

Discourse on The Fulfillment of Human Rights in The Health Field Under BPJS Health Benefits Coordination Policy

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ABSTRAK

Skema Koordinasi Manfaat (Coordination of Benefits/COB) merupakan mekanisme yang memungkinkan seseorang memiliki lebih dari satu jaminan sosial, terutama bagi peserta yang telah memiliki jaminan kesehatan sebelum keikutsertaan dalam BPJS Kesehatan diwajibkan. Secara ideal, COB seharusnya menjadi solusi untuk memperkuat pemenuhan hak asasi manusia di bidang kesehatan dalam kerangka negara kesejahteraan. Penelitian ini bertujuan untuk mengkaji apakah implementasi skema COB saat ini mampu memperkuat jaminan pemenuhan hak kesehatan warga negara, serta merumuskan bagaimana model COB yang ideal untuk mewujudkan hal tersebut. Metode yang digunakan adalah metode penelitian hukum normatif dengan pendekatan perundang-undangan dan konsep negara kesejahteraan. Hasil penelitian menunjukkan bahwa implementasi COB saat ini belum mampu memberikan penguatan yang optimal terhadap pemenuhan hak atas kesehatan. Hal ini disebabkan oleh kebijakan yang mewajibkan penggunaan layanan BPJS Kesehatan sebagai prioritas utama, tanpa memberi keleluasaan kepada peserta untuk memilih jaminan sosial lain yang mungkin lebih sesuai. Ke depan, skema COB perlu diperbaiki dengan memberikan ruang pilihan bagi peserta dan memperkuat posisi hak atas kesehatan sebagai hak asasi manusia sebagaimana diatur dalam UUD NRI Tahun 1945, yang juga menetapkan kewajiban negara dalam menyediakan layanan dan fasilitas kesehatan secara adil dan merata.

Kata Kunci: Hak Asasi di Bidang Kesehatan, Skema Koordinasi Manfaat, Negara Kesejahteraan.

ABSTRACT

The Coordination of Benefits (COB) scheme is a mechanism that allows individuals to have more than one social security coverage, particularly for those who already had health insurance before the mandatory participation in BPJS Health. Ideally, COB should serve as a solution to enhance the fulfillment of human rights in the health sector within the framework of a welfare state. This study aims to examine whether the current implementation of the COB scheme strengthens the guarantee of citizens' rights to health, and to formulate an ideal model of COB that better supports this objective. This research employs a normative legal method with a statutory and welfare state conceptual approach. The findings indicate that the current COB implementation has not yet provided optimal reinforcement of the right to health. This is primarily due to policies that require BPJS Health services to be used as a priority, leaving no room for participants to choose alternative social security options that may be more appropriate. Going forward, the COB scheme must be revised to allow more flexibility and to emphasize the right to health as a fundamental human right as enshrined in the 1945 Constitution of the Republic of Indonesia, which also mandates the state's responsibility to provide accessible and equitable health services and facilities.

Keywords: Human Rights in the Health Sector, Benefit Coordination Schemes, Welfare State.

INTRODUCTION

Access to healthcare is a fundamental human right and a cornerstone of a nation's commitment to the welfare of its citizens. In Indonesia, the implementation of the Jaminan Kesehatan Nasional (JKN) program through BPJS Kesehatan has significantly advanced the goal of universal health coverage (UHC). As of September 2024, approximately 98.67% of Indonesia's population, equating to over 277 million individuals, are registered as JKN participants.

Despite this impressive coverage, challenges persist in ensuring equitable access to healthcare services. A notable issue is the significant number of inactive participants—approximately 56.8 million as of October 2024. This inactivity often results from financial constraints, leading to lapses in premium payments and, consequently, reduced access to

necessary medical services. Moreover, disparities in healthcare access remain prevalent across different regions and socioeconomic groups. While urban areas may have relatively better access to healthcare facilities, rural and remote regions often face shortages in medical infrastructure and personnel. These inequities exacerbate the challenges in achieving true universal health coverage.

The legal framework supporting JKN emphasizes the state's obligation to provide accessible and equitable healthcare services to all citizens. However, the current system's limitations highlight the need for continuous reforms and innovations to address existing gaps and ensure that the right to health is fully realized for every Indonesian citizen.

The Preamble to the 1945 Constitution of the Republic of Indonesia (UD NRI 1945) has outlined the goals or ideals of the establishment of the Indonesian state, namely protect the entire Indonesian nation and all bloodshed in Indonesia, and advance the general welfare, make life more intelligent nation, and participate in implementing world order. These goals and ideals reflect that Indonesia is a country that adheres to the ideology of a welfare state. The concept of a welfare state assumes that the state is run to improve the welfare of all its people, which in practice is characterized by the inclusion of the state in the economic activities of its people (Paputungan, 2017).

State involvement in economic activities is carried out as a form of direct state involvement in order to ensure the realization of people's welfare. This involvement is carried out in many aspects of community life, one of which is in the health sector. Concerning this, it is understood that health as an element of general welfare must be realized through various health efforts in a series of comprehensive and integrated health developments supported by the national health system (Yustina, 2015).

In the 1945 Constitution of the Republic of Indonesia, this aspect of health is formulated as a right of every person and at the same time as an obligation of the state. Health as a right is stated in 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which stipulates "Every person has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to obtain health services". In such a formulation, the constitution places this right in the form of services in the health sector. On the other hand, health is an obligation of the state, as outlined in Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia "The State is responsible for providing adequate health service facilities and public service facilities".

The two constitutional norms above are formulations of rights and obligations in the health sector that are paired with each other. In the context of rights in the health sector, 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia specifically formulates this right as the right to obtain health services. The importance of health as a human right and as a necessary pre-condition for the fulfillment of other rights has been recognized internationally. The right to health includes the right to a healthy life and work, the right to obtain health services and special attention to the health of mothers and children. Article 25 of the Universal Declaration of Human Rights (UDHR) states:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including the right to food, clothing, shelter, and health services, necessary social services, as well as the right to security when unemployed, sick, disabled, abandoned by spouse, old age, or other circumstances that result in a decline in the standard of living that occur beyond his control."

Health as a state obligation is formulated as an obligation to provide adequate health facilities and services. However, it doesn't stop there, if placed in the concept of a welfare state, the rights of citizens and the state's obligations in the field of Health have a wider scope than just the availability of health facilities and services. In this case, whether citizens have the ability to access health facilities and services. Therefore, the 1945 Constitution of the Republic of Indonesia also formulates the rights of citizens and the obligations of other countries related to rights in the health sector. This is stated in Article 28H paragraph (3) of the 1945 Constitution of the Republic of Indonesia "Every person has the right to social security which enables his/her full development as a dignified human being" and Article 34 paragraph (2) of the 1945 Constitution of the Republic of Indonesia "The State develops a social security system for all people and empowering weak and underprivileged communities under human dignity." Based on the provisions of Article 28H and Article 34 above, the government enacted Law Number 40 of 2004 concerning the National Social Security System (UU SJSN/ *Undang-Undang Sistem Jaminan Sosial Nasional*)).

The SJSN Law serves as an operational legal basis for the government to provide comprehensive social security and develop an integrated social security system. This law mandates that social security programs are mandatory for the entire population, including the Health Insurance program, which is administered by a social security agency. Through this program, every resident is expected to be able to fulfill their basic needs for a decent life in

case of loss or reduction of income due to illness, accident, job loss, old age, or retirement (Suhartoyo, 2018).

The social security mentioned above is administered by an agency called the Social Security Administering Body (BPJS/ *Badan Penyelenggara Jaminan Sosial Kesehatan*), which is regulated by Law Number 24 of 2011 concerning Social Security Administering Bodies (UU BPJS). According to Article 1 point (1) of the BPJS Law, "Social Security Administering Agency, hereinafter abbreviated to BPJS, is a legal entity established to administer social security programs". BPJS is a legal entity established by law to administer social security programs, which are divided into BPJS Health and BPJS Employment. BPJS is a transformation of the social security administering body, which is currently underway, and it is possible to form a new administering body by the dynamics of social security development, as stated in Law Number 40 of 2004 concerning the National Social Security System (Putri, 2014).

Based on Article 14 of the BPJS Law, participation in the social security system is mandatory: "Every person, including foreigners who have worked for at least 6 (six) months in Indonesia, is obliged to become a Social Security program participant." This has consequences for everyone, including foreigners who have worked for at least 6 months in Indonesia, who are required to become participants in the social security program organized by BPJS.

However, specifically for BPJS in the Health sector, there are unavoidable problems. As is known, before BPJS Health existed and BPJS membership was mandatory, many participants already had company health insurance (Jamsostek or commercial insurance). The mandatory (*Jaminan Kesehatan Nasional*) JKN program created a dilemma for private insurance owners who were used to enjoying a better package of benefits and services. To address this issue, the Coordination of Benefits policy was introduced in Presidential Regulation Number 12 of 2013 concerning Health Insurance in Article 27 and also BPJS Health Regulation Number 4 of 2016 concerning Technical Instructions for Implementing Benefit Coordination in the Health Insurance Program. This policy provides a way out for people who already had health insurance before JKN was implemented (Dewi & Hidayat, 2017).

The (Coordination of Benefit) COB policy serves to coordinate insurance compensation and benefits between two or more insurers who insure the same person. Its aim is to prevent excessive payments of the costs that must be paid. Through the COB mechanism, JKN participants can enjoy several benefits, such as the ability to move up to a higher treatment

class, receiving benefits that are not covered by JKN, getting exclusive follow-up care, and seeking treatment at private hospitals that have not collaborated with BPJS Health (Ilyas, 2006).

However, in practice, the implementation of the COB scheme as a bridge for everyone who has two (2) social guarantees in the health sector, actually has a tendency to experience losses due to reduced benefits obtained after being registered as a BPJS Health participant. With mandatory membership, this creates conditions where workers in a company or business entity have two social security systems at once. In other words, the obligation to become a BPJS participant cannot be rejected, but the fulfillment of social security rights that are usually received with better benefits cannot be reduced or even eliminated.

Although the Coordination of Benefits (COB) scheme is intended to integrate multiple health insurance coverages to improve access and equity in the Indonesian healthcare system, its actual implementation raises concerns regarding the fulfillment of citizens' health rights. Previous studies have explored several related issues, but none have directly focused on how the COB scheme affects individuals who already had private or other social security coverage prior to mandatory BPJS Health enrollment. For instance, research based on the 2018 Indonesian Basic Health Survey highlights significant disparities in healthcare utilization between urban and rural populations, where urban residents are statistically more likely to use outpatient hospital services.

This demonstrates uneven access that the COB scheme should ideally address. Other studies emphasize the strong influence of socioeconomic status on healthcare access, with wealthier households enjoying better healthcare availability, particularly in urban regions, while lower-income and rural populations remain underserved. Moreover, although BPJS Kesehatan boasts a coverage rate of nearly 98.67% of the population, approximately 56.8 million participants were classified as inactive as of October 2024, largely due to unpaid premiums or lack of awareness. These figures suggest that formal enrollment does not equate to effective or continuous coverage. Furthermore, the distribution of health benefits remains skewed, favoring urban and economically stronger regions, which contradicts the equity goals of national health insurance schemes.

Despite these insights, none of the existing studies have specifically examined the extent to which the COB policy either supports or undermines the right to choose and access the best available healthcare services for individuals with prior health insurance. This represents a critical research gap, particularly in evaluating whether the COB model aligns with the principles of a welfare state as outlined in the 1945 Constitution of the Republic of Indonesia.

Therefore, this study is necessary to fill that gap and to provide recommendations for a more just and rights-based COB policy framework.

In reality, the implementation of a coordination of benefits scheme is not yet the complete answer, because what happens is that citizens who have paid their obligations in the form of premiums lose their right to choose and also lose out on getting the best health service coverage from the available options. This is certainly not in line with the welfare state paradigm which in the 1945 Constitution of the Republic of Indonesia is formulated as rights and obligations in the field of health and health services, including the ability to access the best health services. This is the problem that will be analyzed and resolved in this research, namely whether the policy of coordination of benefits for citizens who previously had social security and were required to become BPJS Health participants, has implications for better fulfillment of rights in the field of Health, or on the contrary, it actually reduces or even hinders the fulfillment of the right to better health.

RESEARCH METHODS

In carrying out the analysis, this research uses a type of normative legal research or what can also be called doctrinal legal research. In this research, law is often conceptualized as what is written in statutory regulations or law which is conceptualized as rules or norms that are a benchmark for people's behavior towards what is considered appropriate (Efendi & Ibrahim, 2018). The approach used is a statutory approach, namely an approach using legislation and regulations, (Marzuki, 2017) as well as a conceptual approach, because it is related to the benefits coordination scheme as a concept regulated in Indonesian law.

RESULTS & DISCUSSION

1. BPJS Health as a Form of Fulfillment of Human Rights in the Health Sector by the State

The right to health has a broader scope, it does not only concern the rights of individuals but includes all factors that contribute to an individual's healthy life, such as environmental issues, nutrition, housing and so on. Meanwhile, the right to health and the right to medical services, which are patient rights, are more specific parts of the right to health. It has become a consensus in the Indonesian constitution that the right to health is a fundamental human right. The basic philosophy of guaranteeing the right to health as a human right is the *raison d'être* of human dignity (El-Muhtaj, Arinanto, & Kasim, 2008).

To ensure that the right to health can be fulfilled, the 1945 Constitution of the Republic of Indonesia, Article 34 paragraph (3) stipulates that: "The state is responsible for providing adequate health service facilities and public service facilities." Furthermore, Article 28H paragraph (3) mandates that: "Every person has the right to social security which enables his/her full development as a human being with dignity". The provisions of Article 28H paragraph (3) are related to Article 34 paragraph (2) which reads: "The state develops a social security system for all people and empowers the weak and incapable under human dignity." The constitution has mandated that the provision of health facilities is the responsibility of the state, and the state is also responsible for ensuring that the public can access these health service facilities.

The existence of provisions regarding social welfare in the 1945 Constitution of the Republic of Indonesia, is an embodiment of the concept of a welfare state (welfare state), the state actively participates in the welfare of its people (welfare state), (Bachsan, Negara, & Alumni, 1982) or known as *verzorgingsstaat*, or what is called *sociale rechtsstaat* (social legal state), where the state is required to realize welfare and social justice for all its people (Pakpahan & Sihombing, 2018).

The passing of Law Number 40 of 2004 concerning the National Social Security System (SJSN) is strong evidence that the government and related stakeholders have a great commitment to realizing social welfare for all its people. Through SJSN, as a form of social protection, it essentially aims to guarantee that all people can fulfill their basic needs for a decent life. Types of social security programs include: a) health insurance; b). accident insurance; c). pension plan; d). pension guarantee; and e). life insurance (Isriawaty, 2015).

Article 4 of Law Number 11 of 2009 concerning Social Welfare confirms that: "The state is responsible for the implementation of social welfare". The provisions of Article 9 paragraph (1) letter state that: Social Security is intended to: "guarantee the poor, abandoned orphans, neglected elderly, people with physical disabilities, mental disabilities, physical and mental disabilities, former chronic disease sufferers who experience problems socio-economic inability to have basic needs met." Article 10 paragraph (1) reads: "Social welfare insurance is provided to protect citizens who are unable to pay premiums so that they are able to maintain and maintain their level of social welfare."

System social Security has existed in Indonesia for a long time. Organized by some institution social security, namely PT. Social Security, PT. Taspen, PT. Asabri, Bapel JPKM, and various schemes of micro social security, but coverage is still relatively low and limited to sector worker's normal bodies. This enforcement is partially operated and each based on law

or regulation separate, overlapping, contradictory, and not quite tight. Participants are not protected in any way maximum as we know that the services they receive are still limited. Maintenance institutions are still considered not yet transparent and professionalism of implementation still needs to be improved .

Apart from the reality above, the important thing to note is that the social security institutions above can only be accessed by certain groups of people, namely those who work in government institutions or those who work in companies. Meanwhile, society in general does not have access due to economic limitations. This is what encourages the government to look at its need to make laws and regulations applicable in level national and perfecting the regulations and legislation that arranges well substance or institutional and mechanism for administering social security. Constitutions are arranged based on the concept of national social security as legitimate and integrated, so it can be guidelines for the maintenance of social security. Based on these, on October 19, 2004, The government passed law Number 40 Year 2004 concerning National Social Security (UU SJSN). Reform of the social security system in Indonesia began with the promulgation of Law Number 40 2004 October 19th, 2004 concerning the Social Security System National.

Law Number 40 of 2004 concerning SJSN, has mandated in Article 5 paragraph (1) jo. Article 52 to accelerate the formation of the Social Security Administering Body by law. On November 25 2011 Law Number 24 of 2011 concerning Social Security Administering Bodies (UU BPJS) was promulgated. With the promulgation of Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS). The Social Security Administering Bodies, originally numbering 4 (four) Social Security Administering Bodies, will then be transformed into 2 (two) Administering Bodies and be formed into public legal entities, namely: (a) BPJS Health; and (b) BPJS Employment.

The health insurance developed by the Government is health insurance based on the SJSN Law and the BPJS Law. The health insurance formulated by the SJSN Law is health insurance that is implemented nationally based on social insurance principles and equity principles. This is as formulated in Article 19: "Health insurance is provided to ensure that participants obtain the benefits of health care and protection in meeting basic health needs." Basic health needs are the need for health services that enable someone who is sick to recover so that he can function normally according to his age. In administering health insurance, three important elements need to be taken into account, namely: (a) how funds are collected; (b) how

risks are shared; and (c) how the funds collected are used as efficiently and effectively as possible (Normand, Weber, & Organization, 1994).

2. Benefit Coordination Policy in the National Social Security System

In the JKN (National Health Insurance) era, commercial insurance companies that already existed, synergized in implementing JKN success by becoming partners and coordinating benefits or Coordination of Benefits. This synergy is proven by the signing of a joint agreement between PT ASKES (Persero) and AAJI (Indonesian Life Insurance Association) and AAUI (Indonesian General Insurance Association) No.260/SPK/1113 jo. No. 774/AAJI/2013 jo. No. 02/Moll/AAUI-ASKES/2013 concerning Benefit Coordination in the Implementation of Social Security in the Health Sector on November 14, 2013.

Benefit coordination or Coordination of Benefits is a process in which two or more insurers (payers) who cover the same person for the same health insurance benefits, limit the total benefit to a certain amount that does not exceed the amount of health services paid for. Coordination of Benefits participants are BPJS Health participants who have other health insurance programs in collaboration with BPJS Health (Satu, t.t.).

In the world of insurance, Coordination of Benefits applies when there is cooperation between two insurance companies to cover the same customer so that the customer gets maximum benefits from the insurance program he chooses. However, this does not mean that COB is a customer's attempt to make a profit with double claims, it is not like that at all. Currently, Coordination of Benefits in Indonesia through BPJS Health can be the main claim payer, while commercial insurance is secondary or supporting (Fasri, t.t.).

COB BPJS is expected to be a solution to problems in the field for insurance customers who have two insurance products, namely BPJS Health and private insurance. For customers who have two insurance programs, medical claims will be borne by BPJS Health, but if they exceed the specified ceiling, the costs will be borne by other private insurance that they participate in. Only one private insurance is allowed, even though currently there are so many private insurances that have collaborated with BPJS Health. With the COB scheme, public awareness of taking insurance will increase, thereby expanding the insurance market share because people are increasingly aware that BPJS Health may not be sufficient for their needs, so those who have more funds can take additional private insurance. This COB scheme will make them more comfortable in participating in a double insurance program like that.

In practice, if there is a claim from a participant, BPJS will pay the claim up to the amount covered by BPJS and private insurance will cover the remainder according to the

amount covered. To get BPJS guarantees and private insurance as well as the public, it is best to buy insurance that already has COB with BPJS. In this way, BPJS patients will be able to easily get additional facilities as long as they are available, such as changing classes at the hospital and getting medical equipment services. Apart from that, BPJS patients can be directly referred to private hospitals that have not collaborated with BPJS (Fasri, t.t.).

3. Benefit Coordination Policy (COB) in Fulfilling Human Rights In the field Health

Departing from the description in the previous sub-chapter, it is understood that the existence of a policy in the form of a coordination of benefits scheme, which is often abbreviated as COB, is a bridge and at the same time a solution to the obligation for everyone, including foreign nationals, to work for a minimum of 6 (six) months in Indonesia, to become a BPJS participant, is based on Article 14 of the BPJS Law. This obligation is faced with the fact that many workers in Indonesia have worked and had insurance provided by the company where they work, before the existence of BPJS. Therefore, as a policy, the COB scheme actually has noble aims and objectives.

So the existence of the COB scheme must function to strengthen guarantees and fulfillment of human rights in the health sector and not vice versa. The right to health has a broader scope, it does not only concern the rights of individuals, but includes all factors that contribute to an individual's healthy life, such as environmental issues, nutrition, housing and so on. Meanwhile, the right to health and the right to medical services, which are patient rights, are more specific parts of the right to health. Even in the 1945 Constitution of the Republic of Indonesia, as a consequence of the acceptance of the welfare state, the right to health has a broad scope, because it includes being able and capable of accessing health facilities and services.

In such a context, the COB scheme must encourage and open maximum access for everyone to be able and capable of accessing the best health services and facilities they can obtain. Every person who accesses health services and facilities using the COB scheme has actually paid an insurance premium which is generally more expensive than the BPJS Health contribution itself. So compared to BPJS Health, the health facilities and services that can be accessed using health insurance other than BPJS are of course better and of higher quality than those offered by BPJS Health. So, the COB scheme should be designed to guarantee access to the best health facilities and services.

In practice, the implementation of the benefit coordination scheme (COB) requires that the priority use of social security is BPJS. This means that when people want to access health services and facilities using the COB scheme, people do not have the right to choose to use private insurance that they have had for a long time or use BPJS Health. Instead, people must use BPJS Health from the start. BPJS Health will then direct and choose which hospital to go to.

However, it is not uncommon for recommended hospitals not to cooperate with private insurance used by the community, so that people completely lose access to private insurance whose premiums have been paid for years. In this case, people's access to health facilities and services is hindered in two ways: First, they are prevented from choosing which social security services to use, whether choosing private insurance or BPJS Health; Second, their right to choose health facilities and services is hindered, because this is the authority of BPJS Health to determine. Even though people should have carried out their obligations, namely by paying premiums, they should also have the right to be able to decide which insurance they will use. But in fact, in the Coordination of Benefits scheme, BPJS is actually prioritized. Because every hospital does not necessarily accept the private insurance they previously had. Therefore, people feel that their constitutional rights have been violated because they have lost their right to vote.

By losing the right to vote, citizens will also lose access to guaranteed services. From the perspective of fulfilling citizens' basic rights to health, the government is bound by the responsibility to ensure adequate access for every citizen to adequate and optimal health services. In an effort to respect, protect, and fulfill the state's obligations by implementing human rights norms on the right to health, it must fulfill the principles of: a) Availability of health services; b) Accessibility; c) Acceptance; and d) Quality. In fact, there are still citizens who have lost their right to get the best health service guarantee, that is, they have not received optimal health service, for example, not all hospitals will accept the insurance they have. In fact, the state should overcome this problem by establishing collaboration with all hospitals. So that citizens who have health insurance will not have difficulty finding a hospital that will accept them.

Justice in law is equality of rights and obligations in law. Rights in law can be called authority. Everyone has the same rights, namely to obtain protection against the law and to obtain defense in law. Every human being has rights that must be fulfilled. Meanwhile, everyone must obey and submit to the laws in force in Indonesia, carry out existing regulations, and not violate these rules. People's rights and obligations must be fulfilled and must be

balanced so that justice can be created. Justice functions as maintaining and protecting every human right and obligation, creating social order and order, and social welfare. In the 5th principle of Pancasila, it states "Social justice for all Indonesian people." In this Pancasila principle, justice is very important in the life of the Indonesian nation. In living in society, people must be able to feel justice in their lives because justice is the right of every citizen. A person's justice must be guaranteed by the state. In this period, justice began to be implemented in law, politics, economics, and the life of the nation and state (Sudiro & Bram, 2013).

If placed in the context of justice, the COB scheme should pay attention to aspects of justice, especially those related to justice in accessing health facilities and services. In this case, the COB scheme must give each person the freedom to choose which social security to use, whether private insurance or using BPJS Health. This is a manifestation of fulfilling citizens' rights in the field of health and at the same time fulfilling aspects of justice for everyone.

Thus, efforts to fulfill citizens' right to health through collaboration between these institutions must be carried out in order to maximize the potential of each institution so that it can play an active role in providing optimal performance in the life of the nation. The role of each regional institution is actually as a tool that helps to successfully implement policies that have been determined by higher institutions. The participation of other institutions in helping fulfill citizens' right to health will certainly provide greater benefits and more effective performance.

CONCLUSION

Based on the description above, this research draws the following conclusions: First, the implementation of the Coordination of Benefits scheme to date has not strengthened guarantees for the fulfillment of citizens' human rights in the health sector. This is because the existing COB scheme is not yet capable of encouraging and opening maximum access for everyone to be able and capable of accessing the best health services and facilities they can obtain. On the other hand, the COB scheme requires BPJS Health to be prioritized, without giving space for social security owners to choose to use BPJS or private insurance which has been used since before becoming a BPJS participant; Second, the implementation of the COB scheme in the future must be linear with the formulation of rights in the health sector formulated in the 1945 Constitution of the Republic of Indonesia based on the understanding of the welfare state. In this frame of mind, the COB scheme must be able to encourage not only the availability of health services and facilities but also guarantee the ability to access the best health facilities

and services, which can be accessed by more than one social security holder. Social security holders must be given the opportunity and even the freedom to choose the health services and facilities to be used, as long as this is possible based on the social security they have. This is a consequence of the construction of health as a human right on the one hand, and the state's obligation to fulfill it on the other hand.

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