

THE OBLIGATION OF CORPORATIONS IN THE ESTABLISHMENT OF EQUITABLE HOSPITALS IN INDONESIA IS REVIEWED FROM THE PERSPECTIVE OF HEALTH LAW TO IMPROVE JUSTICE AND EQUITY BASED ON PANCASILA AND THE CONSTITUTION OF THE REPUBLIC OF INDONESIA IN 1945

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Abstract

Hospitals have an essential role in providing health services. The lack of public health services and the quality of hospital services provide opportunities to establish hospitals. Considering that there is still an inequality in access to health services between big cities and remote areas. This inequality requires a health law policy that ensures equality of services throughout Indonesia. Pancasila and the 1945 NRI Constitution outline that equity and justice in health services are the state's responsibility and must be implemented through corporate participation. The purpose of this study is to analyze the obligations of corporations in the implementation of hospitals, examine the need to reformulate the Regulation of the Minister of Health for equitable distribution of health services, and formulate legal protection solutions for hospital operators based on Law Number 44 of 2009 and the 1945 Constitution Article 34 paragraph 3. The research method used in this study is a descriptive method with a normative juridical approach. The research location was conducted at a hospital incorporated in Jakarta, Sumatra, West Java, with ownership in one business group, and the research time was from 2020 to 2023. Data collection techniques are collected through interviews and *library research* as additional data. Data analysis was carried out in a qualitative normative manner. The results of the study show that the requirements for the location of the establishment of hospitals have been regulated. However, remote areas still lack adequate access to health services, so policies that ensure service equality with big cities are needed. The re-formulation of the Regulation of the Minister of Health and legal protection for corporations, in accordance with Law Number 44 of 2009, is needed to ensure the equitable distribution of quality health services throughout Indonesia in accordance with the perspective of the Pancasila Principles of Justice.

Keywords: Policy; Health Services; Hospitals.

INTRODUCTION

Law Number 44 of 2009 concerning Hospitals, Article 1, defines a hospital as a health service institution that provides individual health services by providing inpatient, outpatient, and emergency services (Indonesia, 2010). This law also explains that health services are efforts organized individually or jointly in an organization to maintain and improve health, prevent and cure diseases, and restore the health of individuals, families, groups, or communities. In addition, local governments grant hospital licensing to legalize hospital operations. At the same time, accreditation is given by independent institutions recognized by the Minister to ensure

the quality of hospital services. Hospital service standards are benchmarks for implementing quality and sustainable services (Indonesia, 2010). The government needs to facilitate and improve health services for the community to ensure that every individual gets fair and equitable access to quality health services. The development of hospitals is significant because of its crucial function in providing health services for the community. Growing hospitals can offer more advanced medical facilities and technology, increase service capacity to cope with patient surges, and provide a better environment for recovery.

The lack of public health services and the quality of hospital services are particular concerns for the government, and this is also an opportunity for hospital business development, especially in private hospitals. Opportunities for hospital business development require a business strategy that can be run and provide a sustainable business. Hospitals as business entities require supportive government policies to ensure effective, efficient, and sustainable operations while maintaining high standards of health services (Karmawan, 2016). However, hospitals need good management as a business entity to ensure efficient operations, quality services, and financial sustainability. Effective management includes strategic planning that defines the hospital's long-term vision, mission, and goals and develops a plan to achieve them (Vikandi et al., 2020).

Establishing a hospital requires government permission to ensure that the hospital meets the established health and safety standards. This permit was granted after going through a series of evaluation and verification processes that included an assessment of the location, infrastructure, medical equipment, and qualifications of medical personnel who will work at the hospital. The government, through the local health office or the authorized body, will check whether the hospital can provide safe, quality, and compliant health services in accordance with applicable regulations (Ridwan, 2006). The Minister of Health, in providing public health services, the Minister carries out what is mandated in the health law and the Hospital Law to issue regulations as proof of delegation to improve the degree of public health that is fair and equitable, namely the Regulation of the Minister of Health Number 3 of 2020 concerning Hospital Classification and Licensing.

The government, as a regulator and implementer of health service providers, develops models, strategies, and instruments to build partnerships for private hospital services; in particular, relaxation or convenience is needed in various administrative processes that hospital operators must own in the form of obtaining hospital establishment permits and hospital operational permits issued by authorized local officials. In practice, several regions are under local governments, especially the health office. Implementing government regulatory policies related to health service licensing, including hospital licensing, has not reflected the quality of service acceleration or safety for the community. This aspect of regulation has not been optimally run and has not been coordinated with other regulations. Licensing focuses more on the administrative aspect than the professionalism required to expand an equitable healthcare network and maintain service quality standards. The many policy changes and the lack of uniform rules in local governments, such as the regional health offices, impact investors' doubts about developing their businesses. For this reason, Legal Protection is needed in the governance

of the licensing process and its operational permits, which can provide convenience for future business development and, at the same time, be able to carry out the mandate of Law Number 17 of 2023 concerning Health in Article 11 emphasizing that the Central Government and Regional Governments are responsible for the availability and access to health service facilities as well as health information and education (Indonesia, 2023).

Previous research conducted by Japar et al., (2024) stated that Human Rights (HAM) to health is a fundamental right inherent in every individual, which guarantees health protection for everyone, both individually, as a family, and in society. This right includes access to quality health care without discrimination, a healthy environment, and accurate health information. Patty & Prananingrum, (2021) stated that private hospitals in the form of Limited Liability Companies and profit-taking are contrary to human values and social functions because hospitals should attach importance to healing services and helping the community. This disharmony shows the conflict between the Hospital Law and the Limited Liability Company Law and inconsistencies in the Hospital Law itself.

The novelty of this study is that it has never been studied before which specifically analyzes the obligations of corporations in the establishment of equitable hospitals in Indonesia from the perspective of health law to improve justice and equitable distribution of health services based on the values of Pancasila and the 1945 Constitution of the Republic of Indonesia. Thus, the purpose of this study is to analyze the obligations of corporations in the implementation of hospitals, examine the need for the reformulation of the Regulation of the Minister of Health for the equitable distribution of health services, and formulate legal protection solutions for hospital operators based on Law Number 44 of 2009 and the 1945 Constitution Article 34 paragraph 3 (Indonesia, 2010).

METHODS

The research method used in this study is a descriptive method with a normative juridical approach. The descriptive method aims to describe and explain the characteristics of a phenomenon or population being studied (Asikin & Zainal, 2004). Meanwhile, the normative juridical approach is an analytical method used in legal studies to understand, interpret, and apply applicable legal norms. This method explores legal texts, regulations, and policies related to a particular topic or case.

The research location was conducted at a hospital incorporated in Jakarta, Sumatra, West Java, with ownership in one business group, and the research time was from 2020 to 2023. Data collection techniques are collected through interviews and library research as additional data. Secondary data collection techniques in the form of literature are carried out by reading, sorting existing legal literature, and grouping it according to the object of discussion in this study, as for public data related to hospital establishment permits and operational permits, namely Laws, Government Regulations, and Regulations of the Minister of Health. Data analysis is carried out in a qualitative normative manner by analyzing articles that regulate matters that are the formulation of problems about hospitals in Indonesia and using the data results obtained to strengthen the view of facts in the field.

RESULTS AND DISCUSSION

The provisions of regulations in Indonesia have ensured that health is well maintained for all people, in accordance with Pancasila in the fourth paragraph and article 28H paragraph 1 of the 1945 Constitution of the Republic of Indonesia (1945 Constitution of the Republic of Indonesia), stating that everyone has the right to live with physical and mental well-being, have a decent place to live, a healthy living environment, and get adequate health services. The regulation stipulates that the Indonesian government must respect, protect, enforce, and ensure the availability of health services for its citizens. To carry out this responsibility, the government can regulate and manage health services.

From the State Administrative Law (HAN) perspective, the government is responsible for regulating and managing the government by improving the quality and ensuring the availability of health services per the principles of good governance. Health services as public services based on legal orders must be carried out in accordance with the Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services. According to Article 1 number 1 of the law, public services are a series of activities that aim to meet the needs of the community in obtaining services in accordance with the applicable law for every citizen and resident to obtain goods, services, or administrative services provided by public service providers (Solechan, 2019).

However, in its application, there are still remote areas with limited initial health service facilities and directions, and people often cannot use health services. Improving services in these areas is very important, so the government must make policies to address this problem. The goal is to achieve a healthy, equitable, and fair Indonesian society based on the principles of Pancasila justice. It considers the vastness of Indonesia's territory, which consists of 17,001 islands. In carrying out its duties, the government sets quality standards with clear benchmarks to ensure the implementation of its responsibility to provide good health services. Implementing health services that meet standards and quality can be considered good services, per the provisions of Law Number 25 of 2009 concerning Public Services. This provision includes actions in accordance with the competence and operational standards of procedures, including providing a licensing system for hospitals.

Licensing is the government's approval of individuals and institutions that provide health services, such as hospitals, to carry out their mission. Licensing provisions ensure that the individual or institution meets the minimum requirements to maintain the safety of the public and medical personnel (Rooney & Van Ostenberg, 1999). This process ensures that the party applying for the permit has adequate criteria, experience, and resources.

All health care institutions that operate should have a permit, showing that they have met the licensing requirements. Government-owned public hospitals generally show the highest compliance rates, while private hospitals have the lowest compliance rates. So far, licensing policies have focused more on private hospitals, while licensing for government hospitals has been less regulated. This shows that licensing for private hospitals has not been effective, both in terms of administration and in meeting standards.

Based on Article 27 of PERMENKES 3 of 2020, there are two types of hospital permits:

1. Establishment Permit

This application is filed by the owner of the hospital to build a new facility or convert the function of an existing building into a hospital, which is applicable if the hospital will provide health services.

2. Operational Permit

This approval is submitted by the hospital manager to carry out health service activities, including determining the hospital class. This agreement is valid for five years and can be extended.

The establishment of hospitals and operational permits are issued by ministers, governors, or regents/mayors through the OSS institution in accordance with laws and regulations. To obtain a permit to establish a hospital, the requirements include:

- 1) Study and planning documents such as feasibility studies (FS), detailed engineering design, and master plans.
- 2) Fulfillment of medical device services.

For hospital operational permits, the requirements include:

- 1) A hospital profile that includes the vision and mission, scope of activities, strategic plan, and organizational structure.
- 2) Self-assessment which includes the type of service, human resources, equipment, buildings, and infrastructure, based on the guidelines attached to the ministerial regulation.
- 3) Certificate or certificate of feasibility permit for the use and calibration of medical devices and accreditation certificates.
- 4) Statement of commitment to the number of beds for foreign-invested hospitals in accordance with international cooperation agreements and laws and regulations.

However, the implementation of hospital licensing regulations has not run optimally, because it has not focused on the aspect of professionalism. As a result, the quality of hospital health services still does not reach the expected standards, and the equitable distribution of hospital service networks in remote and very remote areas is still lacking. Currently, health service regulations focus more on administrative aspects, while collaboration between programs, between sectors, and with professional organizations and community institutions is still very limited. This reflects that the effectiveness of the implementation of hospital licensing regulations still needs to be improved by measuring the level of hospital compliance with licensing standards. Therefore, further studies are needed on the policy of the availability of facilities and the equitable distribution of the health service network in Indonesia based on the principle of Pancasila justice.

Every citizen has the right to a healthy life, but many obstacles faced by people in Indonesia cause inequality in health services. To make it easier for people to get access to quality health services, new thinking is needed through regulations that allow entrepreneurs or the private sector to invest in health services. Hospitals can be established by the Government, Regional Government, or private parties. Hospitals established by the Government and Regional Governments must be in the form of Technical Implementation Units from authorized agencies in the health sector, certain agencies, or Regional Technical Institutions, with management by the Public Service Agency or the Regional Public Service Agency in accordance with applicable regulations. On the other hand, the establishment of a hospital by the private sector must be in the form of a legal entity whose activities are limited to the field of hospitals.

Article 7 of Law Number 44 of 2009 states that the private sector that operates hospitals must be in the form of legal entities whose activities only focus on the field of hospitals. This means that hospitals must exclusively manage activities that are specific to health services, without intervening in other areas of activity (Adjie, 2013). Governments and the private sector can collaborate in providing health services, including aspects of finance, design, construction, maintenance, clinical services, health promotion, as well as non-clinical operations. Public health systems need changes to meet these needs, which can be harnessed more efficiently through human, financial, clinical, and administrative investments in the private health sector, including the construction of private hospitals. The process of building this hospital is also related to licensing and operational permits regulated in Law Number 23 of 2014 concerning Regional Government (Undang-Undang, 2014), which has undergone the latest changes with Law Number 9 of 2015.

The construction of hospitals by the private sector becomes more effective with partnerships between the public and private sectors, which involve the exchange of knowledge and skills and the integration of resources to improve efficiency according to specific programs. This is expected to expand access and facilitate health services in the region, as well as improve the overall performance of health services in hospitals. This collaboration is also expected to help the government in providing better health services to the community, improving responsiveness and service quality, and achieving the goal of providing equitable health services at a more affordable cost and easier access.

Community involvement through public-private partnerships is important for the government in facilitating the achievement of health goals that have a positive impact. This relationship must be flexible and dynamic to prevent waste of resources and avoid duplication of inefficient health services, so that it can produce synergistic progress towards the planned goals. Through these partnerships, good plans can be implemented so that private hospitals can be involved in a structured and supported health policy process.

Partnerships between the public and private sectors can be strengthened by integrating health facilities from both sectors, by aligning the vision and interests of service providers to support public health goals. The success of this cooperation is highly dependent on the political and regulatory support provided by the government, as well as the involvement of all parties involved in planning and allocating human resources towards Universal Health Coverage

(UHC). Effective collaboration between the public and private sectors will help governments focus on core tasks such as more strategic management, policy, and oversight. Therefore, to run this partnership properly, a legal umbrella is needed that protects private hospitals in carrying out their activities, as well as ease in obtaining permits that support this cooperation.

The latest policy on Hospitals is regulated in Law Number 44 of 2009, which has 15 Chapters and 66 Articles. This law is designed to ensure that the government provides comprehensive individual health services, including inpatient, outpatient, and emergency services, with the aim of improving the overall quality of health services. However, to increase its effectiveness, it is necessary to re-formulate it in Law Number 44 of 2009.

There are recommendations for changes based on the need to clarify the formulation of the provisions of laws and regulations, in accordance with the results of the Final Report of the Working Group on Legal Evaluation Analysis Regarding the Fulfillment of the Right to Health by the National Center for Legal Analysis and Evaluation, the National Legal Development Agency, the Ministry of Law and Human Rights in 2017, hereinafter referred to as the final report of the working group, recording the recommendations for these changes.

Table 1: Recommendations for Articles of Law Number 44 of 2009 concerning Hospitals to be amended

It	Article	Analysis	Recommendations		
			Remain	Change	Pluck out
1	2	3	4	5	6
1	Article 2	In accordance with the instructions of Number 98 Appendix II of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations, it is stated that dispositions that reflect principles, intentions, and objectives should be included in general dispositions and not formulated separately in articles or chapters.		√	
2	Article 3	The purpose of the law is basically reflected in the considerations and is more detailed in the general explanation in the annex to the law and in more detail in the academic text. If disposition regarding this purpose is required in a law or regulation, it is regulated in one of the articles regarding general disposition. This is in accordance with instruction number 98 point c, Appendix II of Law Number 12 of 2011 concerning the Formation of Laws and Regulations.		√	
3	Article 7 paragraph (3)	Article 7 Paragraph (3) of Law Number 44 of 2009 concerning Hospitals states that hospitals established by the Government and Regional Governments must be in the form of Technical Implementation Units from agencies in charge of the health sector,		√	

		<p>certain agencies, or Regional Technical Institutions with the management of the Public Service Agency or the Regional Public Service Agency in accordance with the provisions of laws and regulations.</p> <p>Analysis: Broadly in this article, there is an option to become a Regional technical institution (LTD) with management as BLU or BLUD. Thus, the interpretation of Article 7 paragraph (3) of Law Number 44 of 2009 is that if the hospital belongs to the Central Government, it must be in the form of a UPT which is under the Directorate General of Health Development of the Ministry of Health with management as a Public Service Agency (BLU), while if the hospital is owned by a Regional Government, then its management is as a Regional Public Service Agency (BLUD). It can also be concluded that the option to become a Technical Implementation Unit (UPT) from an agency in charge of the health sector is specifically for Government-owned vertical hospitals through the Ministry of Health.</p>			
4	Article 16	<p>Article 16 regulates the requirements for equipment as mentioned in article 7 paragraph (1), which includes medical and non-medical equipment must be in accordance with service standards, quality requirements, security, safety, and conditions suitable for use.</p> <p>Analysis The provisions in this Article 16 are administrative. However, in the next articles that discuss sanctions, it is stated that violations of this article can be subject to criminal sanctions. This raises the question of how criminal sanctions can be applied to articles that are administrative in nature, while further arrangements for such articles are left to other Laws and Regulations, Government Regulations, or Ministerial Regulations.</p>		√	
5	Article 17	<p>Article 17 states that hospitals that do not meet the requirements may be prohibited from establishing or their operational licenses may be revoked or not extended.</p> <p>Analysis: When Article 17 is applied in relation to the revocation of an operational permit or the</p>		√	

		refusal of a hospital establishment permit, another issue that arises is the potential for unethical practices or adverse decisions from parties seeking personal gain without considering the negative impact of their decisions on patient safety and satisfaction. This is the main issue in the formulation of policies related to hospitals.			
6	Article 21	In Article 21, it is stated that private hospitals as regulated in Article 20 paragraph (1) are managed by legal entities that aim to make profits, which are in the form of Limited Liability Companies or Persero. Analysis: This provision contrasts with the purpose of the Hospital Law where Article 2 explains that hospitals are organized based on Pancasila and the values of humanity, ethics, and professionalism. This goal also focuses on benefits, justice, equal rights, anti-discrimination, equity, protection, and patient safety, as well as having a social function.		√	
7	Article 34 paragraph (1)	Article 34 paragraph (1) in the Hospital Law states that the head of the hospital must be a medical personnel who has the ability and expertise in the field of hospitalisation. Analysis: This article actually ignores the possibility of all other health workers or other professions who have leadership and managerial abilities to lead the Hospital. Article 34 in Hospital Law No. 44 of 2009 negates the hope for other professions that have leadership and managerial skills to lead the Hospital, even returning to the 1945 Constitution Article 27, this is considered a violation of a person's human right to get a decent job and position.		Ö	

Furthermore, in addition to the recommendation for changes, Law Number 44 of 2009 also shows indications of disharmony. This disharmony occurs between one law and another regarding the terminology and implementation of hospital health services, which results in disparities at each regulatory level.

This creates contradictions in the position and non-uniformity of the binding force of the regulation, which can ultimately lead to injustice. Frequent changes in ministerial regulations also cause chaos in its operations. To solve this problem, the principle of *Lex Superior Derogat Legi Inferiori* can be applied, which means that higher regulations have the power to override lower regulations.

An analysis of Article 12 and Article 29 paragraph (1) of Law Number 44 of 2009 concerning Hospitals is needed, as revealed in the 2017 Working Group Final Report, which identifies potential disharmonisation in these articles (Nasional et al., n.d.). This can be further explained in Table 2 regarding the potential for disharmony in Law Number 44 of 2009.

Table 2: Potential Disharmony in Law Number 4 of 2009

No.	Provisions of Article PUU	Variable	Findings	Analysis	Recommendations	
					Change	Pluck out
1	2	3	4	5	7	8
1.	Article 29 paragraph (1) letter c of the Hospital Law	Authority	In Article 59 paragraph (1) of the Health Workers Law	Article 29 paragraph (1) letter c of the Hospital Law mandates the provision of emergency services to patients in accordance with the available service capacity. Therefore, accident victims who experience an emergency must immediately get treatment by the hospital to save their lives. If the Hospital violates its obligations as mentioned in Article 29 paragraph (2) of the Hospital Law, then the Hospital may be subject to administrative sanctions in the form of reprimands, written reprimands, fines, or revocation of the Hospital's license.		
2	Article 16	Authority	Equal law	Article 16 explains the equipment requirements that must be met in order for a hospital to obtain a permit to establish or extend its operational license, as stipulated in Article 17. These equipment requirements include medical and non-medical equipment that must meet service standards, quality, security, safety, and wearable conditions through calibration, supervision, use as indicated, and operation and maintenance by documented competent personnel. This is a consideration in granting a permit to establish a hospital or in the case of revocation of a hospital operational permit.		

The next point is that Law Number 44 of 2009 still shows some ineffectiveness in its implementation. The effectiveness of the implementation of laws and regulations in the formation of regulations must have clear goals to be achieved and provide significant benefits. This can be seen in Table 3. Regarding the Effectiveness of the Implementation of Law Number 44 of 2009 concerning Hospitals.

Table 3: Effectiveness of the Implementation of Law Number 17 of 2009

It	Article/ Regulation	Variable	Indicator	Analysis	Recommendations
1	2	3	4	5	6
1.	Article 19, Article 20 Article 21 Law 44/2009	Institutions	Organizational Structure	This article is a guideline and encouragement for a hospital to ensure quality, safety, and professionalism in services, by paying attention to the type of services provided and the clarity of its management.	Although this law has been enforced since 2009, there are still many parties in the hospital, such as employees, who do not know this. Solutions to socialize Law Number 44 of 2009 to the public can be done in various ways so that it is effective and the information is well disseminated among hospital practitioners, the government, and the private sector through the Ministry of Health, hospital organizations, and professional organizations.

Based on the findings in the 2017 Working Group Final Report, the analysis shows that Law Number 44 of 2009 concerning Hospitals needs to be re-evaluated in the fulfillment of the right to health. This evaluation highlights some of the ambiguities in the formulation of certain articles, including Article 2, Article 3, Article 7 paragraph (3), Article 16, Article 17, Article 21, and Article 34 paragraph (1), focusing on the following indicators:

- 1) Conformity with Systematics and Techniques for Drafting Laws and Regulations.
- 2) Consistency between provisions.
- 3) Conformity with the purpose of drafting laws and regulations.

The results of the analysis conducted by the National Center for Legal Analysis and Evaluation in 2017 based on the assessment of the content material related to the Fulfillment of the Right to Health that were evaluated contained in Article 3 paragraph letter b, Article 14 paragraph (2), Article 29 and Article 38 of Law Number 44 of 2009 concerning Hospitals have not met the clarity of the formulation, with the following assessment results:

Based on the basics:

- 1) Humanity;
- 2) National;
- 3) Balance, Harmony, and Harmony; And
- 4) Order and Legal Certainty.

Meanwhile, according to indicators such as:

- 1) Protection, promotion, enforcement and/or fulfillment of human rights;
- 2) Restrictions following the participation of foreign parties;
- 3) Prioritizing the function of the public interest;
- 4) Actions on conflicting or overlapping regulations; and
- 5) Clarity of sanctions for violations.

The results of the analysis of Law Number 44 of 2009 concerning Hospitals show that there is a potential for disharmony between the provisions of laws and regulations in several articles. The articles evaluated include Article 12, Article 29 paragraph (1) letter c, and Article 16, which have not met the clarity of the formulation related to the fulfillment of the right to health. In addition, the results of the analysis of Article 19, Article 20, and Article 21 also show that the implementation of laws and regulations has not been effective, with indicators of assessment variables such as organizational structure and community participation that have not met the clarity of the formulation.

The results of the analysis show the need for the reformulation of Law Number 44 of 2009 to ensure that the fulfillment of the right to health can be carried out appropriately in accordance with applicable legal principles, as well as to realize the equitable distribution of quality health services throughout Indonesia in accordance with the Principles of Pancasila Justice. The evaluation carried out petrified the role of the government which has the responsibility to carry out health services as part of good governance, as well as the mandate of Article 28 H and Article 34 paragraph (2) of the 1945 Constitution, which is to guarantee the right of every citizen to live a decent life in a healthy environment and obtain health services as part of the achievement of progress and social welfare. Services for basic needs such as education, health, and income increase are the main indicators of the country's social welfare. Health issues, including their services and social security, are mandatory affairs and must be carried out in a concurrent manner with the Regional Government, without excessive centralization.

CONCLUSION

The requirements for the location of the hospital have been regulated, but there are still remote areas that lack adequate access to health services. Therefore, policies or laws are needed that ensure there is no difference between health services in big cities and remote areas. The reformulation of the Regulation of the Minister of Health is needed to ensure that corporations

as operators of private hospitals provide equitable services with good quality throughout the country. Legal protection for corporations in carrying out their activities is regulated by Law Number 44 of 2009, as a form of state responsibility based on Pancasila and the 1945 Constitution Article 34 paragraph (3). Further research is suggested to prepare regulations for the implementation of the acceleration of the establishment of hospitals based on the principle of Pancasila Justice, with legal standards that protect and provide legal certainty for the hospital network. Corporations are expected to adjust their business activities to the dynamics of needs in the health sector, as well as receive special legal protection to support the equitable distribution of health services. With the ease of obtaining permits and the same policy standards in each region, it is hoped that the construction of hospitals can be accelerated, and the quality and quantity of health service facilities and health workers can increase, especially in remote and hard-to-reach areas.

References

- 1) Adjie, H. (2013). *Menjalin Pemikiran-Pendapat Tentang Kenotariatan*. PT Citra Aditya Bakti.
- 2) Asikin, A. H. Z., & Zainal, H. (2004). *Pengantar Metode Penelitian Hukum*, PT. Raja Grafindo Persada, Jakarta.
- 3) Indonesia, P. R. (2010). *Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 Tentang Rumah Sakit*.
- 4) Indonesia, P. R. (2023). *Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan. Undang-Undang Nomor, 17*.
- 5) Japar, M., Semendawai, A. H., & Fahrudin, M. (2024). Hukum Kesehatan Ditinjau dari Perlindungan Hak Asasi Manusia. *Jurnal Interpretasi Hukum*, 5(1), 952–961.
- 6) Karmawan, B. (2016). Penyusunan Rencana Strategi Rumah Sakit Pertamina Jaya Tahun 2017-2022. *Jurnal ARSI, Februari*.
- 7) NASIONAL, P. A. D. A. N. E. H., NASIONAL, B. P. H., & HAM, K. H. D. A. N. (2017). *Laporan Akhir Kelompok Kerja Analisis Evaluasi Hukum Mengenai Pemenuhan Hak Kesehatan*.
- 8) Patty, H. R., & Prananingrum, D. H. (2021). Nilai Kemanusiaan Dan Fungsi Sosial: Penyelenggaraan Rumah Sakit Berbentuk Perseroan Terbatas. *Jurnal Ilmu Hukum: ALETHEA*, 5(1), 21–38.
- 9) Ridwan, H. R. (2006). *Hukum administrasi negara*.
- 10) Rooney, A. L., & Van Ostenberg, P. R. (1999). *Licensure, accreditation, and certification: approaches to health services quality*. Center for Human Services, Quality Assurance Project Bethesda, MD, USA.
- 11) Solechan, S. (2019). Asas-asas umum pemerintahan yang baik dalam pelayanan publik. *Administrative Law and Governance Journal*, 2(3), 541–557.
- 12) Undang-Undang, R. I. (2014). *Undang-Undang Nomor 23 Tahun 2014 tentang Pemerintahan Daerah*. Jakarta.
- 13) Vikandi, B., Laksono, S. S., & Baihakki, I. (2020). Strategi Pemasaran Rumah Sakit Di Era Jaminan Kesehatan Nasional (JKN) Study RSM Siti Khodijh Kediri. *Revitalisasi: Jurnal Ilmu Manajemen*, 8(2), 180–184.