

SOCIAL SECURITY MANAGEMENT IN THE HEALTH SECTOR IN INDONESIA

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ABSTRACT

The implementation of social security on health insurance, is a manifestation of Article 28H and 34 of the 1945 Constitution in Indonesia. It is one of the social security guarantees stipulated in Article 19 paragraph (1) of the Law on the National Social Security System provided to participants based on the value of certain contributions or payments on health risks. However, there are differences concerning the obligation of participants on the type of health service to be obtained. Those unable to afford this service are grouped into participants that receive contribution assistance (PBI) paid by the Government. Others include wage recipients (PPU), such as public and private as well as independent employees, including non-wage recipients (PBPU). The existing differences in determining the contribution payment for participants lead to injustice. Therefore, this research aims to analyze the reasons associated with the inability of social justice for health insurance managed by the Healthcare and Social Security Agency (BPJS) to function optimally. The results showed that the functionalization of the social justice principle managed by BPJS requires changes to the provisions of health insurance. It also showed the process used to determine the group of PBPU and BPI participants and the number of contributions by investors and employers.

Keywords: health sector; management; social sector

I. Introduction

Every individual needs to maintain a social and economic productive lifestyle by introducing daily activities capable of improving their physical, mental, and spiritual health. However, healthy living sometimes requires a significant amount of money with adequate plans by individuals, families, communities, and even the state. The government needs to ensure everyone has the same right to safe, quality, and affordable health services. (Amira & Wigati, 2015:8)

Health insurance is an essential commodity needed by everyone due to the uncertainties associated with living, such as illness, accidents, etc (Ganie, 2011:1). Risks are situations involving exposure of material and immaterial objects, such as the human body and soul to dangers, which leads to property loss, disability, and death (Muhammad, 2015:117). People are exposed to risk when they are unable to master an activity perfectly or can have predetermined knowledge about the future (Hartono, 1997:58). It is a condition that contains the possibility of deviations that are worse than the expected results (Ganie, 2011:40).

Several ways are used to determine the possibility of risks to avoid and withstand them. These methods are efforts conducted by individuals through the transfer or sharing of the risk (Sastrawidjaya & Endang, 1997:7). Other ways of dealing with risk are by realizing the possible

events, such as the poor economic value of a commodity, and the amount of money that needs to be borne prudently on every activity carried out daily. Other parties, such as insurance companies, can accept or share an individual or organization's risk. Therefore, cooperation is always conducted based on an agreement as voluntary insurance and mandatory social insurance, and the amount of premium to be paid is not always the same as the service received by participants. This is because the rights of the insured in social security including health are in accordance with their equity. Social insurance is mandatory, and it is carried out based on regulations as indicated in Article 2 of Law Number 40 of 2004 concerning the National Social Security System implemented based on the principle of humanity, benefit, and social justice for all Indonesians.

The existence of social security in the health sector is mandated in the 1945 Constitution of the Republic of Indonesia. According to Article 28H paragraph (1), everyone has the right to physical and spiritual prosperity in a good and healthy living environment. They also have the right to get social security and full health services as stated in paragraph (3) of the 1945 Constitution. Therefore, the State is responsible for developing a social security system for everyone by empowering the weak and underprivileged human dignity. This is in accordance with Article 34 paragraph (3) of the 1945 Constitution, which stated that the government is responsible for the provision of adequate health service facilities for the public.

The implementation of Law Number 40 of 2004 concerning the National Social Security System on October 19, 2004, was promulgated to protect citizens as human beings with dignity. Article 3 of this law is based on the principles of humanity, benefit, and social justice for all Indonesians for the fulfillment of their basic needs for a decent life for each participant and family member.

There are 5 types of insurance included in the social security as stipulated in Article 18 of the Law on the National Social Security System, namely health, work accident, old-age, pension, and death insurance. These types are further regulated in Articles 19, 29, 35, 39, and 43 of the Law on the National Social Security System.

The provisions governing and providing protection to the public in the social security program indicate that social security is implemented nationally based on the principle of health insurance and equity. It is also implemented by the Social Security Agency in the health sector (BPJS Health).

According to Article 19 paragraph (1) of the Law on the National Social Security System, the health sector does not only give security to participants based on the value of certain contributions or payments rather on the benefits provided to receive the needed care and protection. Some of the benefits of meeting basic health needs with the principle of equity are equality in obtaining services till the recovery stage. As a health insurance provider, BPJS must provide benefits to participants and family members to meet the basic needs of health care. Data were collected from various participants including foreigners that work for a minimum of 6 (six) months in Indonesia with paid contributions as stipulated in Article 1 paragraph (4) of the Law

on Health Care and Social Security Agency. Therefore, they acquire the benefits that are the rights of participants and their family members, as regulated in Article 1 paragraph (5). The social security provided by BPJS consists of Health and Employment, as stipulated in Article 5 paragraph (2).

The existence of the principles of implementing a national social security system, especially insurance in the Indonesian health sector is conducted by BPJS (Healthcare and Social Security Agency). It is tasked to manage funds from participants, employers, and the government to assist underprivileged participants. Furthermore, BPJS is also tasked to make payment of benefits or finance health services in accordance with applicable regulations for the benefit of participants.

The principle of social justice that applies to all Indonesians is *idil*, meaning very basic. It is related to the implementation principle of cooperation, participation, financing, and service, which must be distinctly followed by social security without any distinction or discrimination between one citizen and another. The fulfillment of health insurance must be in accordance with the need for health services for every citizen, specifically BPJS participants.

The implementation of national social security based on the principle of social insurance and the principle of equity is regulated in Article 19 of the Law on the National Social Security System. One of the principles that apply is the social justice contained in Article 2, which is discussed to determine the in-depth functionalization with the social insurance system carried out by BPJS.

Among the several principles regulated in the Health Law, the National Social Security System Law, and the Healthcare and Social Security Agency Law (BPJS), the principle of justice means that health administration must be able to provide fair and equitable services to all levels of society by affordable financing. The following elements are some of the health insurance principles of social justice:

- a. Fair and equitable service
- b. Applies to all levels of society
- c. Affordable financing.

The social functioning of the justice principle in health insurance is determined from the services applied to all communities with affordable financing. It must be regulated in the provisions formulated in statutory regulation, both in the form of laws and implemented in health insurance using the principle of social insurance and equity. Therefore, participants obliged to pay contributions receive the right health services when sick. This is in accordance with the applicable laws and regulations, on health insurance benefits their equity principle.

The government is responsible for developing public health by establishing a national social security system in the health sector. Its implementation is inseparable from previous laws and

regulations, such as those associated with health, therefore, it must pay attention to existing principles such as justice in health development.

Indonesia is always required to be able to realize legal, commutative, and distributive justice between community members reciprocally (Notonagoro, 1975). The state conducts its obligations by creating equal social justice, equality, or a balanced position (HS & Nurbani, 2014:29).

BPJS carried out social insurance in the health sector by applying the principles of justice as regulated in the Health Law that is fair and equitable. This applies to all levels of society with affordable financing, carried out with the principles of social insurance and equity.

The implementation of the national social security system, such as health insurance, apart from being regulated in the Health Law, is associated with the enactment of Law Number 24 of 2011 concerning the National Social Security Administering Body. The implementation of social security is divided into 2 (two) types, namely BPJS Health and Employment. BPJS Health came into effect on January 1, 2014, while the Employment took effect on July 1, 2015. Therefore, with the existence of this Social Security Administration, an effort to protect the community based on the principle of social justice is implemented.

Several elements are associated with the management of social security in the health sector by the government, namely participants, the form and number of contributions, and the facilities provided and regulated by the laws. However, some are not in accordance with the provisions of the applicable law. For instance, participants with kidney failure bore the responsibility of buying their drugs based on information from the Chairperson of the Indonesian Dialysis Patient Community.

The obligations to pay dues are determined based on the group of participants and the type of health service. People unable to afford health services are grouped into participants that receive contribution assistance (PBI) by the Government. Other groups are wage recipients (PPU), both for the government and private organizations, and independent workers, such as non-wage recipients (PBPU).

Table 1 shows the group of participants and payment of contributions.

Table 1
List of Health Insurance Contribution

PARTICIPANT	FEES FORM	Amount of Contribution (fees)	DESCRIPTION
PBI	Nominal value (per person)	Starting January 1, 2016: IDR 23,000 (paid by the government)	Class 3 Inpatient
Civil Servant/National ARMY/POLICE/RETIRED	5% (per family)	2% of workers, 3% of the company	Inpatient class 1 and class 2
Wage Workers other than Civil Servants, etc.	5% per family, previously 4.5%	From 1 July 2015: 1% of workers and 4% of the company	Inpatient: class 1 and class 2
Workers are not wage earners and are not workers	Face Value (per person)	Starting April 1, 2016: 1. IDR 30,000,- 2. IDR 51,000,- 3. IDR 80,000,-	Inpatient : 1.class 3; 2. class 2; 3. class 1

(Source: Presidential Regulation Number 19 of 2016 concerning the Third Amendment to Presidential Regulation Number 12 of 2013 concerning Health Insurance, Data processed)

In 2018, the Government determined a change in the number of contributions with the issuance of Presidential Regulation Number 82 of 2018 concerning the new Health Insurance. This law has been changed again with the issuance of Presidential Regulation Number 75 of 2019. This decision was objected to by the public due to the change in the amount of the contribution that must be paid by the participants, as shown in Table 2.

Table 2
List of Health Insurance Contribution

BPJS participants	Previous Contribution Presidential Decree No. 82 of 2019	Latest Contribution Presidential Decree No. 75 of 2019	Comes into force/Basic Conditions
PBI	IDR 23.000	IDR 42.000	August 1, 2019
PBPU & BP	Class III: IDR 25,500 Class II: IDR 51,000 Class I: IDR 80,000	Class III: IDR 42,000 Class II: IDR 110,000 Class I: IDR 160,000	January 1, 2020 Article 34 Paragraph (2) of Presidential Regulation No 75/2019
PPU	Government employees: 5% (3% company, 2% participants) SOEs employees and private employees: 5% (4% company, 1% participants) Maximum wage/salary limit as a basis for calculation: IDR 8 million Minimum wage limit: UMK/UMP	Government employees: 5% (4% company, 1% participants) SOEs employees and private employees: 5% (4% company, 1% participants) Maximum wage/salary limit as a basis for calculation: IDR 12 million Minimum wage limit: UMK/UMP	October 1, 2019 , for government employees <i>January 1, 2020</i> , for SOEs employees and private employees Article 32 paragraph (1) Presidential Regulation no. 75/2019. Article 32 paragraph (2,3) of Presidential Regulation No. 75/2019

(Source: Presidential Regulation Number 75 of 2019 concerning Amendments to Presidential Regulation Number 82 of 2018 concerning Health Insurance, Processed Data)

The table above indicates the difference in the amount of contribution financing charged by each participant by grouping them into Wage Recipient Participants (PPU), Non-Wage Recipient Participants (PBPU), Non-Working Participants (BP), and independent participants. The enactment of Presidential Regulation Number 75 of 2019 concerning Amendments to Number 82 of 2018 on Health Insurance was rejected by the public.

Therefore, a judicial review was carried out by the Supreme Court (MA) Council, which in the end granted Presidential Regulation Number 75 of 2019 on Amendments to Number 82 of 2018 concerning Health Insurance to increase BPJS contributions to 100% starting January 1, 2020. However, the Supreme Court canceled the rules for increasing BPJS contributions as stated in Article 34 paragraphs (1), and (2) of Presidential Regulation Number 75 of 2019, with decision Number 7P/HUM/2020. This canceled the increase in BPJS Health contributions effective from the date it was decided on February 27, 2020.

Based on Table 2, the difference in the determination of the contribution payment to the participants leads to injustice. It can still be seen that there are differences in the payment of contributions for group participants that are not PBI, namely independent workers, such as entrepreneurs and investors. The table also shows that the community as participants of health insurance in obtaining benefits still experiences incompatibility with the principle of justice. This is as regulated in Article 2 of Law Number 40 of 2004 concerning the National Social Security System, which indicates the principle of justice has not functioned optimally. Therefore, this study aims to determine why the principle of social justice for health insurance managed by the Healthcare and Social Security Agency (BPJS) has not been able to function optimally.

II. Research Method

This is legal research with a doctrinal approach used to analyze and explain the functionalization of social justice principles in the implementation of health insurance organized by BPJS. It was conducted by examining legal principles associated with social justice, legal regulations, and social security providers in Indonesia, specifically starting from the existing provisions of the 1945 Constitution (UUD RI 1945). This is in line with the existence of Law Number 40 of 2004 concerning the National Social Security System, and Law Number 24 of 2011 concerning the Social Security Administering Agency, along with its implementing regulations. These regulations are expected to be a guideline in implementing social security in Indonesia, specifically health insurance, where one of the principles is social justice. This normative or doctrinal research uses a statute approach, comprising legal principles, therefore, it tends to better understand the laws and regulations that are the source of law in the research discussed. The approach to legal principles in the field of health insurance is to determine the existence of the principle of social justice in health insurance. This is conducted by following the social insurance system, therefore, it can be further investigated to determine the existence and the function of the social justice principle, for optimal functioning, specifically in terms of the implementation of the rights and obligations of the parties related to the applicable legal relationship in health insurance.

III. Results and Discussion

A. Principles of Social Justice Health Insurance

One of the principles of social justice health insurance in the national social security system is *idil*. According to Darmodihardjo (1979), social justice means justice applied in society both materially and spiritually. Therefore, it provides equal treatment for everyone in the fields of law, politics, social, economy, and culture. It is one of the precepts in Pancasila as the basis of Indonesia and is the goal of the Indonesian nation to realize a just and prosperous society (Siregar, 2014: 109).

Justice is the process of putting something in its proper place by binding the appropriate rules. Therefore, it is the principle of social security implementation in Indonesia, in addition to the humanity and benefit. The principle of justice in the context of human relations depends on giving reasonable rights to each individual regardless of religion, nation, skin color, language, etc. Based on the point of view of language, it can be formulated that social justice is the generality of social matters involving all individuals in terms of rights and responsibilities within the correct and appropriate scope of society (Dail & Zabidi, 2009:117-138). It exists in the relationship between the State government, and its citizens. The state is obliged to protect the community (distributive justice) and vice versa, which is in line with their rights by carrying out their obligations in the relationship between individuals in society (commutative justice).

This is in line with John Rawls' theory of justice which contains 2 (two) attributes (Rawls, 2011:107). It is the greatest equal principle used to realize justice and ensure the same rights are given to all people. HLH Hart defined justice as the maintenance or restoration of balance proportionally (Hart, 2010).

The right to health is realized through the Health Insurance Program, and to get its benefits, everyone needs to become a participant in the health insurance program (Yustina, 2015). Therefore, the principle of social justice is carried out with a proportional balance between rights and responsibilities. Participants' rights to health services are balanced with their responsibilities to pay contributions. This is similar to the principle of administering health insurance as contained in Article 19 paragraph (1) of the Law on the National Social Security System: "Health insurance is administered nationally based on the principle of social insurance and the principle of equity." It is continued in the provisions of Article 19 paragraph (2): "Health insurance is held to ensure that participants obtain the right care benefits and protection needed."

Concerning the principles and system of administering health insurance in the social security system, social justice is used as the basis for the running of the health insurance program which is applied equally to all people in Indonesia. It comprises rights and

responsibilities that are carried out in proportion to what has been stipulated in the provisions of the applicable laws in terms of the implementation of health insurance in Indonesia.

B. Health Insurance Managed by BPJS Health

National health insurance as part of the social security system consists of a work accidents, death, and old-age insurances. The existence of a national social security system is one of the efforts to realize human rights to full development as stated in Article 28H paragraph (3) of the 1945 Constitution of Indonesia. The State must develop a social security system for all indigenes by empowering the weak and underprivileged human dignity. This is in accordance with Article 34 paragraph (2) of the 1945 Constitution.

The social security law as stipulated in the 1945 Constitution is in line with the protections guaranteed in the 1948 United Nations (UN) Declaration, mandating every country to implement human rights. In terms of workers' protection, this UN Declaration has become the basis of the provisions used in international agreements on workers' rights contained in the ILO Convention Number 102 of 1952 on Minimum Standards of Social Security. The implementation of health insurance as one of the national social security is a program that guarantees the cost of health care and the fulfillment of its associated basic needs nationally. This means that all residents in Indonesia are required to pay dues in form of taxes to the government, which is given to non-profit health social security administering agencies, such as BPJS (Putri, 2014:7). Therefore, the health insurance program is implemented not only with a social insurance mechanism but with the principle of equity to meet the health needs of people.

The implementation of health insurance with a mandatory social system emphasizes the mechanism for collecting funds in the form of contributions from participants and the government to protect against socio-economic risks. It shows the construction of a legal relationship that occurs between the participant and the organizer. This relationship is determined by laws and regulations which indicate that participation is voluntary because it is not required by legislation.

C. Contributions and Health Insurance Benefits

Three principles of contributions collection are made in the state-run social insurance program. The first is through the Beveridge principle, indicating that social security is funded by the government through taxes, such as in Australia. People do not need to accept bills for health services because they rely on taxes, which require a jumbo portion of wages, which ranges from 20 to 50% to be deducted.

Second, Bismarck's principle, based on social security is funded jointly by the government, employers, and employees. Contribution subsidies are given only to poor groups or those who are deemed important, such as the military, as applicable in Malaysia and Japan. Third, the

market principle, as practiced by Medicare in the United States (US) where social security is financed by workers' and employers' contributions only. Furthermore, management is left to the private sector, following the laws and regulations (Wisnu, 2010:26).

Indonesia uses only the second principle, namely Bismarck, in which the government shares in the financing of health insurance for PBI participants, with contributions. This is based on groups of formal and informal employees or non-workers, such as entrepreneurs and investors, as stipulated in Articles 2, 3, 4, and 5 of Presidential Regulation Number 82 of 2018 concerning Health Insurance. This regulation has undergone 2 (two) amendments, the last with the issuance of Presidential Regulation Number 64 of 2020 concerning Number 82 of 2018.

The use of the Bismarck principle is better when combined with the Beveridge in which the tax function can also be used for health insurance, and the source increases from the role of entrepreneurs to investors. This means, from formal and informal employees, a decrease in obligations and inability to pay contributions due to value-added tax is obtained.

Furthermore, the government needs to use the Beveridge method, by maximizing tax revenues, given the potential for injustice using Bismarck's principle. This process increases taxes from the upper-middle-class as a form of cross-subsidies between the rich and the poor and prevents workers from cutting their income (salary/wages) for health insurance costs. The process of selecting the Beveridge system in the context of financial management of health insurance increases the role and burden of entrepreneurs. Therefore, the combined system between the Bismarck and Beveridge systems can be used as a solution to optimize health insurance financing. This combination significantly assists the government because, in addition to the contribution paid by employers and employees, it is also accompanied by the participation of entrepreneurs themselves including investors in terms of the taxes they provide to the State. Therefore, part of the tax is given to BPJS Health as the provider of health insurance, in line with Notonegoro's theory of social justice. According to this theory, justice lies in the relationship between the State and its people through the provision of social protection, with the obligation to participate in the health development process by paying taxes. Furthermore, there is a legal relationship between the people's ability to become participants through contributions, used for mutual benefit. This process is used to meet the basic needs of the less fortunate sick people with high to mild risk, as well as the young and elderly. Therefore, social justice is achieved by all Indonesians in accordance with The Five Principles of Pancasila.

The government issued a policy regarding drug restrictions for patients with certain diseases, as stated in the Decree of the Minister of Health (Kepmenkes) Number HK.01.07/2018 on Amendments to Number 01.07/2017 on the National Formulary (Fornas). Based on the Decree of the Minister of Health, Bevacizumab and Cetuximab are no longer included as a target therapy for JKN-KIS patients suffering from colorectal cancer (INFO BPJS

HEALTH OF INTERNAL MEDIA EDITION 72).¹ This provision is not under the principles of social insurance and violates the principle of equity, which promotes the administration of medicine according to the patient's need for recovery based on the doctor's examination. Furthermore, it is not covered by BPJS, therefore, participants must incur additional costs.

The Minister of Health is reviewed against the statutory system, to determine violators of the regulations as stated in Article 19 paragraph (1) of the Law on the National Social Security System. This is in addition to the formation of laws and regulations in Law No. 12 of 2011 concerning Legislation, which is implemented based on Presidential Regulation Number 87 of 2014 concerning Implementing Regulations of Law Number 12 of 2011 on the Establishment of Legislation.

It is unfair to sacrifice the rights of one or a few people for the sake of greater economic gain for society as a whole. This is because it is similar to giving restrictions on the use of certain drugs, which according to the analysis and diagnosis of doctors must use them to cure their illness. This is certainly contrary to justice as fairness, which demands the same principle of freedom as the basis for regulating social welfare (Ujan, 1999:18). The principle of equal freedom to achieve justice requires that the relationships in society must be in balance and contain rights and obligations.

Justice is a human right and a value that must be maintained by societal need as a guide from God to humans (Hamid, 2016). In addition to being the highest human virtue, it is also the first virtue in social institutions and the system of thought (Alwino, 2016:310). Therefore, the restriction of a drug as the provision of health services to participants is unfair. This is not in accordance with the existing statutory regulations, such as the National Social Security System Law that need to also comply with the equity principle. It is not based on the number of dues paid, but on the health needs of the participants. BPJS needs to ensure certain drugs issued by a doctor's diagnosis are given.

The need for drugs that must be received by each participant to meet their health needs is not only based on the principle of equity rather on cooperation. These include mutual assistance between the sick and the healthy, the old and the young, as well as those with high and low risk of disease. The difference between health and commercially administered insurance is based on an agreement that the level of risk faced by participants need to be balanced with the level of dues issued.

D. The functionality of Social Justice Principles in Health Insurance Contributions

Contribution in Health Insurance is a sum of money paid regularly by Participants, Employers, and the Government for the Health Insurance program. This formulation is contained in Article 1 number 13 of Presidential Regulation Number 12 of 2013. After the

issuance of a new regulation, namely Article 1 Number 82 of 2018 concerning Health Insurance, it was changed, to the second amendment with the issuance of Presidential Regulation Number 64 of 2020. This amendment indicates that there is a slight change in the formulation of health insurance contributions, related to the role of local governments. Therefore, the formula becomes:

“Health insurance contribution is a sum of money paid regularly by Participants, Employers, and the Central or Regional Governments for the health insurance program.”

It is managed by the organizing body, in this case, BPJS as stipulated in Law Number 24 of 2011 concerning the Social Security Administering Body. The management of contributions is non-profit, meaning that it provides health benefits through promotive, preventive, curative, and rehabilitative services, including medicines and medical consumables. This is stipulated in Article 22 paragraph (1) of the Law on the National Social Security System. The amount of contributions continues to increase with changes in the laws and regulations governing the amount of health insurance contributions, as regulated from the stipulation and enactment of Presidential Regulation Number 12 of 2013 concerning Health Insurance which has experienced changes related to membership and the contribution amount.

According to the justice theory, there are similarities in the payment of contributions to formal workers. Justice as fairness (Rawls, 2011:60) is substantial and procedural, and based on a reasonable procedure that is not manipulated (Bartens, 2000:103). According to John Rawls, the justice theory contains two attributes (Rawls, 2011:107), namely the first principle of equality, which indicates justice can be realized when everyone has the same right to basic freedoms. The second is the principle of difference and equal opportunity, which indicates justice, is realized assuming social and economic inequalities are regulated to benefit the lucky ones (Ujan, 1999:129).

John Rawls' theory of justice is related to the payment of contributions charged to wage-earning employees (PPU), both civil servants and private employees have the same right to be protected in health insurance as part of social protection. Furthermore, social and economic inequalities in society must be arranged to avoid the occurrence of injustice. It is very appropriate to change the number of contributions between civil servants, Army, Police, State Officials, government and private employees based on the percentage charged to PPU. According to Rawls, fairness is that everyone is placed equal, to achieve prosperity in society.

Contribution payments with a percentage of monthly income applicable to formal workers are different from Non-Wage Recipient Participants (PBPU) and Non-Working Participants (BP) groups. Other non-employee groups include retirees, veterans, and independence pioneers and their families, such as widows/widowers, and orphans of retirees.

Similar grouping between PBPU and BP, specifically investors and employers, cannot be equated in terms of determining the number of contributions, proportionally. This is in

accordance with HLH Hart's theory of justice as maintenance or restoration of balance. On this basis, PBPU participants and non-employees, are differentiated, therefore contributions for investors can be increased according to the ability of the business to invest. It is also considered for the category of employers, which can be regrouped according to the size of the business owned, as determined by the number of wages/salaries received each month by the PPU group.

The meaning of justice does not have to be balanced equally, although it is analyzed as interest by the Indonesian people. The government regulates peoples' lives to achieve the goals as mandated in the opening of the 1945 Constitution. The role of the State is manifested in-laws and regulations, as stated in Article 34 paragraph (2) that "The State shall develop a Social Security System for all Indonesians." The principle of cooperation in the national social security system as regulated in Article 4 which explained the cooperation among participants in bearing the burden of social security costs is realized by their obligation to pay dues in accordance with the level of salary, wages, or income.

Therefore, a fundamental change in the rule of law related to the provisions on the number of wages is needed to maintain ideal patterns in society. The law refers to the rules of the game and situations prone to conflict need to be handled through their integration function for each sub-system to run harmoniously and synergistically. Parsons places the law as the main element in integration (Simanjutak & Hage, 2013:135), between the rich and the less fortunate in the context of implementing the principle of cooperation as regulated in the Law on the National Social Security System. The theory of functions from Harry C. Bredemeier is important, to create legal certainty because the law is a commitment from the community, therefore, its function is to integrate values in people's lives, as an integrated mechanism. The function theory is a tool used to examine the functionalization of the social justice principle in health insurance contributions. In determining the contribution amount, the community needs to be integrated into a mechanism acceptable by members. Furthermore, those with more economic income cannot be equated with those with lower incomes, therefore, the number of contributions should be able to differentiate between non-wage participants (self-employed), investors, and employers.

IV. Conclusion

The functionalization of the social justice principle in the implementation of health insurance and managed by BPJS requires changes specifically in determining the group of participants and number of contributions. This can be conducted by providing a formulation concept to determine the number of contributions to PBPU and BP participants, specifically investors and employers. Furthermore, there is a need for changes to the standard tariff for health services, as well as the absence of restrictions on the provision of drugs needed by participants by implementing the principles of social insurance and equity.

The amount of the health insurance contribution needs to be determined based on the group of participants, and income. Others include Non-Workers (BP) groups, such as investors and employers which are separated from retirees, veterans, and independence pioneers and later combined to form (PBPU). Therefore, the health statuses of all Indonesian people are improved by increasing their financial income and contributions.

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