


Integrated Legal Supervision Model for Hospitals as Public Service Institutions in the Era of Health Decentralization

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Abstract

This study aims to analyze the integrated legal supervision model of hospitals as public service institutions in the era of health decentralization. The approach used is normative legal research by examining various laws and regulations and the results of relevant previous research. The results of the study show that effective legal supervision requires synergy between the central government, local governments, accreditation institutions, and the community. Hospital accreditation plays a role as a legal instrument in ensuring the quality of service, while legal protection for patients of the Social Security Administration Agency (BPJS) is an integral part of the supervision of public services. Supervision that is not only administrative, but also substantive and educational, is necessary to prevent violations and ensure the hospital's legal responsibility. The proposed integrated surveillance model is expected to strengthen legal certainty, improve service quality, and realize social justice in the national health system.

Keywords: Legal Supervision; Hospitals; Decentralization of Health.


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INTRODUCTION

Indonesia's health system is one of the largest public service systems in the world, with more than 267 million participants of the Health Social Security Administration Agency (BPJS) recorded in 2024. This number shows that almost all Indonesian people are highly dependent on health services provided by the government and the private sector. Hospitals in this case are a very important component, because of the total 2,925 hospitals operating nationally, most of them are the main referrals for the community in getting medical services. This condition makes the hospital a strategic institution that not only provides health services, but is also expected to meet regulatory standards, professional ethics, and public accountability.¹

The framework of the national health system, decentralization gives a big role to 514 local governments to manage health facilities in their respective regions. This decentralization aims to bring services closer to the community and ensure equitable access to health. However, in practice, the quality and availability of hospital services vary between regions. Fiscal capacity, human resources, hospital management, and varying legal compliance lead to service inequality. Therefore, legal supervision is a crucial aspect so that the goal of

¹ Dewinta Widianingtyas, "Perlindungan Hukum Terhadap Pasien Pengguna BPJS Kesehatan Di Rumah Sakit," *Mahkamah: Jurnal Riset Ilmu Hukum* 1, no. 3 (2024): 58-72, <https://doi.org/10.62383/mahkamah.v1i3.29>.

decentralization is maintained and does not cause inequality in access and service quality.² Health BPJS in the context of social security-based services, is present as a national program designed to provide health protection to all citizens. However, the implementation of BPJS services does not always run smoothly. Research by Dewinta Widianingtyas (2024) found that there were cases of rejection of BPJS patients by hospitals for administrative reasons. This case shows that even though the BPJS system has guaranteed the right of participants to get services, there are still regulatory loopholes that allow for denial of services. The national survey also noted that 12% of BPJS participants had experienced barriers to access, so the case was not a single phenomenon, but an illustration of weak legal protection for BPJS patients.³

Problems related to BPJS services are becoming clearer when looking at data at the hospital level. For example, research by Sembiring & Sidi (2024) reported that Sembiring Deli Tua General Hospital served 8,318 BPJS patients in just one month. This figure shows the large operational burden of hospitals in handling BPJS participants. Although hospitals are trying to follow referral standards and legal rules, they still face obstacles such as drug shortages, service delays, and administrative obstacles. This condition shows that even though hospitals carry out their institutional obligations, managerial factors and inadequate regulatory support are often the cause of service imperfections.⁴ In addition to operational issues, there is also a gap between regulations and practices in the field. Putri & Khalid's (2025) research on 125 respondents participating in BPJS showed that 38% of them admitted that they still had difficulties in understanding BPJS service procedures and rights. This data indicates that the success of the implementation of BPJS services does not only depend on health facilities, but also on legal literacy and information received by participants. The inconsistency of implementation in various regions confirms the need for a strong legal mechanism, not only in the aspect of sanctions, but also in the aspect of education and regulatory supervision.⁵ On the other hand, the quality of hospital services is also greatly influenced by the accreditation process. According to Didin Syaefuddin (2024), there are 863 hospitals that are known to have not been fully accredited in 2023. This non-accreditation indicates a weakness in the implementation of health service quality standards. Unfortunately, the absence of strict sanctions for hospitals that are not accredited weakens the effectiveness of accreditation as a legal instrument. Accreditation is then only seen as an administrative requirement to cooperate with BPJS, not as a commitment to improve service quality.⁶

These empirical data show that problems in hospital services are not only rooted in operational aspects, but also in regulatory and governance aspects. The disparity in the capacity of local governments in managing health facilities exacerbates the disparity in services between regions. The legal supervision applied must consider substantive standards such as patient safety, professional ethics, and the protection of the rights of BPJS

² Khalid. Putri, G. T. L., "Perlindungan Hukum Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Dalam Pelayanan Kesehatan," *Legal Standing: Jurnal Ilmu Hukum*, 9(4), (2025): 976-88, <https://doi.org/https://doi.org/10.24269/ls.v9i4.12187>.

³ Dewinta Widianingtyas, "Perlindungan Hukum Terhadap Pasien Pengguna BPJS Kesehatan Di Rumah Sakit."

⁴ Alprindo Sembiring and Redyanto Sidi, "Efektifitas Dan Perlindungan Hukum Dalam Pelayanan Kesehatan di Rumah Sakit Umum Terhadap Peserta Bpjs Kesehatan Studi Rumah Sakit Umum Sembiring Deli Tua," *Jurnal Ners* 8, no. 1 (2024): 418-25, <http://journal.universitaspahlawan.ac.id/index.php/ners/article/view/17937%0Ahttp://journal.universitaspahlawan.ac.id/index.php/ners/article/download/17937/17443>.

⁵ Putri, G. T. L., "Perlindungan Hukum Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Dalam Pelayanan Kesehatan."

⁶ Didin Syaefuddin, "Kepastian Hukum Sertifikasi Akreditasi Rumah Sakit Sebagai Instrumen Hukum Dalam Pelayanan Kesehatan Masyarakat," *Jurnal JKFT: Universitas Muhammadiyah Tangerang* 9, no. 1 (2024): 1-10.

participants, not just formal administrative assessments. A strong legal oversight model is needed to ensure that hospitals continue to operate to standards despite being under the authority of local governments.

Seeing this complexity, institutional integration is an important step to improve the hospital supervision system. Collaboration between the Ministry of Health, local governments, BPJS Kesehatan, the Hospital Accreditation Commission (KARS), and civil society is needed to create integrated supervision. Coordinated supervision, the implementation of regulations can run more consistently, ensure legal certainty for patients, and ensure equitable service quality throughout Indonesia. Thus, decentralization can be directed to improve national health governance and strengthen access to equitable medical services for all people.⁷ The problems studied in this study include three main aspects, namely the form and effectiveness of legal supervision of hospitals in the health decentralization system that transfers some of the authority to manage services to local governments; how hospital accreditation functions as an instrument of legal certainty and quality of service supervision, including the extent to which the accreditation is able to ensure that safety standards, clinical services, and hospital governance are applied consistently; and how the form of legal protection for BPJS patients is provided within the framework of hospital services, especially in preventing patient rejection, administrative obstacles, and service incompatibility with the rights of BPJS participants in accordance with applicable regulations.

The purpose of this study is to analyze the legal supervision mechanism for hospitals in the era of health decentralization, evaluate the role of accreditation in providing legal certainty and maintaining service quality, and examine the effectiveness of legal protection for BPJS patients in obtaining fair, safe, and non-discriminatory services in all health facilities. In addition, this study aims to provide a comprehensive overview of the relationship between decentralization, accreditation, and patient protection as a single hospital surveillance system. The benefits of this research include increasing understanding for stakeholders such as the Ministry of Health, local governments, hospitals, BPJS Kesehatan, and accreditation institutions regarding the importance of integrated legal supervision to prevent service irregularities and strengthen legal certainty in the implementation of health services. Academically, this research is expected to enrich the health law literature and provide a basis for the formulation of hospital supervision policies that are more effective, adaptive to decentralization, and oriented towards protecting patients' rights and improving the quality of national health services.

METHODS OF THE RESEARCH

The research method used in this article is normative legal research, which focuses on the study of various legal sources relevant to the topic of legal supervision of hospitals as public service institutions in the era of health decentralization. This research uses two approaches, namely the statute approach and the conceptual approach with legal materials in the form of primary, secondary, and tertiary materials collected by data collection techniques through literature studies of academic literature and the results of previous research that discuss legal, institutional, and patient rights protection aspects in the context of health services.

⁷ Syaefuddin.

RESULTS AND DISCUSSION

A. Legal Supervision of Hospitals in the Health Decentralized System

Hospitals in a decentralized system not only function as public service institutions, but also as service delivery units that are directly responsible to local governments. The broad regional authority in the health sector makes legal supervision of hospitals increasingly complex. Decentralization allows local governments to set policies and regulations in accordance with the needs of the local community, but on the other hand it can cause inequality in the quality of services between regions. The role of law is very important to maintain uniformity of service standards and public accountability. Effective legal supervision can ensure that every hospital, both at the central and regional levels, operates in accordance with the provisions of Law Number 17 of 2023 concerning Health. This law affirms the importance of accreditation, patient safety, and the legal responsibility of hospital institutions to the community as service recipients.⁸

In addition, health decentralization requires the active role of local governments in ensuring the integration of a supervisory system oriented towards transparency and accountability. The central government acts as the main regulator that sets the Norms, Standards, Procedures, and Criteria (NSPK), while local governments are tasked with conducting operational supervision of hospitals in their areas. However, in practice, weak coordination between the central and regional governments often leads to overlapping authorities and ineffective legal oversight. For example, in the enforcement of sanctions against hospitals that have not met accreditation standards or committed administrative violations, there is often confusion about who has the authority to impose these sanctions. This condition shows that the legal supervision system for hospitals has not been fully integrated vertically between the central and regional governments. A synchronous legal system is needed to strengthen the capacity of regional supervision so that it is not only administrative, but also substantive to health service practices.⁹

Strengthening decentralization-based legal supervision, it is hoped that there will be synergy between the functions of coaching, supervision, and law enforcement. Local governments must be given the authority to enforce sanctions in accordance with the principle of *lex specialis* in the health sector, while independent institutions such as the Hospital Accreditation Commission (KARS) play a role in ensuring the quality of services according to national standards. Civil society involvement is also important in overseeing the transparency of hospital management, especially in the context of BPJS Kesehatan services financed by the state. Thus, an integrated legal oversight model that combines elements of law, institutional, and public participation can create a more equitable and accountable healthcare system in the era of decentralization.¹⁰

B. Accreditation and Legal Certainty as an Instrument for Hospital Quality Supervision

Hospital accreditation is the main instrument in monitoring the quality of health services which is expressly regulated in Law Number 17 of 2023 concerning Health and strengthened by Government Regulation Number 28 of 2024 concerning Health Administration, which requires each hospital to meet patient safety standards, risk management, clinical governance, and professional ethics as a form of legal protection for patients and medical

⁸ Syaefuddin.

⁹ Putri, G. T. L., "Perlindungan Hukum Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Dalam Pelayanan Kesehatan."

¹⁰ Dewinta Widianingtyas, "Perlindungan Hukum Terhadap Pasien Pengguna BPJS Kesehatan Di Rumah Sakit."

personnel. Accreditation not only functions as an administrative evaluation, but also as a guarantee of legal certainty that the services provided are in accordance with the quality standards set by the government. However, the reality on the ground shows that the implementation of accreditation is still uneven, especially in regional hospitals that face limited resources, financing, and infrastructure readiness, resulting in the existence of hospitals that have not been accredited but continue to operate and cooperate with BPJS Kesehatan without clear sanctions. This inconsistency in the enforcement of accreditation obligations shows that there are normative loopholes and weak supervisory mechanisms, so that legal certainty related to accreditation has not been fully implemented. Therefore, it is necessary to strengthen derivative regulations, a more effective supervisory system, and consistency in the application of sanctions so that accreditation truly becomes a quality control instrument that is able to ensure legal protection and increase the accountability of health services in all hospitals in Indonesia.¹¹

The main weakness in the implementation of accreditation is the absence of a strict sanction mechanism for hospitals that fail to meet standards. The government has so far only limited sanctions to the termination of cooperation with BPJS, while administrative and criminal sanctions have not been explicitly regulated. As a result, many hospitals consider accreditation to be merely a formality to extend cooperation with health insurance companies, rather than a substantial legal obligation. On the other hand, independent accreditation bodies also face limited capacity to conduct comprehensive supervision of all hospitals in Indonesia. Therefore, legal supervision needs to be directed at the establishment of a coordination mechanism between accreditation institutions, local governments, and law enforcement officials so that accreditation standards really have binding power, by strengthening the legal basis of accreditation, it is hoped that each hospital can be accountable for the quality of services provided to the community.¹²

Legal certainty in accreditation not only provides protection to patients, but also to medical personnel and hospital managers. Accreditation that is carried out professionally is able to encourage a culture of quality and patient safety as a top priority in service. Accreditation is not only an external control tool, but also an internal mechanism for building legal awareness in the hospital environment. In the future, there is a need for a national policy that makes accreditation part of an integrated health legal system, including the drafting of implementing regulations that regulate administrative sanctions, compensation for patients, and periodic hospital legal audit mechanisms. This step will strengthen the role of accreditation as an effective legal instrument in maintaining public service standards in the health sector.¹³

C. Legal Protection for Patients of Social Security Agencies as Part of Hospital Supervision

Legal protection for patients participating in the Social Security Administration Agency (BPJS) is a crucial part of the hospital supervision mechanism in the national health service system, as affirmed in Law Number 17 of 2023 concerning Health which requires every health facility to provide safe, quality, non-discriminatory services, and ensure the

¹¹ Syaefuddin, "Kepastian Hukum Sertifikasi Akreditasi Rumah Sakit Sebagai Instrumen Hukum Dalam Pelayanan Kesehatan Masyarakat."

¹² M. Lumintang, R. J., Kaligis, R. Y. J., & Sepang, "Tinjauan Hukum Terhadap Penyalahgunaan Kartu Kuning Atau Tanda Pengenal Pasien Rumah Sakit Jiwa.," *Lex Privatum*, 14(2), no. 17 (2024): 1-13.

¹³ Dewinta Widianingtyas, "Perlindungan Hukum Terhadap Pasien Pengguna BPJS Kesehatan Di Rumah Sakit."

fulfillment of patients' rights as national health insurance participants. Normatively, hospitals are prohibited from rejecting patients in emergency conditions as well as patients participating in BPJS who need medical services, but empirical facts show that there are still many rejections for administrative reasons, limited treatment space, or technical problems that essentially reflect the weak implementation of legal protection principles in the field. BPJS Kesehatan's responsibilities as a public body also include ensuring that partner hospitals carry out service standards in accordance with contracts and regulations, but weak enforcement mechanisms, unstrict sanctions, and lack of coordination between BPJS and hospitals often cause legal provisions to not run effectively. This condition shows that legal supervision of BPJS patient services still needs to be strengthened through more concrete sanctions arrangements, increased transparency, and supervisory collaboration between the central government, local governments, BPJS Kesehatan, and accreditation institutions so that patients' rights are truly protected and health services can be provided in a fair, quality, and sustainable manner.¹⁴

The results of the study show that legal protection for BPJS patients includes two forms, namely preventive and repressive. Preventive protection is carried out through counseling, education, and dissemination of information about the rights and obligations of participants, while repressive protection is provided through dispute resolution mechanisms, both through mediation and litigation. However, the effectiveness of these two forms of protection still depends on the consistency of supervision carried out by BPJS and the Ministry of Health. Local governments, in the context of decentralization, also have a strategic role in ensuring that hospitals in their areas do not discriminate against BPJS patients. Legal supervision must be directed to ensure the fulfillment of the community's constitutional right to equal and quality health services. In addition, strengthening the public reporting mechanism for violations of BPJS services can be a form of public participation in continuous legal supervision.¹⁵

Legal protection for BPJS patients is not only interpreted as a reactive effort against violations, but also as a form of social accountability of hospitals as public institutions. Hospitals that reject patients without medical reasons must be given strict sanctions for violating human rights as stipulated in Article 28H of the 1945 Constitution. Therefore, integrated legal supervision must combine the functions of regulation, education, and law enforcement simultaneously, with the existence of an integrated legal supervision system, any violation of patients' rights can be identified and acted upon quickly, so that public trust in hospitals and BPJS Kesehatan increases. This supervision model can also be used as a national reference in building transparent and fair public service governance in the health sector.¹⁶

CONCLUSION

Legal supervision of hospitals in the era of decentralization requires synergy between the central government, regions, accreditation institutions, and the community to overcome the complexity of authority that causes inequality in the quality of services between regions. Vertical coordination is often weak, resulting in overlap and ineffectiveness of sanctions, so

¹⁴ Dewinta Widianingtyas.

¹⁵ Sembiring and Sidi, "Efektifitas Dan Perlindungan Hukum Dalam Pelayanan Kesehatan Di Rumah Sakit Umum Terhadap Peserta Bpjs Kesehatan Studi Rumah Sakit Umum Sembiring Deli Tua."

¹⁶ Putri, G. T. L., "Perlindungan Hukum Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Dalam Pelayanan Kesehatan."

it is necessary to strengthen a synchronous system that includes administrative, substantive oversight, and public participation. This integrated model ensures that hospitals comply with Law Number 17 of 2023 concerning Health to maintain accountability and uniformity of standards. Hospital accreditation serves as a guarantee of legal certainty based on Law Number 17 of 2023 and Government Regulation Number 28 of 2024, ensuring patient safety standards, clinical governance, and professional ethics, even though its implementation has not been evenly distributed in regional hospitals due to limited resources. The main weakness is the lack of strict sanctions such as administrative or criminal, so accreditation is often considered a formality for BPJS cooperation, not a commitment to quality. Strengthening derivative regulations, coordination of institutions such as KARS, and periodic audits are needed for accreditation to effectively build an internal quality culture. The legal protection of BPJS patients includes preventive mechanisms through participant rights education and repressive through dispute resolution, but it is still weak due to the denial of administrative services and the lack of strict sanctions against hospitals. Law Number 17 of 2023 requires non-discriminatory services, but the coordination of BPJS, the government, and the regions needs to be improved to prevent violations of constitutional rights under Article 28H of the 1945 Constitution. Integrated surveillance with public reporting will increase transparency, social accountability, and trust in the national health system.

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