areas with limited resources. Third, there are concerns that this policy could negatively impact regional hospitals, which have limited budgets, potentially reducing the quality of services or hindering JKN participants' access to adequate inpatient care (Ratman et al., 2025). Input provided by stakeholders plays a crucial role for the government and the Ministry of Health in designing the implementation strategy for the Standard Inpatient Class (KRIS). These considerations encompass various aspects, including the possibility of extending the transition period, allocating additional financial support, and adjusting technical policies to be more flexible and responsive to the operational needs of healthcare facilities. By considering these inputs, the government can ensure that the implementation of equitable service standards does not place an undue burden on hospitals or other healthcare facilities. Furthermore, policies formulated with stakeholder perspectives in mind are expected to maintain participant access to healthcare services, effectively achieving the KRIS goal of providing equitable services to all. This approach emphasizes the importance of coordination, evidence-based policy adjustments, and adequate financial support to ensure the program's success, while maintaining the sustainability and quality of healthcare services across all JKN-administered facilities (CNN, 2025). This raises the risk that KRIS implementation will be uneven and could even create new inequalities if large hospitals in urban areas are better prepared, while hospitals in rural areas are lagging behind.

From a policy implementation theory perspective, particularly the top-down and bottom-up models developed by Sabatier, Mazmanian, Pressman, and Wildavsky, the implementation of the Standard Inpatient Class (KRIS) requires an integration of both approaches. Presidential Regulation No. 59 of 2024 reflects a top-down approach through explicit normative instructions from the central government, establishing minimum standards, facility criteria, and transition mechanisms that all BPJS partner hospitals must follow. This approach provides legal certainty and a clear operational framework, ensuring that each facility understands its obligations

and responsibilities (Nugroho et al., 2023). However, successful KRIS implementation also requires a bottom-up element, namely the active participation of hospitals, healthcare workers, and local stakeholders in adapting facilities, referral management, and internal procedures to actual conditions on the ground (Kertati et al., 2023). Without bottom-up involvement, normatively established standards risk not being effectively achieved, given the differences in facility readiness and resources between hospitals. Therefore, a combination of a firm top-down strategy with an adaptive bottom-up approach is considered essential to ensure that KRIS is not only legally regulated but also practically, equitably, and sustainably implemented, while maintaining the principles of equity and service quality within the JKN system (Signe, 2017). However, successful implementation cannot be separated from the involvement of local actors, such as hospitals, regional health offices, and professional associations. If the government relies solely on a normative framework without the support of resources, tiered monitoring, and realistic readiness mapping, what will emerge is not the equitable elimination of inpatient classes, but rather implementation bias in the form of a buildup of operational problems in the field.

Presidential Regulation Number 59 of 2024 has a significant normative function, as it introduces legal changes that reform the regulation of inpatient classes and harmonize them with the objectives of the National Social Security System (SJSN). In principle, the Standard Inpatient Class (KRIS) aligns with the SJSN equity principle, but this conformity is conditional, depending on the completeness of the underlying regulations, tariff and contribution arrangements, and the readiness of hospitals as service providers. Consistency in the equity principle can only be achieved if the government prepares adequate financial mechanisms, including adjusting tariffs and contributions according to participant capacity and strengthening promotive and preventive programs to reduce the burden of curative services. This approach, in line with Rawls' financing model and justice perspective, enables KRIS to improve equal access to inpatient services without creating excessive fiscal pressure (Imtihani & Nasser, 2024). With comprehensive underlying regulations, hospital operational readiness, and efficient resource management, KRIS has the potential to achieve equitable access to services for all JKN participants, while maintaining the sustainability of the national health financing system. Thus, KRIS is not only a technical standard instrument, but also a strategic policy tool to achieve the normative objectives of the National Social Security System (SJSN) effectively and sustainably (Rawls, 1971). If many hospitals are not ready and the KRIS transition process is forced without adequate support, there is a risk of service fragmentation, namely the emergence of a two-tier system between participants who pay top-ups and pure JKN participants. This condition also has the potential to increase direct out-of-pocket costs for patients who require additional facilities. Based on policy implementation theory, unpreparedness of facilities and lack of operational support can hamper the effectiveness of KRIS standards, reduce equality of access, and create service inequalities between participants. Thus, the principles of equity and sustainability in the SJSN are at risk of being compromised if mitigation measures are not implemented (Signe, 2017). Researchers proposed the "H-E-I Harmonization Model" (Law-Equity-Implementation) as a framework for evaluating health insurance policies.

a. H (Law): emphasizes the coherence of norms vertically and horizontally, starting from the Constitution, Laws, Presidential Decrees, to the Minister of Health Regulations, to ensure regulatory consistency.
b. E (Equity): measures equality of access to services, distribution of facilities, and top-up mechanisms that maintain participants' rights to basic services.
c. I (Implementation): assessing hospital readiness, financing capacity, and effectiveness of oversight mechanisms in operational practices.

The H-E-I model has both normative and predictive characteristics; when its three dimensions are implemented optimally, it supports the principle of pro-equity in healthcare delivery. Conversely, weaknesses in any one dimension can increase the potential for inequality, both in access and quality of services. This model serves as a systematic analytical tool for formulating measurable policy recommendations, allowing for structured and objective evaluation of the implementation of the Standard Inpatient Class (KRIS) and the National Health Insurance (JKN) system. From a theoretical perspective, this model is propositional and allows for further testing through empirical research, allowing the findings to form the basis for developing more effective, equitable, and evidence-based health policies. By using the H-E-I framework, policymakers can identify strengths and weaknesses in program implementation, anticipate the risks of inequality, and develop targeted improvement strategies. This approach makes a significant contribution to ensuring that health policies are not merely formal in terms of regulations, but also tangible in terms of achieving equal access and quality of services for all JKN participants (Rachim, 2025).

CONCLUSION

Based on a normative legal analysis, this study concludes that Presidential Regulation No. 59 of 2024 constitutes a significant normative reform in Indonesia's health insurance legal system. This Presidential Regulation establishes a new legal framework for the Standard Inpatient Class (KRIS), affirming the goal of equalizing and standardizing inpatient services within the context of the National Social Security System (SJSN). However, its normative legitimacy does not automatically guarantee equity in services; the realization of SJSN principles depends on the completeness of implementing regulations, sustainable financing design, and hospital operational readiness. From a legal perspective, the implementation of KRIS is coherent with the hierarchy of norms (Constitution → Law → Presidential Regulation → Minister of Health Regulation) and includes transition mechanisms and exceptions for certain services, so that the Presidential Regulation serves as a legal basis and legislative instrument to uphold the principle of equity. Substantially, KRIS's compliance with SJSN principles is conditional. De jure, the principles of equity, mutual cooperation, and sustainability are achieved, but de facto, this achievement is hampered by limitations in technical regulations, BPJS financing capacity, hospital infrastructure and human resource readiness, and oversight mechanisms. Without these aspects being met, KRIS risks becoming a symbolic norm. This study introduces the H-E-I (Law–Equity–Implementation) Harmonization Model as a normative-predictive tool for evaluating policies, emphasizing that the synergy between norm coherence, equity realization, and implementation readiness determines the success of KRIS. Policy recommendations include accelerating implementing regulations, a phased transition strategy with financial-technical support, an integrated monitoring system, and clear top-up mechanism rules. Further empirical studies and evaluation of the initial implementation phase are needed to adjust technical policies and test the H-E-I model hypotheses. Harmonization between law, equity, and implementation is key to KRIS meeting the goal of equitable access to appropriate healthcare services as mandated by the National Social Security System (SJSN) and the constitution.

REFERENCES

Ambas, J., Rahman, E., Siswati, S., Tahir, A., Amin, A. N., Laksono, R. D., & Finasim. (2025). *Manajemen Pelayanan Sektor Publik (Teori dan Praktek Layanan Publik di Rumah Sakit) [Public Sector Service Management (Theory and Practice of Public Services in Hospitals)]*. MEGA PRESS NUSANTARA.

Aminasya, N., & Suriani, A. (2024). Transformasi Sistem Kelas BPJS dan Implikasinya Terhadap Akses dan Keadilanlayanan Kesehatan di Indonesia [The Transformation of the BPJS Class System and Its Implications for Access and Equity in Health Services in Indonesia]. *Central Publisher*, *2*, 2048–2054. https://doi.org/https://doi.org/10.60145/jcp.v3i5.651 [In Indonesian]

Aryami, A. D. (2024). Kelas Rawat Inap Standar Perpres No. 59 Tahun 2024. Webinar USAID [Standard Inpatient Class Presidential Decree No. 59 of 2024. USAID Webinar]. In *BPJS Kesehatan*. https://thinkwell.global/wp-content/uploads/2024/07/4.-Webinar-KRIS-USAID_11-Juli-2024-Ari-Dwi-Aryani.pdf?

Aziza, S. N., Ayunina, Q., Harsono, R. A., No, A. P., JKN, R. G., & Desember. (2024). *Analisis Perpres No. 59 Tahun 2004 Tentang Pemberlakuan Kelas Rawat Inap Standar (KRIS) JKN [Analysis of Presidential Decree No. 59 of 2004 concerning the Implementation of the JKN Standard Inpatient Class (KRIS)]*. https://www.researchgate.net/publication/387297922_Analisis_Perpres_No_59_Tahun_2024_tentang_Pemberlakuan_Kelas_Rawat_Inap_Standar_KRIS_JKN

CNN, I. (2025). *Menkes Usul Penerapan Kris BPJS Mundur ke Desember 2025 [The Minister of Health proposed postponing the implementation of the BPJS Ketenagakerjaan program to December 2025.]*. https://www.cnnindonesia.com/ekonomi/20250526163232-78-1233373/menkes-usul-penerapan-kris-bpjs-mundur-ke-desember-2025

Dewi, R. D. L. P., Siswanto, A., Lestari, W., Ratnawita, R., & Judijanto, L. (2024). *Metodologi Penelitian Perilaku Organisasi: Panduan dan Implementasi [Organizational Behavior Research Methodology: Guide and Implementation]*. PT. Green Pustaka Indonesia.

Diantha, I. M. P. (2016). *Metodologi Penelitian Hukum Normatif dalam Justifikasi Teori Hukum [Normative Legal Research Methodology in Justifying Legal Theory]*. Prenada Media Group.

DJSN, P. R. (2024). *Perpres No 59 tahun 2024 Tentang Perubahan Ketiga atas Perpres Nomor 82 tahun 2018 Tentang Jaminan Kesehatan [Presidential Decree No. 59 of 2024 concerning the Third Amendment to Presidential Decree No. 82 of 2018 concerning Health Insurance]*. https://djsn.go.id/berita/press-release-djsn-terkait-perpres-nomor-59-tahun-2024-tentang-perubahan-ketiga-atas-perpres-nomor-82-tahun-2018-tentang-jaminan-kesehatan

Gunardi. (2022). *Buku Ajar Metode Penelitian Hukum [Textbook of Legal Research Methods, First Edition]*. Damera Press.

Gusman, Y. (2024). *Update Kebijakan dan Implementasi Kelas Rawat Inap Standar (KRIS) [Update on Standard Inpatient Class Policy and Implementation (KRIS)]*. https://thinkwell.global/wp-content/uploads/2024/07/3.-dr.-Yayan-PKR-Kemenkes-KRIS-USAID.pdf?

Hade, A., & Agus, M. (2019). Kebijakan Kesehatan Nasional [National Health Policy]. In *Jurnal Artikel Padang* (pp. 1–4). https://scholar.googleusercontent.com/scholar?q=cache:oAMT1SDD3QgJ:scholar.google.com/+pengertian+administrasi&hl=id&as_sdt=0,5

Hariani, Alfian, H., Heriyati, Arlia, Nurwahyuni, Ilham, M. N., Wahyuddin, Jannah, M., Utami, R. D., & Rahmayanti, H. (2025). *Pengantar Administrasi Kebijakan Kesehatan [Introduction to Health Policy Administration]*. Yayasan Tri Edukasi Ilmiah.

Hart. (2012). *The Concept of Law, Third Edition Published*. Oxford University Press.

Hutagaol, R., Fauziah, E., Ardiansyah, F., Enjelia, D., & Avia, I. (2025). *Bureaucratic Caring dalam Praktik: Refleksi Empiris Peran BPJS terhadap Kesejahteraan Janin (Fetal Well-Being) [Bureaucratic Caring in Practice: An Empirical Reflection on the Role of BPJS in Fetal Well-Being]*. Penerbit NEM.

Ilmansyah, V. D., & Basabih, M. (2025). Analisis Kesiapan Implementasi Kebijakan Kelas Rawat Inap Standar Jaminan Kesehatan Nasional Rumah Sakit Umum Daerah DKI Jakarta [Analysis of Readiness for Implementation of the National Health Insurance Standard Inpatient Class Policy at DKI Jakarta Regi. *JURNALLOCUS:Penelitian & Pengabdian*, *4*(4), 1598–1608. https://doi.org/10.58344/locus.v4i4.4101 [In Indonesian]

Imtihani, H., & Nasser, M. (2024). Keadilan dalam Reformasi BPJS: Teori Rawls dan Kajian Kritis Terhadap Kebijakan Kelas Rawat Inap Standar [Justice in BPJS Reform: Rawls' Theory and a Critical Study of the Standard Inpatient Class Policy]. *Syntax Idea*, *6*(9), 3832–3842. https://doi.org/10.46799/syntax-idea.v6i9.4447 [In Indonesian]

Institute, I. (2008). *Bismarck Versus Beveridge: A Comparasion of Social Insurance System in Eroupe*. https://www.ifo.de/DocDL/dicereport408-db6.pdf?utm_

Kertati, I., Pratomo, S., Sancono, B. A. W., Daeni, M., Widyastomo, R. P., Christiani, C., Werdiningsih, R., Hadiati, T. L., Bahrudin, A., & Winarni, A. T. (2023). *Implementasi Kebijakan Publik: Dari Hulu ke Hilir [Public Policy Implementation: From Upstream to Downstream]*. PT. Sonpedia Publishing Indonesia.

Kholdun, A. I., Ismoyowati, T. W., Setianingsih, L. E., Hutagaol, E. K., Suharso, E., & Rahardjo, W. (2025). *Sistem Manajemen Transformasi Kesehatan: Strategi, Inovasi dan Implementasi Menuju Layanan Kesehatan Berkelanjutan [Health Transformation Management System: Strategy, Innovation and Implementation Towards Sustainable Health Services]*. PT. Sonpedia Publishing Indonesia.

Majeed, N., Hilal, A., & Khan, A. N. (2023). Doctrinal Research In Law: Meaning, Scope, and Methodology. *Tahun*, *12*(4), 559–563. https://doi.org/10.61506/01.00167

Marzuki, P. M. (2005). *Penelitian Hukum [Legal Research]*. Prenada Media.

Masula, F., Aini, N. Q., & Winarno, A. (2025). Eksplorasi Kritis : Pengaruh Teori Positivisme dan Teori Kritis Dalam Pembentukan Kebijakan Publik Melalui Systematic Literature Review [Critical Exploration: The Influence of Positivism Theory and Critical Theory in the Formation of Public Policy Through. *Santhet (Jurnal Sejarah Pendidikan Dan Humaniora)*, *9*(3), 842–850. https://doi.org/10.36526/santhet.v9i3.5320 [In Indonesian]

Muhaimin. (2020). *Metodologi Penelitian Hukum [Legal Research Methodology]*. Mataram:Mataram University Press.

Muliani, C. W., & Suryono, A. (2025). Analisis Hukum Ekonomi terhadap Kebijakan Kelas Rawat Inap Standar (KRIS) dalam Upaya Mewujudkan Efisiensi dan Keadilan Jaminan Kesehatan Nasional [Economic Law Analysis of the Standard Inpatient Class (KRIS) Policy in an Effort to Achieve Efficiency and . *Jurnal Locus Penelitian Dan Pengabdian*, *4*(9), 8840–8848. https://doi.org/10.58344/locus.v4i9.4811 [In Indonesian]

Mushafi. (2025). *Metode Penelitian Hukum [Legal Research Methods]*. CV. Eureka Media Aksara.

Nugraha, A. (2024). *Determinan dalam Kepesertaan Program Jaminan Kesehatan Nasional [Determinants of National Health Insurance Program Participation]*. Penerbit NEM.

Nugroho, H., Widyanta, A. B., Wibawanto, G. R., & Fitramadhana, R. (2023). *Proliferasi Pemikiran Sosial Kritis [Proliferation of Critical Social Thought]*. PT Kanisius.

Nurhadi. (2024). Jaminan Sosial di Indonesia: Sejarah, Teori dan Tantangan Masa Depan [Social Security in Indonesia: History, Theory and Future Challenges]. In *Friedrich Ebert Stiftung*.

Nurhayati, Telaumbanua, N., Hati Daeli, L. J., Agustin, D., Khairunisa, S. S., Aulia, J., & Syifaurridha, N. (2025). Masalah Kebijakan Kesehatan [Health Policy Issues]. *Innovative: Journal Of Social Science Research*, *5*(4), 45–55. https://doi.org/10.31004/innovative.v5i4.20143 [In Indonesian]

Pramono, J. S., Hasanah, S., Ardyanti, D., & Tonapa, E. (2025). *Jaminan Kesehatan Nasional: Strategi, Implementasi dan Transformasi Kesehatan [National Health Insurance: Strategy, Implementation and Health Transformation]*. Penerbit Adab.

Purwono, R. (2023). *Jaminan Kesehatan Nasional [National Health Insurance]*. Cipta Media Nusantara.

Puspita, R., & Arimbi, D. (2023). *Regulasi Kelas Rawat Inap Peserta Jaminan Kesehatan Nasional [Regulations on Inpatient Classes for National Health Insurance Participants]*. MEGA PRESS NUSANTARA.

Putri, N. A. S., Salsabila, S. S., Jamal, N., Adinda, A. S., Bua, R. T., & Apriliani, A. (2025). *Akses Layanan Kesehatan [Access to Health Services]*. ARSY MEDIA.

Rachim, A. (2025). *Pemasaran Kebijakan Publik: Membangun Sistem Pelayanan Kesehatan Berbasis Masyarakat [Public Policy Marketing: Building a Community-Based Health Care System]*. PT. Star Digital Publishing, Yogyakarta-Indonesia.

Ramos, A. M., Leite, E., Nuno, H., & Alves, S. R. P. (2022). From Bismarck To Beveridge: Contributions For The Understanding Of Different Social Security Models. *79th International Scientific Conference on Economic and Social Development*.

Ratman, M. N., Amanda, N. N., Oktapia, S., & Pangestoeti, W. (2025). Program Kelas Rawat Inap Standar (KRIS): Analisis Ekonomi Publik atas Pemerataan Layanan Kesehatan Nasional [Standard Inpatient Class Program (KRIS): A Public Economic Analysis of the Equity of National Health Services]. *Jurnal Ilmu Komunikasi Dan Sosial Politik*, *2*(4), 1303–1308. https://doi.org/10.62379/jiksp.v2i4.2924 [In Indonesian]

Rawls, J. (1971). *A Theory of Justice* (revised). The Belknap Press of Harvard University Press.

Reporter. (2025). *Hot Isu Pagi Ini, Anak Buah Megawati Desak Menkop Budi Arie Setiadi Segera Minta maaf [This Morning's Hot Issue: Megawati's Staff Urges Cooperatives Minister Budi Arie Setiadi to Immediately Apologize]*. https://reporter.id/2025/05/27/hot-isu-pagi-ini-anak-buah-megawati-desak-menkop-budi-arie-setiadi-segera-minta-maaf/#:~:text=dari total 3,KRIS di aplikasi RS online

Rezah, F. S., & Qamar, N. (2020). *Metode Penelitian Hukum Doktrinal dan Non-Doktrinal [Doctrinal and Non-Doctrinal Legal Research Methods]*. CV. Social Politic Genius.

Rivai, A. F. (2024). *Kebijakan Kesehatan dan Keperawatan [Health and Nursing Policy]*. Deepublish.

Sabarudin, D. (2024). *DISKURSUS EKONOMI: Perdebatan-Pertaruhan Ideologi dan Politik dalam Ruang Publik Relasi Ekonomi-Politik-Hukum dan Opini Publik (Tinjauan Omnibus Law Cipta Kerja) [ECONOMIC DISCOURSE: Ideological and Political Debates and Stakes in the Public Sphere: Econo*. PT. RajaGrafindo Persada-Rajawali Pers.

Signe, L. (2017). *Policy Implementation- A Synthesis of the Study of Policy Implementation and the Causes of Policy Failure, 2017*. OCP Policy Center. https://www.policycenter.ma/sites/default/files/OCPPC-PP1703.pdf?utm_

Sitomorang, C. H. (2025). *Implementasi Perpres JKN 59/2024 [Implementation of Presidential Decree No. 59/2024 on National Health Insurance (JKN)]*. Kompasiana.com.

Sudastra, I. N. (2020). *Perlindungan Hukum Pasien Jaminan Kesehatan Nasional Mandiri: Pembatasan Naik Kelas Rawat Inap [Legal Protection for Independent National Health Insurance Patients: Limitations on Inpatient Class Upgrades]*. SCOPINDO MEDIA PUSTAKA.

Sudrajat, A. S., & Rahayu, R. H. (2025). Impementasi Kebijakan Rawat Inap Standar Jaminan Kesehatan Nasional (KRIS-SJSN) di RSUD Kota Bandung [Implementation of the National Health Insurance Standard Inpatient Policy (KRIS-SJSN) at Bandung City Regional Hospital]. *Maret*, *7*(1). https://doi.org/10.36636/jogiv.v7iL.5256 [In Indonesian]

Suma, M. A., & Amin, I. Q. (2021). *Asuransi Syariah di Indonesia: Telaah Teologis, Historis, Sosiologis, Yuridis dan Futurologis [Sharia Insurance in Indonesia: A Theological, Historical, Sociological, Legal, and Futurological Study]*. Amzah (Bumi Aksara).

Suprapto, A. (2024). Perumusan KRIS dan Hal-hal Yang Menjadi Kesepakatan [Formulation of KRIS and Matters That Were Agreed Upon]. In *Dewan Jaminan Sosial Nasional*. https://thinkwell.global/wp-content/uploads/2024/07/2.-drg.-Agus-DJSN-PERUMUSAN-KRIS-DAN-HAL-HAL-YANG-MENJADI-KESEPAKATAN-USAID.pdf?

Susanti, D. O., & Efendi, A. 'a. (2018). *Penelitian Hukum [Legal Research]*. Sinar Grafika.

Susanti, Y., Syofyan, S., Khairani, & Hermanto, B. (2024). Hak Pasien dalam Menentukan Layanan Kesehatan dalam Hubungannya dengan Kelas Rawat Inap Standar BPJS Kesehatan [Patient Rights in Determining Health Services in Relation to BPJS Health Standard Inpatient Classes]. *Https://Review-Unes.Com/*, *6*(4), 12184–12193. https://doi.org/10.31933/unesrev.v6i4.2190 [In Indonesian]

Tarigan, R. S. (2024). *Hukum Tata Negara dan Transformasi Implikasi dan Prospek Sosial [Constitutional Law and the Transformation of Social Implications and Prospects]*. Ruang Karya Bersama.

Winastya, K. P., & Saputra, E. (2025). *Kelas 1,2,3 BPJS Kesehatan Dihapus, Segini Iuran Cara Mendaftarnya [BPJS Health Classes 1, 2, and 3 Eliminated, Here's How Much You Need to Pay to Register]*. https://www.merdeka.com/trending/fakta-terkini-kelas-123-bpjs-kesehatan-dihapus-segini-iuran-dan-cara-mendaftarnya-kris-belum-resmi-berjalan-mvk.html?page=2