

ABSTRAK

PERLINDUNGAN HUKUM TERHADAP PESERTA JAMINAN KESEHATAN NASIONAL SETELAH DIBERLAKUKANNYA SISTEM KELAS RAWAT INAP STANDAR (KRIS) BERDASARKAN PERATURAN PRESIDEN NOMOR 59 TAHUN 2024

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Pemerintah Indonesia melalui Jaminan Kesehatan Nasional (JKN) berupaya mewujudkan hak konstitusional masyarakat untuk memperoleh pelayanan kesehatan yang layak. Selama ini, pelayanan rawat inap JKN menerapkan sistem kelas I, II, dan III yang membedakan fasilitas berdasarkan besaran iuran, sehingga memunculkan kesenjangan akses dan kualitas layanan. Peraturan Presiden Nomor 59 Tahun 2024 yang menetapkan penerapan Kelas Rawat Inap Standar (KRIS) bagi seluruh peserta diterbitkan untuk menghapus disparitas tersebut. Kebijakan ini menimbulkan masa transisi hingga 30 Juni 2025 yang berpotensi menimbulkan ketidakpastian hukum, terutama bagi peserta yang telah membayar iuran berdasarkan sistem kelas sebelumnya. Penelitian ini bertujuan untuk menganalisis perlindungan hukum terhadap hak-hak peserta JKN yang telah membayar iuran berdasarkan sistem kelas setelah diberlakukannya KRIS berdasarkan Peraturan Presiden Nomor 59 Tahun 2024 dan implikasi pembayaran penyeragaman iuran (satu harga) bagi seluruh peserta JKN.

Penelitian ini menggunakan metode penelitian hukum normatif dengan pendekatan perundang-undangan (*statute approach*) dan konseptual (*conceptual approach*). Sumber data yang digunakan adalah bahan hukum primer berupa peraturan perundang-undangan terkait JKN dan KRIS, bahan hukum sekunder seperti literatur akademik, serta bahan hukum tersier. Data dikumpulkan melalui studi pustaka dan dianalisis secara kualitatif dengan metode deduktif, untuk menilai sejauh mana perlindungan hukum diberikan kepada peserta JKN pada masa transisi menuju penerapan KRIS, serta implikasi penyeragaman iuran (satu harga).

Hasil penelitian ini menunjukkan bahwa perlindungan hukum terhadap hak-hak peserta JKN yang telah membayar iuran berdasarkan sistem kelas setelah diberlakukannya KRIS berdasarkan Perpres No. 59 Tahun 2024 diwujudkan melalui penerapan standar pelayanan rawat inap yang sama bagi seluruh peserta dengan mengacu pada 12 kriteria KRIS. Kebijakan ini menjamin kesetaraan akses dan kualitas layanan tanpa diskriminasi, meskipun hingga 30 Juni 2025 iuran masih diatur berdasarkan Perpres No. 63 Tahun 2022 dengan skema kelas I, II, dan III serta belum semua rumah sakit siap memenuhi standar KRIS, sehingga terdapat potensi perbedaan layanan. Implikasi penyeragaman iuran bagi seluruh peserta JKN meliputi aspek hukum yang memerlukan regulasi turunan seperti Peraturan Menteri Kesehatan dan Peraturan BPJS Kesehatan untuk kepastian hukum, aspek sosial yang mendorong penghapusan perbedaan kelas sekaligus berpotensi menimbulkan resistensi, serta aspek ekonomi yang membuka peluang subsidi silang tetapi berisiko menambah beban keuangan jika tidak diawasi dengan baik. Dengan demikian, keberhasilan penerapan KRIS dan penyeragaman iuran ditentukan oleh kejelasan regulasi, transparansi penetapan tarif, kesiapan fasilitas kesehatan, serta mekanisme evaluasi yang berkelanjutan.

Kata Kunci: Jaminan Kesehatan Nasional, Kelas Rawat Inap Standar, Perlindungan Hukum

ABSTRACT

LEGAL PROTECTION FOR NATIONAL HEALTH INSURANCE PARTICIPANTS FOLLOWING THE IMPLEMENTATION OF THE STANDARD INPATIENT CLASS SYSTEM (KRIS) BASED ON PRESIDENTIAL REGULATION NUMBER 59 OF 2024

By

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The Government of Indonesia, through the National Health Insurance (JKN), seeks to realize the constitutional right of its citizens to adequate healthcare services. Until recently, JKN inpatient services applied a Class I, II, and III system, which differentiated facilities based on the amount of premiums paid, thereby creating disparities in access and service quality. To eliminate such disparities, Presidential Regulation Number 59 of 2024 was issued, stipulating the implementation of the Standard Inpatient Class (KRIS) for all participants. This policy introduces a transition period until June 30, 2025, which has the potential to create legal uncertainty, particularly for participants who have paid premiums under the previous class-based system. This study aims to analyze the legal protection of the rights of JKN participants who have paid contributions under the class-based system following the implementation of KRIS pursuant to Presidential Regulation Number 59 of 2024, as well as the implications of uniform contribution payments (single tariff) for all JKN participants.

This study employs normative legal research with a statute approach and a conceptual approach. The data sources comprise primary legal materials, including legislation related to JKN and KRIS, secondary legal materials such as academic literature, and tertiary legal materials. Data were collected through a literature study and analyzed qualitatively using a deductive method to assess the extent of legal protection afforded to JKN participants during the transition to KRIS, as well as the implications of premium standardization (single tariff).

The findings of this research indicate that the legal protection of the rights of JKN participants who have paid contributions under the previous class-based system, following the implementation of KRIS pursuant to Presidential Regulation No. 59 of 2024, is realized through the application of a uniform inpatient service standard for all participants, based on the 12 KRIS criteria. This policy guarantees equal access to and quality of services without discrimination. However, until 30 June 2025, contributions will continue to be regulated under Presidential Regulation No. 63 of 2022 through the Class I, II, and III scheme, and not all hospitals are yet prepared to meet KRIS standards, which may result in potential disparities in service delivery. The implications of unified contributions for all JKN participants include legal aspects requiring derivative regulations—such as Minister of Health Regulations and BPJS Health Regulations—to ensure legal certainty; social aspects that support the elimination of class-based differences but may also trigger resistance; and economic aspects that create opportunities for cross-subsidization but pose the risk of increasing financial burdens if not properly monitored. Accordingly, the success of KRIS implementation and contribution standardization is determined by regulatory clarity, transparency in tariff determination, the readiness of healthcare facilities, and continuous evaluation mechanisms.

Keywords: Legal Protection, National Health Insurance, Standard Inpatient Class