Legal Opportunities Solutions to Tackle the Deficit in Indonesia's National Health Insurance Program

Diah Arimbi*

DOI: https://doi.org/10.22304/pjih.v11n3.a1

Submitted: October 10, 2023 | Accepted: August 1, 2024

Abstract

Indonesia's National Health Insurance program faces significant challenges, including financial deficits and declining membership, managed by the Social Security Administrative Body for Health (BPJS Kesehatan). This study explores legal opportunities for alternative funding to address these issues. It employed a normative juridical approach with secondary, primary, and tertiary legal sources to examine the implementation of the Law Number 24 of 2011 and the Government Regulation Number 53 of 2018. Although cigarette tax collection regulations aim to realize health funding, there are no optimal results. However, Indonesian law offers extensive opportunities, such as increasing cigarette excise rates, leveraging corporate social responsibility, and engaging in creative funding collaborations with the government, private sector, non-governmental organizations (NGOs), and communities. These strategies are proposed to mitigate the deficit, expand participant coverage, enhance the National Health Insurance program's quality, and improve overall health standards.

Keywords: alternative funds, health law, national health insurance.

A. Introduction

In line with the 1945 Constitution, the continuous efforts by the Indonesian government to promote welfare affirm the commitment to protect all citizens and enhance the nation's intellectual life, including promoting general welfare and maintaining world order based on independence, eternal peace, and social justice. The National Health Insurance (JKN –*Jaminan Kesehatan Nasional*) is a national social security program legislated through the Law Number 40 of 2004 on the National Social Security System. Based on this law, National Development Planning Agency (*Badan Perencanaan Pembangunan Nasional*-Bappenas) and the *Gesellschaft für Technische Zusammenarbeit* (GTZ) [1] concluded that Indonesia accommodates elements of the welfare state in realizing public welfare, where the goal of the

* Lecturer at the Department of Law, Faculty of Social and Political Sciences, Jenderal Achmad Yani University, Jalan Terusan Jenderal Gatot Subroto, Sukapura, Bandung 40285, S.Si.T. (Ngudi Waluyo College of Health Sciences), M.H. (Jenderal Soedirman University), Dr. (Islamic University of Indonesia), arimbi2510@gmail.com.

1 Sulastomo, *Sistem Jaminan Kesehatan Nasional Mewujudkan Amanat Konstitus*i (Jakarta: Kompas Media Nusantara, 2011), 9.

National Social Security System (SJSN –*Sistem Jaminan Sosial Nasional*) is to protect all Indonesians from the financial risks caused by illness. Similarly, Endang and Yohanes[2] state that the welfare state adopted by Indonesia not only focuses on social services but also emphasizes an ideal concept where the community receives social services as their right.

As a welfare state, the state has the function of expanding social services to individuals and families further, such as social security, health, education and training, and housing. [3] In this context, Indonesia implements sustainable development and enhances welfare and health development to achieve these goals. Implementing the JKN through the Social Security Agency on Health (BPJS Kesehatan–*Badan Penyelenggara Jaminan Sosial Kesehatan*) is a concrete step providing equitable and comprehensive healthcare services to all residents. As of April 2024, JKN has successfully covered over 270 million people. According to Asih, it improves access to healthcare services, contributes to societal productivity, and reduces poverty by lowering direct healthcare costs for individuals and families.

JKN also provides workers and the community access to health services. It is expected that workers and citizens who have been reluctant to seek treatment due to high costs can address health issues easier. This directly contributes to societal productivity. In line with the prediction, the JKN program will also reduce the poverty rate by decreasing out-of-pocket spending on health.[4]

Despite the success, the issue of increasing contributions remains a problem. The JKN tariff is still being debated, together with a decrease in the collectability of contributions, which reached 65% as of February 28, 2021, and a reduction in membership by 46.56% at the same date. The JKN participants decreased from 224.149.091 in 2019 to 222.461.906 in 2020. The BPJS Kesehatan has also experienced a significant deficit in Social Security Funds (DJS –*Dana Jaminan Sosial*) for five consecutive years. In 2018, BPJS Kesehatan received IDR 81.97 trillion, while its expenditures reached IDR 94.30 trillion, resulting in a deficit of IDR 12.33 trillion with a claim ratio of 110%. When adding the IDR 3.76 trillion operational costs of BPJS Kesehatan, the DJS deficit totaled IDR 16.09 trillion with a claim ratio of 119%. A healthy claim ratio should be 90%.

Even though the DJS had a surplus in 2019 and 2020, It has not been sufficient to cover the JKN deficit after five years of implementation. This surplus was made possible due to the COVID-19 pandemic, during which the community had limited

---

2 Endang Wahyati Yustina and Yohanes Budisarwo, *Hukum Jaminan Kesehatan: Sebuah Telaah Konsep Negara Kesejahteraan dalam Pelaksanaan Jaminan Kesehatan* (Semarang: Universitas Katolik Soegijapranata, 2020), 18.

3 W.Riawan Tjandra, *Hukum Administrasi Negara* (Yogyakarta: Atma Jaya Yogyakarta, 2008), 9.

4 Asih Eka Putri, "Paparan Statistik JKN 2015-2019" (Class Note, Dewan Jaminan Sosial Nasional-Jakarta, Oktober 18, 2021).

access to health services. Despite this, the surplus was offset by a decline in the number of participants. The decline was due to the deactivation of contribution assistance participants whose funds were reallocated for the COVID-19 funding. Although there was an increase in JKN participants from 2021 to 2023, another problem emerged: participant premium arrears. It caused BPJS Kesehatan to face the potential of another deficit. Based on actuarial calculations through the Regulation of the Minister of Health Number 3 of 2023 on the JKN Tariff Standards, healthcare service costs have increased annually. In contrast, participant premiums have not risen, leading to an increase in participants and incoming premium revenue.

Given the existing deficit and potential future deficits, along with the need to improve the quality of healthcare services, it is essential to seek additional funding sources. This improvement could encompass aspects such as enhancing healthcare accessibility, improving service quality, or expanding participant benefits. Therefore, there must be efforts to find additional funding sources. The efforts include seeking legal solutions in accordance with the prevailing laws and regulations to identify legal and effective ways to raise further funds for the JKN Program.

One of the basic principles for the sustainability of the health insurance program is to ensure the adequacy of revenue from contributions and other sources. The decline in the collectability of contributions poses a significant problem. The deteriorating national economic situation exacerbates this condition, worsened by the ongoing COVID-19 pandemic, which has burdened participants, including local governments, due to budget reallocations for COVID-19 financing. This has also reduced the level of community welfare.

Other factors contributing to financial problems include JKN participants with pre-existing medical conditions who rely on health insurance but fail to comply with regularly paying contributions. It leads to deficits and a decline in JKN participants, which are becoming a critical concern. Yusriando[5] also noted the presence of moral hazard in the JKN program by healthcare workers and participants. Some participants do not pay membership fees when they are not sick, and after recovering, they fail to fulfill their obligation to pay contributions regularly.

The main focus of BPJS Kesehatan in 2021 was to ensure financial sustainability by strengthening the collectability and activeness of participants, a concern for both the organization and the government. It refers to the mandate of Article 12 of the Law Number 24 of 2011 on the Social Security Administrative Body. The article states that the BPJS Kesehatan has the right to obtain operational funds for program implementation from DJS and/or other sources in accordance with statutory provisions. The regulation has not been thoroughly carried out.

---

[5] Yusriando, "Konstruksi Sistem Jaminan Sosial Nasional Bidang Kesehatan," *Bestuur* 7, no. 2 (]2019): 122-130, https://doi.org/10.20961/bestuur.v7i2.41538.

Various countries impose high taxes, such as tobacco, alcohol, and sugary drink taxes, which impact health.[6] In 2012, the Philippines implemented a policy to increase tobacco excise, resulting in a reduction in the number of smokers and an increase in revenue. This revenue, among other things, was used to expand health insurance coverage. Vietnam and Ghana did the same thing.[7] This policy is considered a win-win solution. It saves lives, prevents diseases, and improves health equity. In addition, it serves as an alternative health financing source that can fund Universal Health Coverage (UHC) or effective but underfunded public health measures.[8] Up to now, alternative funding sources for the JKN program have not received attention and commitment from the government. Therefore, it is necessary to explore legal opportunities that can be utilized to strengthen national policy commitments to support the financial sustainability of the JKN program as a strategic program and the government's responsibility to provide welfare to its people.

In connection with the above problems, this study aims to explore legal opportunities for other sources of financing for the National Health Insurance in Indonesia, which have not been optimally implemented to support social health. This study used a normative juridical method. It observed legal regulations to obtain alternative funding sources for the JKN program. The approach involved reviewing interrelated laws and regulations to explore opportunities for other funding sources that have not been utilized. This study used secondary data, including primary, secondary, and tertiary legal materials. The primary legal materials are binding legal materials in the form of applicable laws and regulations. The secondary legal materials include research results, scientific articles, and similar sources. The tertiary legal materials include dictionaries, indexes, and others. The data collection method covered editing and rearranging legal materials regularly and sequentially to make them easy to interpret. The data were analyzed using a descriptive analysis method.

B. Universal Health Coverage in National Health Insurance as a Form of Justice

National health insurance has contributed to reducing poverty, driving the economy, increasing life expectancy, reducing out-of-pocket expenses for health services, and

---

6 World Health Organization, "More Countries Using Health Tax and Laws To Protect Health, Mid-Term Result Report Programme Budged 2022-2023," accessed on July 15, 2024, https://www.who.int/about/accountability/results/who-results-report-2022-mtr/more-countries-using-health-taxes-and-laws-to-protect-health.

7 Cheryl Cashin, Susan Sparkes, and Danielle Bloom, "Earmarking for Health: From Theory to Practice," accessed on July 15, 2024, https://iris.who.int/bitstream/handle/10665/255004/9789241512206-eng.pdf?sequence=1&isAllowed=y.

8 World Health Organization, "Health Tax," accessed on July 15, 2024, https://www.who.int/health-topics/health-taxes#tab=tab_1.

creating jobs.[9] The Pan American Health Organization states that despite progress in economic and social development, there are still inequities and exclusions in access to comprehensive, timely, and quality health services, especially for disadvantaged populations.[10] Strategies to guide national policies through access to quality of care, considering availability, accessibility, acceptability, and relevance are inseparable from the government's responsibility and citizen's cooperation. The implementation of Indonesian health insurance is carried out in stages, depending on the economic capacity of the community and the state. In relation to the UHC program, the government has ensured that health insurance can be used by the entire population, considering all the associated consequences.

Social security funding sources from state finances, community contributions, and the results of asset development. Previously, health social security funds were primarily obtained from the state, regional, and contribution budgets. Currently, BPJS Kesehatan is experiencing financial deficits and a decrease in participants due to conditions such as COVID-19, financial issues affecting participants, and the lack of opportunity for some to become participants receiving assistance from the government. Weak regulations were found to support people experiencing poverty, namely the Minister of Social Affairs Regulation Number 21 of 2019 on the Requirements and Procedures for Changing Data on Recipients of Health Insurance Contribution Assistance (PBI JK–*Penerima Bantuan Iuran Jaminan Kesehatan*). Article 25 states that the substitution of PBI JK is by the district/city regional social service, as referred to in Article 17, which states that it is not sufficient for the national number of PBI JK, the Minister can add a substitute for PBI JK "as long as it does not exceed the national amount for PBI JK". The sentence "as long as it does not exceed the national number of PBI JK" is not in accordance with the mandate of the 1945 Constitution because it is as if the amount of PBI has been determined if there are citizens who are poor and low income. The number of citizens who receive PBI has exceeded the national number of PBI. They are forced not to get help to become JKN participants.

The dilemma is that increasing poverty in Indonesia becomes important for credibility if there are many PBI participants. Currently, the Central Statistics Agency (BPS-*Badan Pusat Statistik*) recorded the percentage of poor people in September 2021 at 26.50 million, a decrease of 1.04 million compared to March 2021. In 2017,

---

9 Ali Gufron Mukti, "Is Towards Universal Access to Quality of Care," (Seminar on Direction of JKN Implementation Policy-October 14, 2021).

10 PAN American Health Organization and WHO*, Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Washington DC: World Health Organization, 2017), 15.

poverty decreased significantly compared to 2020 to September 2021. [11] Implementing social security is expected to guarantee the creation of an effective and efficient mechanism to touch all levels of society. Universally, the implementation of the social security system is, in principle, the responsibility of the central government, with the argument that it is an administration for one state because social security is a super system that is binding the establishment of a nation.[12]

Poverty affects the number of contributions that the state must pay. Logically, the higher the poverty, the greater that the state must bear to pay PBI. Two categories of the Indonesian population find it difficult to contribute to independent JKN contributions: 1) the poor and the low-income who have not been registered; 2) people who are "middle line" (not including the criteria for being poor and low-income). In line with what Hasenfeld conveys, social rights can be obtained from the first two kinds of dues/tax contributions and their rights by showing that they deserve to be poor.[13]

The population group that is neither poor nor wealthy, often referred to as the "middle line," has just enough for their daily lives but is burdened by the need to pay JKN contributions for themselves and their families. This situation needs to be recognized by the government to ensure that these individuals receive national health insurance. Universal coverage in the national health insurance program is crucial for several reasons: first, social justice ensures that all citizens have equal access to quality healthcare services. This reduces disparities in healthcare access between high-income and low-income groups, promoting the principle of social justice mandated by the Constitution. Secondly, financial protection mitigates the significant financial risks associated with medical expenses, and thirdly, it increases productivity and economic well-being. By ensuring that all citizens have access to timely and quality healthcare, the universal health insurance program helps boost workforce productivity.

Achieving quality and universal coverage undoubtedly requires additional funding for JKN, necessitating strengthening the JKN program. This aligns with Vladimir Rys' proposal that social security allocated to the people requires extra efforts for future development and needs to be reinforced. One of the goals of JKN is to prevent poverty caused by unexpected events, such as illness, because

---

[11] Central Bureau of Statistics, "Persentase Penduduk Miskin Bulan September 2021 Turun Menjadi 9.71%," accessed on April 2, 2022, https://www.bps.go.id/pressrelease/2022/01/17/1929/persentase-penduduk-miskin-september-2021-turun-jadi-9-71-persen.html.

[12] Pakpahan, R.H. and Sihombing, E.N, "Tanggung Jawab Negara dalam Pelaksanaan Jaminan Sosial," *Jurnal Legislasi Indonesia* 9, no. 2 (2018): 165.

[13] Yeheskel Hasenfeld, Jane A. Rafferty, and Mayer N. Zald, "The Welfare State, Citizenship, and Bureaucratic Encounters," *Annual Review of Sociology* 13, no. 1 (1987): 389.

healthcare costs are high and can burden those in need. Under these conditions, the government can subsidize contributions or assist the "middle line" community at a percentage level. This can also be done with local governments and/or the private sector/community. If the issue of contributions prevents citizens from obtaining JKN, achieving UHC will be difficult.

Justice and alignment with the people are realized in the SJSN in Indonesia.[14] The rule of law is expanded to provide health improvement and protect against poverty as a form of protection for citizens.[15] Two essential components of UHC are access to quality healthcare and financial risk protection that everyone can provide. As stated by Gina in Mikho, the state has obligations through international agreements on human rights in the form of the obligation to protect.[16] Preventive measures against disturbances in the form of health access, accessibility, acceptability, and quality of facilities, health, products, and services do the obligation to protect.

He acknowledged that health depends not only on access to medical services and the means to pay for services but also on understanding the relationship between social, environmental, natural, and health factors.[17] Studies show UHC is a complex process, fraught with challenges, many possible pathways, and pitfalls, but also feasible and achievable. The move toward UHC is a long-term policy engagement requiring technical and political knowledge. Technical solutions must be accompanied by pragmatic and innovative strategies to respond to the context of the national political economy.[18]

The law is established for the benefit of the people and to achieve justice by serving its citizens. A good law is measured by how much it promotes the people's welfare, dignity, and happiness. In the Indonesian constitution, Article 34 states that poor and neglected children are cared for by the state and that the state provides social security for all citizens. Therefore, the social security system, designed for the entire population, must be accessible to everyone and implemented in a way that considers the community's needs without exception.

Policies are carried out if they relate to government decisions and actions designed to save people's problems (public concern). The problems focus on poverty and how welfare distribution is carried out properly and fairly. Policies such as these

---

14 Yustina and Budisarwo, *Hukum Jaminan Kesehatan: Sebuah Telaah Konsep Negara Kesejahteraan Dalam Pelaksanaan Jaminan Kesehatan*, 18.

15 Yustina and Budisarwo, 20.

16 Mikho Ardinata, "Tanggung Jawab Negara Terhadap Jaminan Kesehatan dalam Perspektif Hak Asasi Manusia," *Jurnal HAM* 11, no. 2 (2020): 324, http://dx.doi.org/10.30641/ham.2020.11.319-332.

17 Dye, C Reeder, J.C and Terry, R.F, "Research for Universal Health Coverage," *Science Translational Medicine* 5, no. 199 (2013): 115, https://www.science.org/doi/full/10.1126/scitranslmed.3006971.

18 Michael Reich R (et.al.) "Moving Towards Universal Health Coverage: Lessons From 11 Country Studies," *The Lancet* 387*,* no. 10020 (2016): 814, https://doi.org/10.1016/S0140-6736(15)60002-2.

support essential public services such as health, social security, education, housing, and water.[19] Therefore, the government needs to collaborate with multiple sectors. This engagement can enhance economic growth, increase educational opportunities, reduce poverty and inequality, and promote social cohesion.[20] All of this is the commitment of the Indonesian people to create a welfare state. Welfare is behavior that creates mutual care for one another; as stated by Alan Deacon, welfare is an expression of altruism. The perspective that creates concern is an obligation to realize the morals of its citizens to encourage each other and make new altruism.[21]

According to Husodo, welfare results from an independent, effective, and efficient state economic system. With the state's welfare, it is hoped that it will be able to play an active role in poverty alleviation, the health system, social security, and education. The welfare state is also responsible for guaranteeing the availability of basic welfare services at a certain level for its citizens.

The presence of the Indonesian nation overcame socio-economic inequality by applying the national ideology of Pancasila, which guarantees social justice for all people and as outlined in the constitution Article 34 paragraph (2) of the 1945 Constitution of the Republic of Indonesia. The nation develops a social security system for all people and empowers the poor and low-income people according to human dignity.

C. Legal Opportunities for Other Funding Sources for National Health Insurance in Indonesia

Social insurance is the most rational and viable health funding; it can be relied on long-term and is sustainable.[22] National health insurance needs comprehensive attention because this program involves all sectors. Joint strength is required for the success of the JKN program. The implementation of the JKN program is based on the principle of cooperation, which is closely related to the rights and obligations of the community members. First, the principle of *gotong royong* gives meaning to mutual assistance, togetherness to realize goals, or a social outlook to uphold the group.

The JKN cooperation principle is a form of joint support, including financing issues. The management of *gotong royong* cannot be broken down based on sources of financing or other facts in society. This management does not discriminate between sources of costs, especially if it ends in service differentiation or

---

19 Farida A, "Teori Hukum Pancasila Sebagai Sintesa Konvergensi Teori-Teori Hukum di Indonesia," *Perspektif* 21, no. 1 (2016): 65, https://doi.org/10.30742/perspektif.v21i1.176.

20 Evans D.B, Marten R, and Etienne C, "Universal Health Coverage is a Development Issue," *The Lancet* 380, no. 9845 (2012): 864-865, https://doi.org/10.1016/S0140-6736(12)61483-4.

21 Alan Deacon, *Perspective on Welfare* (London: McGraw-Hill Education, 2002), 1.

22 Hasbullah Thabrany, Laura Mayanda, and Nugroho Suharno, *Pendanaan Kesehatan dan Alternatif Mobilisasi Dana Kesehatan di Indonesia* (Jakarta: Raja Grafindo Persada, 2005), 237.

discrimination. This will violate and contradict the articles in the two laws (SJSN and BPJS), which require the principle of mutual cooperation, the lifeblood of health services based on national health insurance.[23]

Several sociological and juridical considerations concerning other financing alternatives for JKN must be explained. First - the problem of the JKN deficit. In 2018, BPJS Kesehatan experienced a deficit of 11.6 trillion. BPJS Kesehatan data also shows that up to June 2017, 177.8 million JKN-KIS participants' visits to utilize health facilities increased from 92.3 million in 2011. With so many participants taking advantage of these health services, the implication is a mismatch (deficit) of the DJS for Health. This is because the income from participant contributions is not proportional to the amount of funds spent on capitation and hospital payment claims.

Second - a decrease in membership. The impact of the COVID-19 pandemic has caused an increase in inactive membership for participants receiving wages from private institutions and participants who are not receiving wages.[24] Pandemic problems have caused an uncertain situation, especially for the sustainability of JKN. In addition to participants who receive private wages and those who do not receive wages, it also occurs in participants who receive government/regional government contribution assistance. If this is the case, then the sustainability of JKN, the rights of people with low incomes, and citizens' rights to obtain social security are uncertain.

Third - the achievement of UHC. With an increase in JKN contributions, it is not certain the deficit problem was resolved. It is because it turned to other obstacles, namely contribution arrears and data on recipients of contribution assistance from the government/regional government due to COVID-19, so the further achievement of UHC, which is the goal of JKN, is getting further.

As described above, social conditions significantly impact the sustainability of BPJS Kesehatan in implementing JKN. Even the government has been unable to make effective decisions to solve existing problems. In this regard, the government can adopt policies related to regional support for alternative funding sources to work with the community.

This sociological description at least encourages the replacement of cigarette excise/cigarette tax policies, policies on charity, and the use of corporate social responsibility funds to cover JKN membership so that it can assist in implementing JKN thanks to the cooperation between the government and the private sector.

---

[23] Diah Arimbi, "State Responsibility and Justice in Fulfilment of National Health Insurance in Indonesia (In the 2nd International Conference of Law, Government and Social Justice (ICOLGAS)," *Atlantis Press* 499 (2020): 581, 10.2991/assehr.k.201209.339.

[24] Asih Eka Putri, "Paparan Statistik JKN 2015-2019," (Dewan Jaminan Sosial Nasional-Jakarta, 8 Oktober, 2021).

The paradigm that has existed so far is that the JKN budget depends on the government, regional governments, and contributions. Suppose you pay attention to the reality in Indonesia and support the problems above. In that case, it is necessary to optimally plan other sources of financing for the JKN program so that it does not depend entirely on state finances.

Laws in Indonesia provide an opportunity to get JKN funding. According to the Law Number 24 of 2011 on BPJS, the BPJS manages its assets and social security fund assets, which are rearranged in the Government Regulation Number 53 of 2018 on the Second Amendment to the Government Regulation Number 87 of 2013 on the Management of Health Social Security Assets. The source of BPJS assets comes from:

(1) initial capital from the government;
(2) results of the transfer from state-owned enterprises (BUMN) administering social security;
(3) results of BPJS Kesehatan asset management;
(4) operational funds that can be taken from social security funds; and
(5) other legal sources in accordance with laws and regulations.

BPJS Kesehatan can use these sources for operational management funds, costs for procuring goods and services, and costs for increasing implementation capacity and investment. Meanwhile, social security fund assets are obtained from:

(1) contributions include contribution assistance;
(2) development of social security funds;
(3) transfer of social security program assets to the rights of participants from BUMN; and
(4) other legal sources in accordance with laws and regulations.

Fund assets can also be used to pay social security benefits or services, operating funds, and investments. Furthermore, the law was implemented with the Government Regulation Number 53 of 2018 on the Management of Health Social Security Assets. Other funding sources in accordance with the regulations above have a good chance of obtaining funding sources/opportunities as long as the funding sources comply with laws and regulations and are used to pay benefits or finance social security services. Below are sources of funding that the government and the private sector can utilize for the JKN program, namely by increasing cigarette excise, creative financing, and CSR funds.

First - Cigarette Excise. The state has specific goals to be achieved. The state's goals require continuous financing. Consequently, the state needs sources of income, one of which is obtained from taxes.[25] Cigarette excise has been implemented in Indonesia, but its rates remain low compared to other states such as Romania and

[25] Mustaqiem, *Perpajakan Dalam Konteks Teori dan Hukum Pajak di Indonesia* (Yogyakarta: Buku Litera, 2014), 106.

the Philippines. The effective implementation of JKN requires collaboration from all sectors. Currently, JKN still has a big unfinished task to overcome or prevent deficits from occurring. The deficit needs to be resolved, and it cannot be resolved in the short term through continuous injections of State Budget funds. The achievement of universal health coverage, the people's access to JKN in each province, which is varied and uneven, the reduction in membership fees, and the reduction in equity must all be resolved.

Social security funds with other sources in accordance with the regulations of the law can be obtained through cigarette excise. Cigarette tax for health is obtained from 10% regional excise, and 50% is used for law enforcement and health allocations. Article 2, paragraph (1) of the Regulation of the Minister of Health Number 53 of 2017 reads, "In addition to being used as stated in paragraph (1), the cigarette tax is used to fund the national health insurance program". The use of cigarette tax to fund the national health insurance program is 75% (seventy-five percent) of the allocation of health services in accordance with statutory provisions.

To follow up on the BPJS Law and the Law Number 53 of 2015, the Presidential Regulation Number 82 of 2018, in Article 100, states that the amount of local contribution to support JKN is set at 75% of 50% of cigarette tax revenue realization of the rights of each province/regency/city area, the contribution referred to is directly deducted for transfer book it into the BPJS Kesehatan account.

This was further confirmed by the Regulation of the Minister of Finance Number 128 of 2018 on the Procedures for Withholding Cigarette Tax as a Contribution to Health Insurance Program Support. Article 2 paragraph (2) of the regulation states that cigarette Tax Contribution, as referred to in paragraph (2), is set at 75% of 50% or an equivalent of 37.5 % realization revenue sourced from the Cigarette Tax of each province/regency/city.

However, this policy still has deficiencies in helping the DJS because, at the size of the budget, it considers the regional health insurance contributions integrated into the health insurance program organized by BPJS Kesehatan. These deficiencies can be described by:

1) The percentage determined still considers the contribution of regional health insurance integrated with JKN so that funds coming in through the cigarette tax for JKN can be "sufficient, less or leftover". If the balance is new, it can be deposited to the DJS; if it is sufficient or lacking, it will not be deposited to the DJS, so these regulations have not solved the problem of deficit or membership.
2) Each region has different cigarette tax revenues, so the amount of tax for JKN varies in each region. This limitation can be addressed by Article 2 paragraph (1), letter b of the Law Number 39 of 2007 on Excise. It stipulates that certain goods with the following characteristics are subject to excise: their consumption needs

to be controlled; their distribution must be monitored; their use may harm society or the environment; or their use requires the imposition of state levies to ensure fairness and balance. Excise, a state levy imposed on specific goods with certain characteristics defined by law, is a source of state revenue to promote prosperity, justice, and balance. Strictly regulating the circulation and use of these goods through excise tariffs is essential, allowing for imposing high excise rates where appropriate. Additionally, the highest rates can be applied to achieve fairness and balance. For instance, raising cigarette excise taxes can be implemented to support the National Health Insurance (JKN)

In response to these conditions, the government can take more optimal steps to improve the implementation of JKN and increase membership. More effective policies need to be made, with control and balance against activities detrimental to health. A study conducted by Abdillah Ahsan stated that cigarette excise for JKN financing could be carried out by withdrawing cigarette excise per stem. This concept was carried out without burdening the government and regional governments and did not reduce the allocation of other health funds. Currently, consumption is Rp320 billion sticks per year. 50-100/stick, IDR 16 trillion to IDR 32 trillion will be obtained.[2627] By using this system, the deficit problem can be solved, and it can also solve other issues, one of which is the coverage of membership and increasing contributions.

3) Share with other health programs. The Regulation of the Minister of Health Number 40 of 2016 provides technical instructions to provincial and district/city regional governments for the use of cigarette tax for promotive and preventive health service activities of 75% of the stipulated allocation. Furthermore, The Minister of Finance Regulation Number 128 of 2019 states that the cigarette tax of 75%, in addition to promotive and preventive health service activities, is also used for JKN funds of 37.5%. Health funding is getting smaller with the distribution of Additional Levy on Cigarettes for Health (PRUK –*Pungutan (Tambahan) atas Rokok untuk Kesehatan*) for various activities.

Compared to other countries, the allocation of tobacco excise/tax proceeds based on the 2016 WHO research report on the allocation of cigarette taxes for health conducted in seven countries in six different regions shows that all countries have collected cigarette taxes and allocated them for health purposes.[28] In relation

---

[26] Abdillah Ahsan, "Inovasi Pendanaan Defisit Program JKN-KIS Melalui Pungutan (Tambahan) Atas Rokok Untuk Kesehatan (PRUK)," accessed on May 5, 2023, https://bpjs-kesehatan.go.id/bpjs/dmdocuments/272cf953af57449bffc30087a1bd144d.pdf.

[27] Abdillah Ahsan, *Inovasi Pendanaan Defisit Program Jaminan Kesehatan Nasional – Kartu Indonesia Sehat (JKN-KIS) Melalui Pungutan (Tambahan) Atas Rokok untuk Kesehatan (PRUK)* (Jakarta: PT Nagakusuma Media Kusuma, 2018), 35.

[28] Cheryl Cashin, Susan Sparkes, and Danielle Bloom, "Earmarking for Health: From Theory to Practice," 40.

to the study of allocating cigarette taxes to finance health services, two countries have implemented this policy, namely the Philippines and Romania—comparing cigarette taxes to fund health services (universal health coverage).

Tobacco excise taxes are imposed on tobacco products to reduce smoking, which negatively impacts public health. The revenue from tobacco excise can be allocated to fund most or all of the JKN program. This not only reduces the government's financial burden in funding public health but also provides an incentive for people to reduce smoking, which in turn can lower the prevalence of tobacco-related diseases. The benefits of using tobacco excise revenue in the JKN program include improving the coverage and quality of healthcare services for the public. Stable and additional funding from tobacco excise allows the program to be more financially independent and extend its benefits to more citizens. Raising taxes on tobacco products, leading to higher prices, makes tobacco less affordable. Evidence shows that significantly increasing tobacco taxes and prices are the most effective and cost-efficient measure to reduce tobacco use[29]. Thus, tobacco excise can be seen as an innovative and creative approach to strengthening the JKN program by combining efforts to reduce harmful smoking and enhancing access to quality healthcare services for all Indonesians.

Fund management in the Philippines, the allocation of funds of more than 85% of additional revenue from cigarette excise is earmarked for health programs, consisting of:

1. Universal health services through the National Health Insurance program,
2. Various activities to achieve the MDGs,
3. Health awareness programs, medical assistance, and
4. Improvement of health facilities.

Romania has an allocation of € 10 per 100 cigarettes and € 13 per kg of tobacco traded for health National health system infrastructure and public health programs (including tobacco control) and other health services such as emergency systems and social programs (covering 90% of medical expenses for people earning below the national minimum wage).[30] In the study conducted by William Savedoff, it is stated that the financing of the health system was not something that happened without precedent. Social insurance is well established, and development in a weak environment requires an effective strategy from the political system to manage

[29] World Health Organization, *WHO Report on The Global Tobacco Epidemic: Addressing New and Emerging Product* (Geneva: World Health Organization, 2021), 109.

[30] Cheryl Cashin, Susan Sparkes, and Danielle Bloom, 62.

funds and ensure efficiency in its application. This is done with the cigarette tax to align the issue of providing health services through social security.[31]

Second - Creative Funding. The charity culture in Indonesia is relatively high, based on religion, humanity, or something else. In this context, religious charity (*infaq* and *sedekah*) can be channeled by amil zakat bodies, which are used to pay arrears of contributions for less affluent non-recipient participants (PBPU). The charity covers low-income people economically who are in the middle class (living barely enough for their daily needs and burdened with paying JKN contributions independently) or for social security funds obtained from donations. This step was taken as one of the ways to cover the government's shortfall in providing funds and PBI data collection and assisting BPJS Kesehatan funding.

In the juridical study, a religious charity has a legal basis where the Amil Zakat Institution (LAZ) is regulated in Law Number 23 of 2011 on the Management of Zakat. This law explains in Article 28 paragraph (1) that apart from receiving zakat, the National Zakat Agency or LAZ can also receive charity and other religious social funds. Paragraph (2) The distribution and utilization of charity and social-religious funds are carried out in accordance with the allotments made by the giver. Charity can be one of the efforts to provide welfare and realize social and economic justice. It is in accordance with the philosophy of the Indonesian nation, namely *gotong royong*, which is also used as a principle of social security. The charity that is used can be distributed through assistance from the rich who can help the poor or healthy people helping sick people. In this way, there is a balance of body and soul between citizens.

The management of charity funds is possible to be used more broadly for the welfare of the community at large. It can be applied through economic development with health insurance programs and education and has implications for poverty alleviation.[32] The community has high trust in LAZ to channel their intentions and desires to help others, including people who distribute through other organizations or religions, as stated by Sifa Nursalimah *et al*.[33] Even this legal opportunity that the government can use for socialization through LAZ or other humanitarian organizations can be directed to the public health sector, especially JKN.

Cooperation is carried out through education, as stated by Jeremy Betham. Public education aims to direct citizens' love for useful goals, emphasizing generosity

---

[31] William D Savedoff and World Health Organization, "Tax-Based Financing for Health Systems: Options and Experiences," accessed on July 15, 2024. http://www.who.int/health_financing/taxed_based_financing_dp_04_4.pdf.

[32] Almahmudi, N. M. T. "Implikasi Instrumen Non-Zakat (Infaq, Sedekah, dan Wakaf) terhadap Perekonomian Dalam Perkembangan Hukum Ekonomi Syariah," *Al-Huquq: Journal of Indonesian Islamic Economic Law* 2, no. 1 (2020): 40, https://doi.org/10.19105/alhuquq.v2i1.3002.

[33] Sifa Nursalimah, Senjiati, I.H., and Anshori, A.R., "Analisis Prioritas Faktor-Faktor yang Mempengaruhi Minat Muzakki dalam Berzakat, Infaq dan Sedekah di Masa Pandemik Covid-19," *Journal of Islamic Economic Research* 1, no. 1 (2021): 50, https://doi.org/10.29313/jres.v1i1.184.

and involving everyone in how the public interest involves their interests.[34] Social responsibility exists in the state and can be carried out by individuals or other groups to achieve a common goal.

Third - Corporate Social Responsibility (CSR). Corporate social responsibility is one of the obligations regulated in legislation. The company is committed to responsiveness to the surrounding environment so that the quality of people's lives has increased. This can be considered an essential process in managing costs incurred and profits from business activities from internal stakeholders (workers, shareholders, and investors) and externally (public organizational arrangements, community members, civil society groups, and other companies).

The Regulation of the Minister of State-Owned Enterprises of the Republic of Indonesia Number Per-02/MBU/04/2020 on the SOE Partnership Program and Community Development Program, Article 9 paragraph (3) regulates that environmental development program funds are distributed in the form of health improvement assistance. Community development program funds are channeled to improve the quality of life and the environment, which benefits the local community and society in general.

In line with this, funding sources for handling people with low incomes are obtained from funds aside from corporate companies and grants from within and outside the state. Article 41, paragraph (3) reads, "Entrepreneurs participate in providing community development funds as a manifestation of their social responsibility towards handling the poor". Juridically, CSR has the potential to be utilized as a health funding opportunity through the JKN program. Companies have social and environmental responsibilities both inside and outside their territory. Social and environmental responsibility helps the government realize a sustainable economy to improve the quality of life and the environment that benefits the community and society and to establish harmonious and balanced corporate relationships according to the community's needs. Companies channeling their CSR do not have to be in the form of physical assistance or directly to the community. Social responsibility can be in the form of membership assistance contributions to surrounding communities that are considered poor/low-income regardless of the social level in their area.

The company's relationship with the community is significant, one of which is for the sustainability of its business. Social welfare is an institution or field of welfare that involves organized activities. CSR programs are implemented to realize society's welfare fairly and equitably. The government and private institutions aim to prevent,

[34] Jeremy Bentham, *The Theory of Legislation* (Bombay: N.M Tripathi Private Limited,1979), 173.

overcome, or contribute to solving social problems and improving the quality of life of individuals.[35]

Other funding sources can help the government with health services and social health insurance. The results of research conducted by Nita Rudra show that developing countries still limit their ability to spend on social security.[36] That's to say, the companies have an essential role in cooperating to implement the JKN program. Przeworski also conveyed that the state's internal structure does not cause the unequal protection of rights but by the social and economic conditions it faces.[37] No state institution can enforce the law universally. Therefore, state reform may be necessary to overcome political inequality in the face of economic and social inequality. If PRUK can help thirty-two trillion rupiahs annually by calculating the cigarette excise tax for JKN funds, the JKN deficit of Rp12.33 trillion in 2018 can be overcome. The policy of allocating CSR funds for JKN can also be an alternative for the government with the assumption that CSR income of IDR 32 billion per year/province is taken at 10% with PBI calculations so that 76 thousand people can be covered as JKN participants or help participants who are in arrears. If a similar system is applied to creative funding, assistance with membership or participant arrears will be resolved or allocated to health insurance funds.

The implementation of social welfare is a directed, integrated, and sustainable effort carried out by the central and regional governments and the community in the form of social services to meet every citizen's basic needs, including social security and social protection. Seeing the provisions of the regulations above, the JKN program can partner with the company to administer JKN. Companies can allocate social and environmental responsibility to cover or provide health insurance assistance through CSR funds to residents around or outside their area to meet basic needs, especially in the health sector through social security. This will also help provide individual or family protection through social security provided by CSR.[38]

CSR can be a creative solution to increase the number of participants in the JKN program. Companies can enhance public access to healthcare services through CSR by establishing healthcare facilities in underserved and remote areas. CSR can also lead to strategic partnerships between companies, the government, and healthcare

---

35 Budiman, "Penerapan Corporate Social Responsibility Perusahaan Ditinjau Dari Teori Kesejahteraan Sosial dan Undang-Undang No. 40 Tahun 2007 tentang Perseroan Terbatas," *Jurnal Hukum Mimbar Justitia* 5, no. 1 (2019): 80, http://dx.doi.org/10.35194/jhmj.v5i1.1104.

36 Nita Rudra and Haggard S., "Globalization, Democracy, and Effective Welfare Spending in the Developing World," *Comparative Political Studies* 38, no. 9 (2005): 1030, https://doi.org/10.1177/0010414005279258.

37 Adam Przeworski, "The State and the Citizen," (International Seminar on Society and the Reform of the State, Sao Paulo, Brazil, 1998).

38 James Corbett and Manel Kappagoda, "Doing Good and Doing Well: Corporate Social Responsibility in Post Obamacare America," *Journal of Law, Medicine, and Ethics* 41, no. 1 (2013): 19, https://doi.org/10.1111/jlme.12032.

institutions to optimize the use of funds for JKN coverage. This ensures that the public can benefit from JKN and see improvements in the quality and quantity of healthcare resources.

Cigarette taxes for JKN, which have been implemented, need to be recalculated and changed to optimize health financing in Indonesia by optimizing revenue from the tobacco industry. If this breakthrough is made, it will help both BPJS Kesehatan and the state regarding financial issues. Supported by the emergence of the theory of socialism, the state functions as order and security and organizes social activities to fulfill common welfare. According to Harris in Edi Suharto, as a welfare state, citizens have a collective obligation to participate in struggling for the welfare of others through the state.

Quoting Carina Schmitt, each state implements social security laws differently. They can be done through having previously had social security, colonial legacies, following examples from neighboring countries, industrial demands, financial capabilities, and developing countries to realize social security.[39] Looking into Carina's opinion, Indonesia is a developing country that has a way of implementing social security with a passion for the welfare of its people. In its journey, as explained above, this support still requires another approach, even though the pledge as a welfare state does not mean that the state bears everything but cooperation according to ability. Edi Suharto states that one model of the welfare state is the form of work merit welfare states.[40]

Not all administrations of the welfare state rely on the state for the welfare of the people. Therefore, following the welfare state model in implementing social security, Indonesia is still included in the work merit welfare states model category, namely cooperation in implementing social security. Cooperation can be achieved through social investment with companies or the community. The nature of social welfare is pluralistic regarding human factors, justice, needs, and productive humans, so there is no same idea about welfare, so it requires cooperation between government and society.[41] It becomes the basis of social protection, which affects the state's welfare.

Cooperation in caring between people can create justice because justice balances personal interests and shared interests. Justice can also create stability in

---

[39] Carina Schmitt, Lierse H, Obinger H, and Seelkopf, L, "The Global Emergence of Social Protection: Explaining Social Security Legislation 1820–2013," *Politics & Society* 43, no. 4 (2015): 520, https://doi.org/10.1177/0032329215602892.

[40] Edi Suharto, "Peta dan Dinamika Welfare State di Beberapa Negara: Pelajaran apa yang bisa dipetik untuk membangun Indonesia?" *Seminar on Reviewing the Relevance of the Welfare State* 21 (2006): 8.

[41] Bambang Poernomo, *Hukum Kesehatan Pertumbuhan Hukum Eksepsional di Bidang Pelayanan Kesehatan* (Yogyakarta: Aditya Media, 1991), 301.

people's lives, which can be implemented through national health insurance.[42] It is not easy to negotiate additional funding because the nature of politics is often thick, not the technical issues of financing, so funding politics needs to be reviewed.[43] According to Harton and Leslie, as cited by Suharto, social problems refer to the conditions many people are dissatisfied with and demand solutions through collective social action.[44] Precise regulations exist regarding the deficit and the decline in membership, but effective follow-up requires these regulations to be implemented as part of institutional social policy. Social services refer to actions taken to address social needs and provided to assist individuals or groups facing difficulties, and non-governmental organizations carry out these activities.

D. Conclusion

The sustainability of the National Health Insurance program requires serious consideration from both social and legal perspectives. The imbalance between revenue from participant contributions and the operational costs of healthcare services causes a significant deficit risk. The pandemic has increased the number of inactive JKN participants, particularly among private-sector workers and contribution assistance recipients, leading to unpaid contributions.

To address these challenges, this study proposes several alternative financing methods. One suggestion is to increase the tobacco excise tax as an additional revenue source. While tobacco excise taxes are already in place, raising them can generate significant additional revenue to fund JKN. This measure reduces the government's financial burden of financing public health services and incentivizes the public to reduce harmful tobacco consumption.

Indonesian laws, such as the Law Number 24 of 2011 on BPJS, provide a legal framework for managing and utilizing social security assets and funds for operational needs, including investments and benefit payments to participants. In addition to the government's efforts, the private sector can contribute to the JKN through Corporate Social Responsibility initiatives. The CSR can be allocated to building better and more affordable healthcare facilities in remote or underdeveloped areas, improving the accessibility and quality of healthcare facilities. This demonstrates the legal opportunities the government can leverage as creative solutions for the JKN program.

---

42 Diah Arimbi, *Konsep Dasar Hukum Penyelenggaraan Jaminan Kesehatan Nasional di Indonesia (*Purwokerto: Wawasan Ilmu, 2022), 41.

43 Dina Wisnu, *Politik Sistem Jaminan Sosial Menciptakan Rasa Aman dalam Ekonomi Pasar* (Jakarta: Gramedia Pustaka Utama, 2012), 74.

44 Edi Suharto, *Kebijakan Sosial* (Bandung: Alfabeta, 2011), 7.

References

Books

Ahsan, Abdillah. *Inovasi Pendanaan Defisit Program Jaminan Kesehatan Nasional – Kartu Indonesia Sehat (JKN-KIS) Melalui Pungutan (Tambahan) Atas Rokok Untuk Kesehatan (PRUK)*. Jakarta: PT Nagakusuma Media Kusuma, 2018.

Arimbi, Diah. *Konsep Dasar Hukum Penyelenggaraan Jaminan Kesehatan Nasional di Indonesia.* Purwokerto: Wawasan Ilmu, 2022.

Bentham, Jeremy. *The Theory of Legislation.* Bombay: N.M Tripathi Private Limited, 1979.

Deacon, Alan. *Perspective on Welfare*. London: McGraw-Hill Education (UK), 2002.

Mustaqiem. *Perpajakan Dalam Konteks Teori dan Hukum Pajak di Indonesia*. Yogyakarta: Buku Litera, 2014.

PAN American Health Organization and WHO. *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage*. Washington D.C.: USA, 2017.

Poernomo, Bambang. *Hukum Kesehatan Pertumbuhan Hukum Eksepsional di Bidang Pelayanan Kesehatan*. Yogyakarta: Aditya Media, 1991.

Riawan, W. and Tjandra. *Hukum Administrasi Negara*. Yogyakarta: Atma Jaya Yogyakarta, 2008.

Rys, Vladimir. *Reinventing Social Security Worldwide: Back to Essentials*. Bristol: The Police Press, 2010.

Suharto, Edi. *Kebijakan Sosial*. Bandung: Alfabeta, 2011.

Sulastomo. *Sistem Jaminan Kesehatan Nasional Mewujudkan Amanat Konstitusi.* Jakarta: Kompas Media Nusantara, 2011.

Thabrany, Hasbullah, Laura Mayanda, and Nugroho Suharno. *Pendanaan Kesehatan dan Alternatif Mobilisasi Dana Kesehatan di Indonesia*. Jakarta: Raja Grafindo Persada, 2005.

Wisnu Dina. *Politik Sistem Jaminan Sosial Menciptakan Rasa Aman Dalam Ekonomi Pasar*. Jakarta: Gramedia Pustaka Utama, 2012.

Yustina, E. W. and Yohanes Budisarwo, S. H. *Hukum Jaminan Kesehatan: Sebuah Telaah Konsep Negara Kesejahteraan dalam Pelaksanaan Jaminan Kesehatan*. Semarang: SCU Knowledge Media, 2020.

Other Documents

Ahsan, Abdillah. "Inovasi Pendanaan Defisit Program JKN-KIS melalui Pungutan (Tambahan) atas Rokok untuk Kesehatan (PRUK)." Accessed on May 5, 2023. https://bpjskesehatan.go.id/bpjs/dmdocuments/272cf953af57449bffc30087a1bd144d.pdf.

Almahmudi, N. M. T. "Implikasi Instrumen Non-Zakat (Infaq, Sedekah, dan Wakaf) terhadap Perekonomian dalam Perkembangan Hukum Ekonomi Syariah." *Al-Huquq: Journal of Indonesian Islamic Economic Law* 2, no. 1 (2020): 30-47. https://doi.org/10.19105/alhuquq.v2i1.3002.

Ardinata, Mikho. "Tanggung Jawab Negara terhadap Jaminan Kesehatan dalam Perspektif Hak Asasi Manusia." *Jurnal HAM* 11, no. 2 (2020): 319-332. http://dx.doi.org/10.30641/ham.2020.11.319-332.

Arimbi, Diah. "State Responsibility and Justice in Fulfillment of National Health Insurance in Indonesia (In the 2nd International Conference of Law, Government and Social Justice (ICOLGAS)." *Atlantis Press* 499 (2020): 574-582. 10.2991/assehr.k.201209.339.

Badan Pusat Statistik. "Persentase Penduduk Miskin September 2021 Turun Menjadi 9,71%." Accessed on January 17, 2022. https://www.bps.go.id/pressrelease/2022/01/17/1929/persentase-penduduk-miskin-september-2021-turun-menjadi-9-71-persen.html.

Budiman, B. "Penerapan Corporate Social Responsibility Perusahaan Ditinjau dari Teori Kesejahteraan Sosial dan Undang-Undang No. 40 Tahun 2007 tentang Perseroan Terbatas." *Jurnal Hukum Mimbar Justitia* 5, no. 1 (2019): 73-90. https://doi.org/10.35194/jhmj.v5i1.1104.

Cashin, Cheryl, Susan Sparkes, and Danielle Bloom. "Earmarking for Health: From Theory to Practice." Accessed on July 15, 2024. https://iris.who.int/bitstream/handle/10665/255004/9789241512206eng.pdf?sequence=1&isAllowed=y.

Corbett, James and Manel Kappagoda. "Doing Good and Doing Well: Corporate Social Responsibility in Post Obamacare America." *Journal of Law, Medicine, and Ethics* 41, no. 1 (2013): 17-21. https://doi.org/10.1111/jlme.12032.

Dye, C., Reeder, J. C., and Terry, R. F. "Research for Universal Health Coverage." *Science Translational Medicine* 5, no. 199 (2013): 113-119. https://doi.org/10.1126/scitranslmed.3006971.

Eka, Asih Putri. "Paparan Statistik JKN 2015-2019." (Class Note. Dewan Jaminan Sosial Nasional, Jakarta, 18 October 2021).

Evans, D. B., Marten, R., and Etienne, C. "Universal Health Coverage is a Development Issue." *The Lancet* 380, no. 9845 (2012): 864-865. https://doi.org/10.1016/S0140-6736(12)61483-4.

Farida, A. "Teori Hukum Pancasila sebagai Sintesa Konvergensi Teori-Teori Hukum di Indonesia." *Perspektif* 21, no. 1 (2016): 60-69. https://doi.org/10.30742/perspektif.v21i1.176.

Gufron, Ali Mukti. "Is Towards Universal Access to Quality of Care." (Seminar on Direction of JKN Implementation Policy-October 14, 2021).

Hasenfeld, Yehenskel, Rafferty, Jane A, and Zald, Mayer N. "The Welfare State, Citizenship, and Bureaucratic Encounters." *Annual Review of Sociology* 13, no. 1 (1987): 387-415. https://doi.org/10.1146/annurev.so.13.080187.002131.

Nursalimah, Sifa, Senjiati, I.H., and Anshori, A.R. "Analisis Prioritas Faktor-Faktor yang Mempengaruhi Minat Muzakki dalam Berzakat, Infaq dan Sedekah di Masa Pandemik Covid-19" *Journal of Islamic Economic Research* 1, no. 1 (2021): 47-58. https://doi.org/10.29313/jres.v1i1.184.

Pakpahan, R.H. and Sihombing E.N. "Tanggung Jawab Negara dalam Pelaksanaan Jaminan Sosial." *Jurnal Legislasi Indonesia* 9, no. 2 (2018): 163-174.

Przeworski, Adam. "The State and the Citizen*."* (International Seminar on Society and the Reform of the State*,* Sao Paulo, Brazil, 1998).

Reich, Michael R. (et.al.) "Moving Towards Universal Health Coverage: Lessons From 11 Country Studies." *The Lancet* 387, no. 10020 (2016): 811-816. https://doi.org/10.1016/S0140-6736(15)60002-2.

Rudra, Nita and Stephan Haggard. "Globalization, Democracy, and Effective Welfare Spending in the Developing World." *Comparative Political Studies* 38, no. 9 (2005): 1015–1049. https://doi.org/10.1177/0010414005279258.

Savedoff, William D, and World Health Organization, "Tax-Based Financing for Health Systems: Options and Experiences." Accessed on July 15, 2024. http://www.who.int/health_financing/taxed_based_financing_dp_04_4.pdf.

Schmitt, Carina (et.al.) "The Global Emergence of Social Protection: Explaining Social Security Legislation 1820–2013." *Politics & Society* 43, no. 4 (2015): 503–524. https://doi.org/10.1177/0032329215602892.

Suharto, Edi. "Peta dan Dinamika Welfare State di Beberapa Negara: Pelajaran Apa yang Bisa Dipetik Untuk Membangun Indonesia?" (Seminar on Reviewing the Relevance of the Welfare State- 2006).

World Health Organization. "WHO Report on The Global Tobacco Epidemic: Addressing New and Emerging Product*."* Accessed on July 15, 2024. https://iris.who.int/bitstream/handle/10665/343287/9789240032095eng.pdf?sequence=1.

_____. "More Countries Using Health Tax and Laws to Protect Health, Mid-Term Result Report Program Budget 2022-2023." Accessed on July 15, 2024. https://www.who.int/about/accountability/results/who-results-report-2022-mtr/more-countries-using-health-taxes-and-laws-to-protecthealth.

_____. "Health Tax." Accessed on July 15, 2024. https://www.who.int/health-topics/health-taxes#tab=tab_1.

Yusriando. "Konstruksi Sistem Jaminan Sosial Nasional Bidang Kesehatan." *Jurnal Bestuur* 7, no. 2, (2019): 122-130*.* https://doi.org/10.20961/bestuur.v7i2.41538.

Legal Documents

The Government Regulation Number 53 of 2015 on the Social Security for Manpower [*Peraturan Pemerintah Nomor 53 Tahun 2015 tentang Jaminan Sosial Tenaga Kerja*].

The Government Regulation Number 53 of 2018 on the Social Security Asset Management [*Peraturan Pemerintah Nomor 53 Tahun 2018 tentang Pengelolaan Aset Jaminan Sosial*].

The Government Regulation Number 76 of 2015 on the Recipients of Health Insurance Premium Assistance [*Peraturan Pemerintah Nomor 76 Tahun 2015 tentang Penerima Bantuan Iuran Jaminan Kesehatan*].

The Law Number 23 of 2011 on the Zakat Management [*Undang-Undang Nomor 23 Tahun 2011 tentang Pengelolaan Zakat*].

The Law Number 24 of 2011 on the Social Security Administrative Body [*Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial*].

The Law Number 40 of 2004 on the National Social Security System [*Undang-Undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional*].

The Law Number 40 of 2007 on the Limited Liability Company [*Undang-Undang Nomor 40 Tahun 2007 tentang Perseroan Terbatas*].

The 1945 Constitution of the Republic of Indonesia [*Undang-Undang Dasar 1945*].

The President Regulation Number 82 of 2018 on the National Health Insurance [*Peraturan Presiden Nomor 82 Tahun 2018 tentang Jaminan Kesehatan Nasional*].

The Regulation of the Minister of Finance on the Procedures for Cigarette Tax Deduction as a Contribution to Support National Health Insurance Program [*Peraturan Menteri Keuangan Nomor 128 Tahun 2018 tentang Tata Cara Pemotongan Pajak Rokok Sebagai Kontribusi Dukungan Program Jaminan Kesehatan*].

The Regulation of the Minister of Social Affairs Number 21 of 2019 on the Requirements and Procedures for Changing Data of Recipients of Health Social Security Premium Assistance [*Peraturan Menteri Sosial Nomor 21 Tahun 2019 tentang Persyaratan dan Tata Cara Perubahan Data Penerima Bantuan Iuran Jaminan Kesehatan Sosial Kesehatan*].

The Regulation of the Minister of State-Owned Enterprise on the Partnership Programs and State-Owned Enterprises Environmental Development Programs [*Peraturan Menteri Badan Usaha Milik Negara RI Nomor Per-02/MBU/04/2020 tentang Program Kemitraan dan Program Bina Lingkungan BUMN*].