



Analysis of Mandatory Health Financing Mechanisms After the Abolition of Mandatory Health in Law No. 17 of 2023

Akit Afit Datul Kusna, Bachtiar Dwi Kurniawan, Achmad Nurmandi, Helen Dian Fridayani

Universitas Muhammadiyah Yogyakarta, Bantul, Yogyakarta 55183, Indonesia

ARTICLE INFORMATION	A B S T R A C T
<p>Received: July 23, 2024 Revised: September 25, 2024 Available online: October 31, 2024</p>	<p>The process of formulating policy is a complex matter. During the preparation and ratification of the policy, there will be pros and cons. Included the pros and cons of the loss of the mandatory health budget in Law No. 17 concerning health in 2023. The government's reason for eliminating the mandatory health budget is there is still corruption, and the budget allocation used needs to be more effective and efficient. This study aims to analyze the government's mechanism for financing the health sector, which is considered more efficient after the mandatory health budget is removed. This research uses a qualitative method with official news media as the data source. The data collected came from five official mass media news sources totaling 50 news articles. Data analysis with NVivo 12 plus aims to visualize data from news media. The analysis techniques in this research are data reduction, data presentation, and conclusion drawing. The results of this study indicate that the policy of eliminating the mandatory health budget is replaced with a "money follow program" so that the health budget becomes efficient. Budget spending is based on the health program development plan contained in the Health Sector Master Plan. The limitations of this study are that it only uses secondary data derived from mass media online news totaling 50 and only uses NVivo 12 plus tools, so it is hoped future research can use primary data to comprehensively discuss the quality of health in Indonesia after the mandatory health budget is removed.</p>
KEYWORDS	
<p>Performance-based budgeting; Health sector; Policy efficiency;</p>	
CORRESPONDENCE	
<p>Name: Akit Afit Datul Kusna Email: akit.afil.isip21@mail.umy.ac.id</p>	

INTRODUCTION

Mandatory spending is the amount of budget allocation that has been regulated in the law so that the state must pay or allocate the state budget for specific fields or programs. Mandatory spending can be defined as state and regional expenditures that are assigned an amount that has been stipulated explicitly in the Legislation (Ardiansyah, 2024). The mandatory budget allocated for health consists of several areas, namely primary care transformation, referral service transformation, health security system transformation, health financing transformation, health human resources transformation, health technology transformation, and routine activities and management (Kemkes, 2022). The health sector receives explicitly a mandatory budget

allocation that has been stipulated in the law through mandatory spending on health.

However, in Health Law No. 17 of 2023, mandatory spending in the health sector is eliminated or removed. According to Health Minister Budi Gunadi Sadikin, the reason mandatory spending in the health sector was removed was because it only sometimes had a practical impact on the health of the Indonesian people. Countries that have mandatory spending include the United States and Cuba. However, according to the observation of Minister of Health Budi Gunadi Sadikin, the average life expectancy of citizens of these two countries is relatively low when compared to countries that do not have mandatory health spending, such as South Korea, Japan, and Singapore (CNN, 2023).

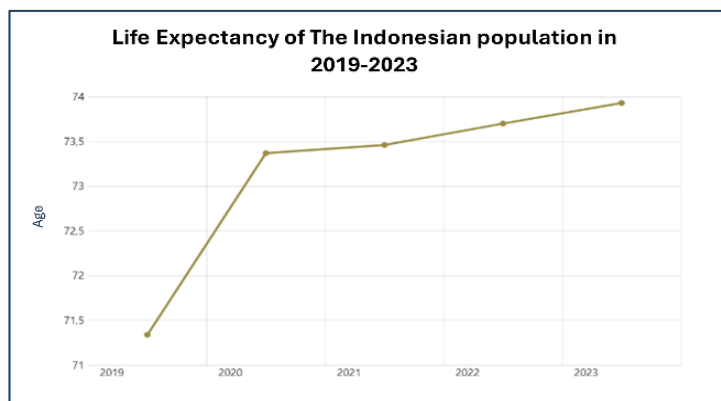


Figure 1. Life expectancy of the Indonesian population

Source: databoks.katadata.co.id

Based on Figure 1. the life expectancy of the Indonesian population from 2019 to 2023 continues to increase. This means

that mandatory health affects efforts to improve the life expectancy of the Indonesian population. This causes the

abolition of mandatory health to reap controversy in the community. The reason people reject the abolition of mandatory health is that the health conditions of the Indonesian people still need to be prosperous, especially in the 3T (Disadvantaged, Frontier, and Outermost) areas. In addition, health problems are increasingly complex, such as stunting, infectious infections, and others. Diah Saminarsih, CEO of the Central for Indonesia's Strategic Development Initiatives (CISDI), said that health facilities in several regions with small Regional Budgets still rely on a budget allocation of 5% so that if the mandatory health budget is removed, people in the 3T areas are most affected (BBC, 2023).

According to William N. Dunn, the policy evaluation function plays an essential role in providing information about the objectives of a policy and the extent to which the policy can achieve the targets or goals that have been set. There are several policy evaluation criteria proposed by William N. Dunn, one of which is efficiency. Efficiency relates to the amount of effort expended to achieve effectiveness (Dunn, 2003). The pros and cons in making a decision are common when all people gather. Of course, they will not have the same thoughts. David W. Johnson, in the book (Badeni, 2013) Stated that group decision-making in an organization is better than decision-making taken individually, which consists of different thoughts. Group decision-making requires a long process to fit the wishes of a group (Rizky, 2020). There will be actors who agree and disagree in group decision-making so that the decision made comes from the majority vote.

The policy of removing health mandatory in Health Law No. 17 of 2023 aims to make the budget more efficient. Through the new policy, it is crucial to analyze the health budget mechanism after the health mandatory is removed. It can be done through a policy evaluation relating to how the government manages the health budget allocation without the mandatory. Therefore, this research uses the Policy Evaluation Theory proposed by William N. Dunn to assess the efficiency of the mandatory health removal policy through its financing mechanism. The theory of policy evaluation emphasizes the importance of assessing the established policy on its effectiveness and efficiency.

Then, the Group Decision Making Theory proposed by David W. Johnson was used to analyze the decision-making process carried out by involving various actors before Health Law No. 17 of 2023 was passed. The decision-making process is one of the crucial things to consider in policymaking. This is because it relates to the dynamics that occur in the negotiation process between ministries, between communities, and between factions.

By using these two theories, this study can describe the health financing mechanism after the mandatory elimination. Through the financing mechanism established, the government can assess its efficiency using Policy Evaluation Theory. Then, it can explain the decision-making process carried out before enacting the Health Law using Group Decision Making Theory.

According to previous research conducted by Dhamara & Fauzi, (2023) explains that performance-based budgeting can improve the performance of government officials, be more effective, and facilitate monitoring and evaluation. Then research (Supyani & Umam, 2020) his research conducted at the Bandung City Health Office, which has implemented a performance-based budget in terms of monitoring carried out, has gone well even though there are still obstacles, such as the lack of information or data provided by health services, resulting in the budget process not being optimal.

Research conducted by Vidi Galenso Syarief, (2023) and explained that Health Law No. 17 of 2023 has regulated legal protection for health workers, the doctor's code of ethics, and the penalties that will be received if they violate the established rules. The research is also the same as the research conducted (Satria Indra Kesuma, 2023) Law No. 17 Year adds aspects that have yet to be regulated in previous laws with the aim of improving national health.

However, in contrast to the research conducted by (Putra, 2023) explained that there is one article that has generated controversy in Health Law No. 17 of 2023, article 60 paragraph (1), abortion becomes legalized on medical grounds, such as saving a mother in an emergency, pregnancy caused by rape, pregnant women with mental disorders, and fetuses with severe disabilities. However, Article 346(1) of the Criminal Code expressly prohibits abortion for any reason (Putra, 2023). In the research conducted Ulya & Indainanto, (2024) the hashtag against the health bill on social media formed a digital public opinion. This is due to the loss of mandatory provisions in the new health law and the need for more public transparency.

Based on the background explanation above, this study asks the question, if the mandatory health budget is removed, what does the government carry out the health financing mechanism? this study aims to find out the government mechanism in health financing that is considered "efficient" after the mandatory health budget is removed. This is because research related to this matter is still rare, considering that the abolition of mandatory health is one of the issues that has not recently occurred.

Previous research conducted Vidi Galenso Syarief, (2023) and Ulya & Indainanto, (2024) The majority discusses the lack of transparency in policy-making as well as controversial articles in the Health Law. The novelty of this research is that it provides an overview of the mechanism for using the budget for the health sector after the health mandatory is removed. There are two indicators in this research, namely policy evaluation and group decision-making process. According to Warman, Komariyah, & Kaltsum, (2023), Policy evaluation needs to be carried out to assess a policy that has been determined and as an effort to control the policy. This is the basis for this research because it is relevant to the topic raised, which is related to the elimination of mandatory health policies. Meanwhile, the decision-making process theory is used to determine how the mandatory health removal policy is implemented. This theory is crucial in determining a policy so that decisions are made after considering a number of alternatives (Mahanum, 2021). It is hoped that it can be a reference for future research to be developed, increase public awareness related to issues that are important to criticize and provide input to policymakers.

METHOD

This research uses descriptive qualitative research. The reason for choosing a descriptive qualitative method is because it can describe the health sector financing mechanism after the abolition of mandatory health in Law No. 17 of 2023 concerning health. Given that when it became a Draft Law, it was opposed by many parties until it was finally passed into law.

Using descriptive analysis serves to provide an overview of the object being studied. This method can collect and compile data by elaborating based on findings with existing theories and making conclusions from the data. The research method is a scientific way to obtain data that has specific purposes and benefits (Sugiyono, 2013). Meanwhile, descriptive qualitative

research methods are research that aims to describe the phenomena that occur (Rusandi & Muhammad Rusli, 2021). The data collection method in this study uses secondary data as the source.

Data sources were collected from official mass media reports in the period 2022 to 2023 that are relevant to the research topic under study, with details of data sources as follows:

Table 1. Data source

Online Mass Media	Intensity
Antaranews	10
CNN	12
Detik.com	10
Kompas	10
Liputan 6	8

Source: processed by researcher, 2024

There are limitations in conducting this research from 2022 to 2023. This research uses NVivo 12 plus to process data from mass media using the Ncapture future. The mass media sources referred to in this study are Antaranews, CNN, Detik.com, Kompas, and Liputan 6. The use of NVivo 12 plus aims for data analysis and visualization. The analysis techniques used in this research are data reduction, data presentation, and conclusion drawing (Miles, Huberman, & Saldana, 2014). The reduction classification consists of two parts based on indicators, namely policy evaluation and group decision-making. Data reduction is presented in a data presentation in the form of data visualization using NVivo 12 plus.

RESULTS AND DISCUSSION

Policy Evaluation

Policy evaluation is a process that aims to assess the level of effectiveness and efficiency. The results of the policy evaluation analysis related to the elimination of mandatory health can be seen in the figure below.

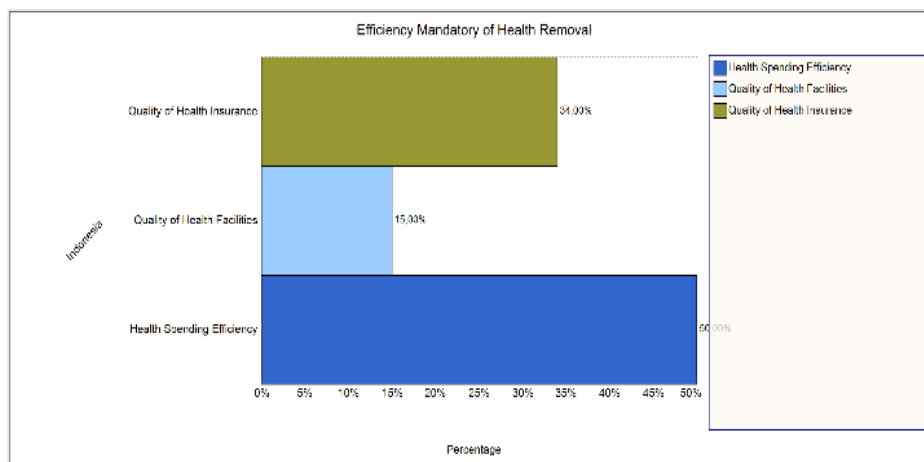


Figure 2. Crosstab analysis of policy evaluation

Source: processed by researchers using NVivo 12 plus

According to the results of the visualization analysis of Figure 2. using the NVivo 12 plus Crosstab feature, there are three aspects in evaluating mandatory health policies, including the quality of health insurance, the quality of health facilities, and the efficiency of health spending. In this regard, the efficiency of health spending has the highest percentage, which is 50%. Then, the indicator of the quality of health insurance is 34%. Meanwhile, the indicator of the quality of health facilities has a percentage of 15%.

This illustrates that one aspect that needs to be considered after the loss of mandatory in the Health Law is the efficiency of health budget spending. Law No. 36 of 2009 concerning Health in Article 171, paragraph (1) explains that the amount of budget allocated by the Government is at least 5% of the State Budget. Director General of Budget of the Ministry of Finance Isa Rachmatarwata said that the health budget can easily adjust to the needs of the community without reducing the amount stipulated in Law No. 36 of 2009 concerning health (Rachman, 2023). In this case, the budget spent on health has not been cut from the amount previously stipulated in Law NO. 36 of 2009 concerning health. Only the mechanism has been changed, namely performance-based budgeting.

Ministry of Health spokesperson Mohammad Syahril, said that performance-based budgeting mechanisms are considered more effective for accelerating health program priorities (Firdaus,

2023). Providing budget guidelines with a certain percentage will be useless without focusing on programs (Fika Nurul Ulya, 2023). It is likely that in 2025, when Law No. 17 of 2023 is implemented, the budget will be provided after there are health programs that will be implemented through the Health Sector Master Plan. For this reason, there is a difference between before the mandatory budget is removed and after the mandatory budget is removed. When mandatory budgets were still in place, the budget was released first. Subsequently, programs can follow the existing budget.

However, after the mandatory was removed, the budget followed the program, where the program to be implemented was compiled first, and then a new budget would be given. According to University of Indonesia Epidemiologist Pandu Riono, the problem of health lies in something other than the size of the budget, but how the budget can be in accordance with the needs that have been planned and are mandatory to implement (Fika Nurul Ulya, 2023). The proposed budget becomes more transparent and efficient through the Health Sector Master Plan (Rachman, 2023). Health Sector Master Plan is a budget plan in the health sector that is prepared in accordance with health needs and refers to the National Long-Term Development Plan and National Medium-Term Development Plan (Kebijakan, 2019).

However, Article 456 of Law No. 17 of 2023 on health reads, "The implementing regulations of this Law must be implemented

no later than 1 (one) year from the enactment of this Law". Thus, Law No. 17 of 2023 is expected to come into effect in 2025. Nonetheless, it has already generated pros and cons in the community.

The next indicator in health policy evaluation is the quality of health insurance. The loss of the mandatory health budget in the new Health Law is undoubtedly related to health insurance for the community. The abolished mandatory health has no impact on public health insurance. According to the Kemkes website sehatnegeriku.kemkes.go.id states that, the National Health Insurance and health services have no effect on the loss of mandatory health (Kemkes, 2023). Health insurance is one thing that the public and those who oppose the abolition of the mandatory health budget are concerned about.

The Head of the Communication and Public Service Bureau of the Ministry of Health, Siti Nadia Tarmizi, stated that the abolition of the health mandatory does not have an impact on (Fee Assistance Recipients) and the Social Security Organizing Agency called BPJS Health, so that people still get their rights to get health services (Nur Rohmi Aida, 2023). Thus, it does not affect the quality of health insurance for the community, such as BPJS Health and Fee Assistance Recipients. Health insurance will continue to exist and does not affect the elimination of the mandatory health budget because the health development plan is already contained in the Health Sector Master Plan, which is harmonized with the National Long-Term Development Plan and the National Medium-Term Development Plan.

In the General Elucidation section of Law No. 17 of 2023, Article 409, Paragraph (3) explicitly explains that the Central Government determines the Health Sector Master Plan in coordination with the Minister of Health and involves the

Ministry of Finance. Then, Law No. 17 of 2023 Concerning Health explains that the stipulation of the Health Sector Master Plan is carried out with the approval of the House of Representatives of the Republic of Indonesia.

Furthermore, on the quality parameter of health facilities. Ministry of Health spokesperson Mohammad Syahril, has said unequivocally that even if the health mandatory does not exist, it will not affect health services (Antaranews, 2023). Health services are also related to health care facilities so the removal of the mandatory health budget should not affect the quality of health facilities as stated by a spokesperson from the Ministry of Health.

Thus, if elaborated with the theory of William N. Dunn related to efficient criteria in assessing a policy, the policy of removing mandatory health has a positive impact on budget efficiency. It is because the money follows the program mechanism through Health Sector Master Plan, resulting in the amount of budget spent being appropriate for financing the program that has been prepared so that the program has been clearly arranged. The budget provided has also been adjusted to existing needs.

Group Decision Making

Decision-making includes a series of processes that can affect the results of the policy set. Decision-making is carried out in groups involving many parties to represent the public voice. Identifying a policy is not easy because there will be parties who agree and disagree. The results of the Decision-Making analysis related to the elimination of mandatory health can be seen in the figure below.

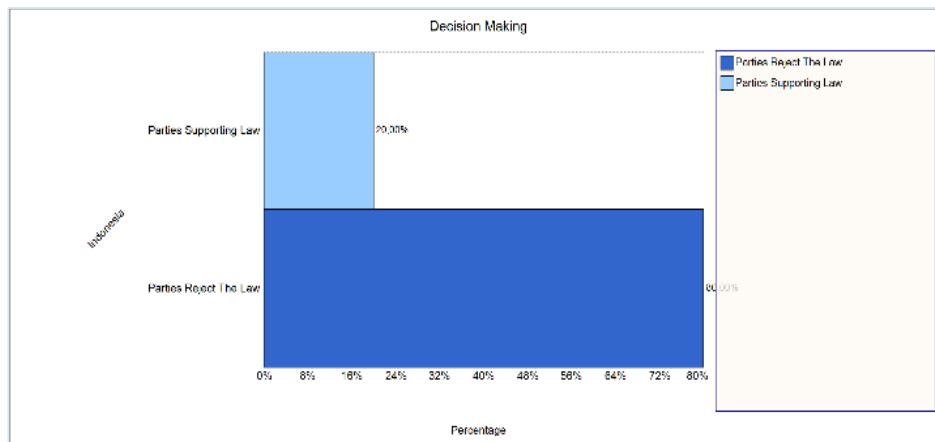


Figure 3. Group decision-making analysis
Source: processed by researchers using NVivo 12 plus

Based on the visualization of Figure 3. using the NVivo 12 plus Crosstab feature, there are two parameters in group decision-making, namely those who reject the law and those who support the ratification of the law. In this case, those who reject the law have the highest percentage, which is 80%. Meanwhile, those who supported the law amounted to 20%.

That illustrates that in every ratification of a policy, there will undoubtedly be pro and contra parties. The actors involved each have an interest. However, the most important interest is how the policy is made for the welfare of the community. Dede Yusuf, a member of the House of Representatives of the Republic of Indonesia from the Democratic Party faction, said that with the abolition of mandatory health, the government's commitment has

decreased to providing access to health that the entire community can reach (Kompas, 2023).

In addition, the abolition of mandatory health care is considered not to carry out the mandate in the constitution. In this case, the 1945 Constitution in Article 28H paragraph (1) explains that the state is responsible for adequate health services. Reporting from [hukumonline](http://hukumonline.com) website, Amin, who is a member of the People's Consultative Assembly from the Prosperous Justice Party faction, expressed his concern that there would be difficulties in accessing health services due to budget constraints (Hukumonline, 2023). Meanwhile, the Center for Indonesia's Strategic Development Initiatives (CISDI) considers that the ratification of the Health Law was rushed and lacked

transparency. Before it was finally passed, the final draft of the Bill was not officially published, and the stages of public consultation in the Health Law were considered lacking (Wisnuwardani, 2023).

Health professional organizations in Indonesia have also highlighted the ratification of this law by filing a judicial review lawsuit to the Constitutional Court because it is considered to violate the 1945 Constitution. Professional organizations include the Indonesian Medical Association, the Indonesian Pharmacists Association, the Indonesian Dental Association, and others (Detik.com, 2024). However, the judicial review that had been submitted was rejected by the Constitutional Court. The reason was that public hearings had been conducted in the revision of the formation of the Health Law. Thus, the Constitutional Court considered that the articles in the Law that were deemed controversial had been discussed together with health experts, so there was no reason why there were articles that were outside the guidelines of the 1945 Constitution and corridors in the health sector.

Health professional organizations have also highlighted the practice of foreign doctors because it is considered to make it easier for foreign doctors to practice in Indonesia. In Law No. 17 of 2023 concerning Health Paragraph 7 concerning the Utilization of Foreign Graduate Medical and Health Workers in Article 248 paragraph (1) which reads "*Foreign-educated medical and health workers who can practice in Indonesia only apply to specialist and sub-specialist medical and health workers of certain competency levels after following competencies*". However, the chapter does not explain the detailed evaluation system that will be carried out, so it is considered to make it easier for foreign medical personnel to enter Indonesia. Dr. Maria Christina Suhadi, who works as a doctor, said that many developed countries have pretty strict regulations in accepting foreign medical personnel with detailed and measurable qualification exams that even take a long time, so it is challenging for foreign medical personnel to enter (Detik.com, 2023).

Then, at the end of June 2024, there was a lot of discussion on social media and mass media news about the Ministry of Health's plan to bring in foreign doctors. It was criticized and criticized by medical students in Indonesia. The Ministry of Health aims to bring in foreign doctors to reduce the risk of babies dying from congenital heart defects (Kompas, 2024). The head of the Faculty of Medicine at Airlangga University, Prof. Budi Santoso, has responded to the Ministry of Health's plan to bring in foreign doctors, saying that there are 92 faculties of medicine in Indonesia that are as qualified as foreign doctors (Kompas, 2024). However, Health Minister Budi Gunadi Sadikin stated that the presence of foreign doctors and local doctors is something other than what needs to be compared. Indonesia needs specialist doctors, so it is necessary to bring in foreign doctors to deal with the problem of heart attacks that have yet to be handled (Rahmawati, 2024).

Related to the Ministry of Health's plan, which received rejection from the leadership of the Faculty of Medicine, Airlangga University, there is a connection with the newly revised Health Law No. 17 of 2023. That is because the law is considered to make it easier for foreign doctors to practice in Indonesia. Article 246, paragraph (1) of Law No. 17 Year 2023 needs to explain the evaluation system clearly. The evaluation referred to in the Act only mentions administration and competence. By competency, it means competent and incompetent. In this case, Health Law No. 17 of 2023 provides a breath of fresh air for foreign doctors, as happened at the end of

June 2024, when the initiator to bring in foreign doctors directly came from the Minister of Health, Budi Gunadi Sadikin. Indirectly, Law No. 17 of 2023 has received rejection from medical students even though the Law has been passed. The rejection in question is related to the discourse of bringing in foreign doctors, which will be discussed at the end of June 2024. That is because foreign doctors who are brought in must follow existing regulations. Suppose the rules in the Law need to clarify the detailed evaluation system. In that case, it will make it easier for foreign doctors to practice in Indonesia because the regulations are not clear. It is because the Health Law only mentions evaluations carried out in the aspects of competence and administration, not in detail explaining the evaluation system for foreign doctors.

Meanwhile, those who support the abolition of mandatory health consider that the abolition of mandatory health will make it clear what the budget that has been issued will be used for through the Health Sector Master Plan. A performance-based budget will undoubtedly be more efficient because the budget that comes out clearly shows where it is going. The budget issued becomes effective with performance-based because it refers to the inputs, outputs, and outcomes to be achieved so that it has precise planning contained in the Health Sector Master Plan. (Fika Nurul Ulya, 2023). As such, many oppose the removal of the mandatory health budget for reasons such as lack of transparency and not carrying out the constitutional mandate. However, many supported the passage of the revised health law. Nonetheless, Law No. 17 of 2023 on Health was passed into law on August 8, 2023.

According to David W. Johnson's theory, group decision-making is better than decision-making taken individually or what is often called authoritarian leadership (Badeni, 2013). Decision-making related to the revision of Law No. 17 of 2023 has involved groups in the decision-making process. This is because the formation of this law has involved political actors from various factions, such as representatives of the community, the Ministry of Health, and so on. However, it has received criticism from health professional organizations that are considered not involved.

However, the Constitutional Court has clarified that public hearings were already conducted during the decision-making process of the Health Law. Thus, the decision-making process is carried out jointly involving various actors, although each decision will only be able to provide satisfaction for some parties involved.

CONCLUSION

Based on the above explanation obtained from mass media news findings, the financing mechanism carried out by the government after the loss of health is mandatory, namely through a performance-based budget. It is clearly organized through the Health Sector Master Plan, which is adjusted to the National Long-Term Development Plan and the National Medium-Term Development Plan. The Health Sector Master Plan is a health sector budget plan that is prepared in accordance with development priority programs. Thus, through performance-based budgeting, the budget allocation provided by the government refers to the program targets to be achieved. In this case, the targets to be achieved for the health sector have been listed in the Health Sector Master Plan so that financing for the health sector becomes clearer.

In terms of efficiency, the abolition of mandatory health policies is required to implement health programs straightforwardly according to the needs of the community, so it is expected that after this law is implemented, it can achieve efficiency. In addition, the mechanism money follow program, the budget is clearly used for any health program so that the budget can adjust to health needs rather than health needs adjusting the budget. It is much more efficient than health financing through mandatory health. Although the mandatory health budget has been removed, it does not affect health insurance, so the community can still obtain health services with health insurance.

However, health professional organizations that criticize Health Law No. 17 of 2023 have filed a judicial review to the Constitutional Court. The health professional organizations that filed a judicial review lawsuit were the Indonesian Doctors Association, the Indonesian Pharmacists Association, the Indonesian Dental Association, and so on. However, the judicial review lawsuit filed by several health professional organizations in Indonesia was rejected by the Constitutional Court. The reason is that in the formulation of the Health Law No. 17 of 2023 policy, a public hearing was held that involved the community and health experts.

There are limitations in conducting this research because it only uses secondary data derived from online mass media news, totaling 50 news stories, and only uses NVivo 12 plus tools. This law is maximally implemented one year after it is passed in accordance with Article 456 of Law No. 17 of 2023 concerning Health, so it is estimated that it will only be implemented in 2025. It is hoped that further research can use primary data to discuss comprehensively. For this reason, the recommendation for future research is to analyze in depth the quality of health in Indonesia after the mandatory budget is removed.

REFERENCES

- Antaraneews. (2023). Kemenkes: Pencabutan mandatory spending tidak terkait BPJS Kesehatan. *antaranews.com*. Retrieved July 7, 2023, from <https://www.antaranews.com/berita/3674130/kemenkes-pencabutan-mandatory-spending-tidak-terkait-bpjs-kesehatan>
- Ardiansyah, A. W. (2024). Mandatory Spending Dalam Konstitusi Indonesia: Tinjauan Yuridis dan Kaitannya Dengan Keuangan Negara. *Prosiding PITNAS 2023*, (1), 153–167. Retrieved from <https://ejournal.iwi.or.id/ojs/index.php/prosiding/article/view/225%0Ahttps://ejournal.iwi.or.id/ojs/index.php/prosiding/article/download/225/101>
- Badeni. (2013). *Kepemimpinan & Perilaku Organisasi*. Alfabeta CV.
- BBC. (2023). Kontroversi RUU Kesehatan: Anggaran wajib untuk kesehatan dihapus, “layanan kesehatan akan makin buruk.” *bbc.com*. Retrieved from <https://www.bbc.com/indonesia/articles/c4nkddypgImo>
- CNN. (2023). Menkes Ungkap Alasan Hapus Mandatory Spending dalam UU Kesehatan. *CNN indonesia*. Retrieved from <https://www.cnnindonesia.com/nasional/20230711170228-32-972196/menkes-ungkap-alasan-hapus-mandatory-spending-dalam-uu-kesehatan>
- Detik.com. (2023). UU Kesehatan dan Kemudahan Dokter Asing Masuk Indonesia. *detik.com*. Retrieved July 7, 2024, from <https://news.detik.com/kolom/d-6855215/uu-kesehatan-dan-kemudahan-dokter-asing-masuk-indonesia>
- Detik.com. (2024). MK Tolak Uji Formil UU Kesehatan IDI Cs, Ini Pertimbangannya. *Detikhealth.com*. Retrieved July 7, 2024, from <https://health.detik.com/berita-detikhealth/d-7219407/mk-tolak-uji-formil-uu-kesehatan-idi-cs-ini-pertimbangannya>
- Dhamara, R., & Fauzi, A. (2023). Efektivitas Penerapan Anggaran Berbasis Kinerja Terhadap Kinerja Kementerian Lembaga. *Jurnal Akuntansi dan Manajemen Bisnis*, 3(1), 104–110.
- Dunn, W. N. (2003). *Pengantar Analisis Kebijakan*. (S. Wibawa, D. Asitadani, A. H. Hadna, & E. A. Purwanto, Eds.) (Kedua). Universitas Gadjah Mada.
- Fika Nurul Ulya, D. M. (2023). “Mandatory Spending” Dihapus, Kemenkes: Kalau Dulu, Enggak Jelas Berapa Duit Kita Habiskan. *kompas.com*. Retrieved from <https://nasional.kompas.com/read/2023/07/15/16371051/mandatory-spending-dihapus-kemenkes-kalau-dulu-enggak-jelas-berapa-duit-kita>
- Firdaus, A. (2023). Pemerintah ubah haluan anggaran wajib kesehatan jadi berbasis kinerja. *Antaraneews*. Retrieved September 20, 2024, from <https://www.antaranews.com/berita/3632169/pemerintah-ubah-haluan-anggaran-wajib-kesehatan-jadi-berbasis-kinerja>
- Hukumonline. (2023). Peniadaan Mandatory Spending Kesehatan Dinilai Bertentangan dengan Konstitusi. *hukumonline.com*. Retrieved from <https://www.hukumonline.com/berita/a/peniadaan-mandatory-spending-kesehatan-dinilai-bertentangan-dengan-konstitusi-lt64be4c56867cd/?page=2>
- Kebijakan, J. (2019). Masyarakat Praktisi Rencana Induk Bidang Kesehatan. *Jaringan Kebijakan Kesehatan Indonesia*. Retrieved from <https://kebijakankesehatanindonesia.net/4853-masyarakat-praktisi-rencana-induk-bidang-kesehatan>
- Kemkes. (2022). Anggaran Kesehatan 2023 Fokus Tingkatkan Kualitas Layanan Kesehatan. *sehatnegeriku.kemkes.go.id*. Retrieved September 24, 2024, from <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20221201/2041903/anggaran-kesehatan-2023-fokus-tingkatkan-kualitas-layanan-kesehatan/>
- Kemkes. (2023). Anggaran Kesehatan Menjadi Berbasis Kinerja, Ini Alasannya. *sehatnegeriku.kemkes.go.id*. Retrieved July 7, 2024, from <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230712/5643496/anggaran-kesehatan-menjadi-berbasis-kinerja-ini-alasannya/>
- Kompas. (2023). Demokrat Tolak UU Kesehatan, Singgung Penghapusan “Mandatory Spending” di Pemerintahan SBY. *kompas.com*. Retrieved July 7, 2024, from <https://nasional.kompas.com/read/2023/07/11/16591991/demokrat-tolak-uu-kesehatan-singgung-penghapusan-mandatory-spending-di>
- Kompas. (2024). Duduk Perkara Dekan FK Unair Dipecat Usai Tolak Rencana Menkes Datangkan Dokter Asing. *kompas.com*. Retrieved July 7, 2024, from <https://www.kompas.com/tren/read/2024/07/04/190000165/duduk-perkara-dekan-fk-unair-dipecat-usai-tolak-rencana-menkes-datangkan?page=all>
- Mahanum, M. (2021). Pengambilan Keputusan Dan Perencanaan Kebijakan. *Jurnal Pendidikan dan Ilmu Pendidikan*, 6(1), 154–163. Retrieved from <http://jurnal.dharmawangsa.ac.id/index.php/sabilarrasyad>

- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis*. SAGE.
- Nur Rohmi Aida, R. S. N. (2023). Apa Itu Mandatory Spending yang Dihapus di UU Kesehatan, Apakah Berdampak pada BPJS? *kompas.com*. Retrieved July 7, 2024, from <https://www.kompas.com/tren/read/2023/07/13/190000765/apa-itu-mandatory-spending-yang-dihapus-di-uu-kesehatan-apakah-berdampak?page=all>
- Putra, E. R. K. (2023). Aborsi Tanpa Indikasi Medis Dalam Sudut Pandang UU No 17 Tahun 2023. *Jurnal Cahaya Mandalika*, (17), 1129–1143.
- Rachman, A. (2023). Anggaran Kesehatan Tak Lagi Dikunci 5%, Kenapa? *CNBC*. Retrieved from <https://www.cnbcindonesia.com/news/20230712085447-4-453499/anggaran-kesehatan-tak-lagi-dikunci-5-kenapa>
- Rahmawati, D. (2024). Menkes: Dokter Asing-Dokter Lokal Bukan untuk Bersaing, Ini Masalah Nyawa. *detik.com*. Retrieved July 7, 2024, from <https://news.detik.com/berita/d-7421480/menkes-dokter-asing-dokter-lokal-bukan-untuk-bersaing-ini-masalah-nyawa>
- Rizky, A. S. (2020). Proses Pengambilan Keputusan Kelompok: Fenomenologi Penggunaan Teknik Rasional SDIT Muhammadiyah Pasar Kemis Tangerang. *Jurnal Literasi Pendidikan Nusantara*, 1(1), 33–40. Retrieved from <http://jurnal.uinbanten.ac.id/index.php/jlpn>
- Rusandi, & Muhammad Rusli. (2021). Merancang Penelitian Kualitatif Dasar/Deskriptif dan Studi Kasus. *Al-Ubudiyah: Jurnal Pendidikan dan Studi Islam*, 2(1), 48–60.
- Satria Indra Kesuma. (2023). Sosialisasi Tentang Ulasan Undang-Undang No. 17 Tahun 2023 Tentang Kesehatan. *Jurnal Ilmu Hukum Dan Tata Negara*, 1(4), 143–156. Retrieved from <https://doi.org/10.55606/birokrasi.v1i4.731>
- Sugiyono. (2013). *Metode Penelitian Kuantitatif Kualitatif dan R&D*. Alfabeta CV.
- Supyani, S., & Umam, K. (2020). Penerapan Anggaran Berbasis Kinerja Pada Dinas Kesehatan Kota Bandung. *Ministrate: Jurnal Birokrasi dan Pemerintahan Daerah*, 2(3), 130–138. journal.uinsgd.ac.id. Retrieved from <https://journal.uinsgd.ac.id/index.php/ministrate/article/view/9072>
- Ulya, H., & Indainanto, Y. I. (2024). Mobilisasi Gerakan Opini Digital #TolakRUUKesehatan di Media Sosial. *Jurnal Communo: Jurnal Jurusan Ilmu Komunikasi*, 13(1), 146–156.
- Vidi Galenso Syarief. (2023). Perlindungan Hukum Tenaga Medis Dan Tenaga Kesehatan Melalui Majelis Yang Dibentuk Menteri Kesehatan Pasca Undang-Undang Kesehatan Omnibus Law. *Collegium Studiosum Journal*, 6(1), 336–343.
- Warman, W., Komariyah, L., & Kaltsum, K. F. U. (2023). Konsep Umum Evaluasi Kebijakan. *Jurnal Ilmu Manajemen dan Pendidikan*, 3, 25–32.
- Wisnuwardani, D. P. (2023). RUU Kesehatan Disahkan Jadi Undang-Undang, CISDI Nilai Terburu-Buru dan Tidak Transparan. *liputan6*. Retrieved July 7, 2024, from <https://www.liputan6.com/health/read/5342227/ruu-kesehatan-disahkan-jadi-undang-undang-cisdi-nilai-terburu-buru-dan-tidak-transparan?page=2>