

JURIDICAL REVIEW OF HEALTH SERVICE FACILITIES BASED ON LAW NO 17 OF 2023

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Abstract

This research is a juridical review of Health Service Facilities based on Law Number 17 of 2023. This study aims to analyze and interpret the legal provisions contained in the law relating to the implementation of health service facilities in Indonesia. The research method used is a normative juridical approach, by examining in depth the text of Law Number 17 of 2023, especially in Articles 165-196 which regulate Health Service Facilities. The analysis is conducted to understand the substance, implications, and scope of these provisions in the practice of health services. The results of this study are expected to provide a deeper understanding of the role of health service facilities in the new legal framework. In addition, this research also aims to identify potential obstacles or problems that may arise in the implementation of the provisions of the law and provide recommendations for future improvements and policy development. This research is expected to contribute to the development of health law, as well as provide a more comprehensive view of the roles and responsibilities of health care facilities in supporting the achievement of national health goals in accordance with applicable regulations.

Keywords: Juridical, Health Service Facilities, Law Number 17 of 2023, Health Services, Health Law.

INTRODUCTION

Healthcare organizations around the world play an important role in providing and maintaining access to public health. The success of a health care system depends largely on the availability, accessibility and quality of health care facilities. To meet the complex needs of an evolving society, health services must continually adapt to developments in science, technology and social conditions.

Globalization has brought about major changes in the paradigm of medicine. Countries around the world are working to improve the capacity and quality of healthcare facilities to address increasingly complex healthcare challenges. The success of various health programs, including pandemic containment and improvement of community welfare, depends heavily on effective and affordable health infrastructure and services.¹

The importance of healthcare is reflected in various global initiatives, such as the Universal Health Coverage (UHC) program launched by the World Health Organization (WHO). UHC aims to ensure that all individuals have universal access to quality health services without facing financial hardship.² These initiatives reflect global recognition of the importance of good health infrastructure as the basis for achieving equitable levels of health across all population groups.

¹ United Nations. (2015). Sustainable Development Goals: Goal 3 - Ensure healthy lives and promote well-being for all at all ages. <https://sdgs.un.org/goals/goal3>, Accessed on November 25, 2023 at : 20:16 PM

² WHO. (2019). World Health Report 2019: Primary Health Care - Now More Than Ever. Geneva: World Health Organization. <https://www.who.int/whr/2019/en/>, Accessed on November 25, 2023 at : 20:45 WIB

However, challenges in the provision of health facilities cannot be ignored. Accessibility issues, regional health disparities, and service disparities are still serious concerns. Therefore, the review and implementation of the regulations contained in Law No. 17 of 2023 on Health Facilities is important to evaluate and improve health systems in various regions of the world.

METHOD

Based on the explanation above, the problem formulation that will be raised in this study uses normative juridical research methods. Normative juridical research is a legal research approach that focuses on analyzing applicable legal norms or regulations. This research method aims to understand, interpret, and apply legal norms by using a normative approach through the study of legal documents such as laws, articles of association, and court decisions.³

Normative juridical research often refers to written legal norms and requires legal interpretation skills to determine the meaning and relevance of the norm in a particular context.⁴ This approach is usually used to review the legal framework, identify legal gaps, or formulate a legal opinion on an issue.

RESULT AND DISCUSSION

Provisions of Health Service Facilities Based on Law Number 17 of 2023 in Indonesia

Health care facilities include various institutions or locations that provide health services to individuals or communities. These facilities may offer different levels and types of services, including preventive, diagnostic, therapeutic, rehabilitative, and long-term care services. Health facilities include hospitals, health centers, clinics, pharmacies, and various other health facilities.⁵

The importance of healthcare facilities lies in their role in providing access to health services, supporting disease prevention efforts, delivering effective services, and supporting patient recovery. In addition, health institutions play an important role in health education, research, and training of health workers.⁶

Health Service Facilities according to Law Number 17 of 2023 Articles 165-196, are Health Service Facilities which include:

- 1) First Level Health Service Facilities (FKTP);
- 2) Advanced Health Service Facilities (FKTL); and
- 3) Supporting Health Service Facilities.

Every Health Service Facility is required to fulfill business licenses from the Central Government or Local Government in accordance with the norms, standards, procedures, and criteria set by the Central Government. For each health facility to operate according to standards, it must have licenses from both the local government and the central government

³ Soerjono Soekanto, *Legal Research Methods*, (Jakarta: Rajawali Pers, 2009), pp. 25.

⁴ Jimly Asshiddiqie, *Legal Research Methods*, (Jakarta: Sinar Grafika, 2010), pp. 80

⁵ Shi, L., & Singh, D. A. (2017). *Dasar-dasar Sistem Perawatan Kesehatan AS*. Jones & Bartlett Learning.

⁶ *Ibid.*,

such as: having a Puskesmas/RS Operational Permit, being registered as a health facility at the Ministry of Health and obtaining a Health Facility code from the central government.

Furthermore, according to Article 166, it can be categorized based on its form into:

- 1) Static Health Care Facilities, which are facilities that are permanently located, such as hospitals, clinics, and health centers, even to the lowest level of auxiliary health centers where patients come to the location to get the health services needed according to the condition and state of health and illness of the community.
- 2) Mobile Health Care Facilities refer to mobile health services, such as ambulances, mobile clinics, and other mobile health care units that provide health services to patient locations. Mobile Health Services are services carried out by the Mobile Health Service Team (TPKB) in order to improve access and availability of health services in remote and very remote areas in accordance with Minister of Health Regulation Number 90 of 2005 concerning the organization of Health Services in Remote Area Health Service Facilities. Health service facilities in remote and very remote areas are carried out through various health service approaches by taking into account the characteristics of each region and the needs of the local community. The main objective of health service efforts is the implementation of health efforts that are accessible, affordable and quality to ensure the implementation of health development in order to improve the optimal degree of public health.

Then based on article 168, advanced Health Service Facilities organize advanced Health Services which include specialty services and / or subspecialty services. Advanced Health Service Facilities as intended can be in the form of hospitals, main clinics; health centers and independent practices of medical or health workers.

Based on Article 172, it has the ability to provide Telemedicine services.⁷ Telemedicine services by Health Care Facilities include:

- 1) Inter-Health Care Facility Service: This service allows various health facilities to communicate and consult with each other regarding patient care, such as between health centers and hospitals.
- 2) Services Between Healthcare Facilities and the Community: This facilitates the public's direct access to healthcare services through technology, such as online consultations with doctors. Only medical personnel or health personnel who have a practice license can provide Telemedicine services. A Government Regulation will provide further guidelines on the implementation of Telemedicine.

Furthermore, in article 173, it can be elaborated into Health Service Facility Operators may not employ medical personnel and health workers who do not hold a practice license. This means that any doctor, nurse, midwife, or other health professional working in the facility must have a valid license in accordance with applicable law. This practice license is

⁷ Telemedicine is a technology-based health service that allows users to consult with doctors face-to-face or remotely in order to provide diagnostic consultation and patient care management using information and communication technology. They can organize this service independently or through cooperation with registered electronic system providers that comply with applicable regulations. This allows patients to get consultation, diagnosis, and even treatment without having to be physically present at the health facility. See. Chandrika, Karisa Adhalia. Limitation of Clinical Authority and Medical Practice Through Application-Based Telemedicine. Diss. University of Lampung, 2023.

proof that the health worker has met the set education and training standards, and shows that they are competent and legal to provide health services. Also, the obligations of healthcare facilities are described as follows:

- 1) Broad Access: Should provide non-discriminatory and equitable access to all people to the full range of health services they need.
- 2) Quality Care and Patient Safety: Ensure high quality of care, which includes effectiveness, safety, and patient safety.
- 3) Medical Records: Manage patient medical records in a systematic and organized manner to ensure continuity of care.
- 4) Service Outcome Report: Required to send reports on service outcomes, as well as health-related education and research activities, to the central and local governments.
- 5) Utilization of Results: Utilize findings from service delivery, education, research, and development to improve the quality of health services.
- 6) Integration: Combining aspects of service delivery, education, research, and development to holistically address health issues in the region.
- 7) Standard Operating Procedures: Develop and implement SOPs in accordance with existing health service standards to ensure consistency and quality of care.

In article 174, Health Service Facilities owned by the Central Government, Regional Governments, and / or the community are required to provide Health Services for someone who is in an Emergency condition to prioritize saving lives and preventing disability. In emergency conditions, Health Service Facilities owned by the Central Government, Regional Governments, and / or the community are prohibited from refusing Patients and / or asking for down payments and are prohibited from prioritizing all administrative matters so as to cause delays in Health Services in handling patients in emergency conditions or circumstances.

Every leader of a Health Care Facility must have the required Health management competencies in order to lead, foster, coordinate, organize, supervise and control activities in Health facilities.⁸

Based on the explanation above, social welfare theory provides a conceptual basis for understanding the relationship between social welfare and health services. The importance of health services in improving the quality of life of individuals and society as a whole. Health facilities are considered a central element in the health system as an actor that can make a significant contribution to social welfare.⁹

Patient Safety Standards based on the implementation of the provisions of Health Service Facilities based on Law No. 17 of 2023

Patient safety refers to efforts to protect patients from risks and losses that may occur during health services. The goal is to ensure the safety of treatment, avoid medical errors, and improve the quality of treatment. Patient safety is not only the responsibility of individual nurses and doctors, but also a system that includes the design of care processes,

⁸ Articles 175, 176, 177 of Law No. 17 of 2023

⁹ DiNitto, D. M., & McNeece, C. A. (2008). *Pekerjaan Sosial: Isu dan Peluang dalam Profesi yang Menantang*. Lyceum Books

effective communication, and an organizational culture that encourages learning from mistakes.¹⁰ Health care facilities are required to implement patient safety standards. Patient safety standards are implemented through risk identification and management, analysis and reporting, and problem solving in preventing and handling events that jeopardize patient safety. Patient safety standards can be established through the Patient Safety Team at each Health Facility.

Every Health Care Facility is obliged to maintain the confidentiality of patients' personal health information. They must take appropriate measures to ensure that health data and information is not leaked or given to unauthorized parties. This includes medical details, disease history, and other information obtained during treatment. Facilities also reserve the right to refuse requests from the public or third parties for such information, except in certain cases permitted or required by law.¹¹

CONCLUSION

The legal review of healthcare facilities under Law No. 17 of 2023 has clarified the legal foundation governing the delivery of healthcare in Indonesia. The analysis found that this law provides a strong foundation for improving the quality, accessibility, and safety of healthcare services across the country.

Articles 165 to 196 of Law No. 17 Year 2023 regulate in detail various aspects related to health facilities. The law provides a comprehensive framework to ensure that healthcare services in Indonesia operate in accordance with national and international standards, ranging from service standards, medical practice regulations, and facility obligations to supervision and enforcement procedures.

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¹⁰ Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *Berbuat Salah Itu Manusiawi: Membangun Sistem Kesehatan yang Lebih Aman*. National Academies Press. Hal. 246

¹¹ *Ibid.*,

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