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Analysis of the Legality of the Kris (Standard Inpatient Class) System from the Perspective of Health Administration Law

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ABSTRACT

The Standard Inpatient Class (KRIS) policy represents a significant reform in Indonesia's national health service system, as stipulated in Presidential Regulation Number 59 of 2024, which replaces the former inpatient class system (Classes 1, 2, and 3) under the National Health Insurance (JKN) program administered by BPJS Kesehatan. The introduction of KRIS is intended to promote principles of equity, equal access, and non-discrimination in health services, while also streamlining the administrative structure of inpatient care in hospitals. This article aims to examine the legal validity of the KRIS system from the perspective of health administrative law, focusing on its legal foundation, governmental administrative authority, implementation mechanisms within healthcare facilities, and legal protection for both patients and hospitals. This study employs a normative juridical approach using library-based research on relevant legislation and national academic journals. The analysis is conducted by examining legal norms governing KRIS and their implications for health administration governance. The findings indicate that, from a normative standpoint, the KRIS system possesses a strong and legitimate legal basis as a state administrative policy in the health sector. Nevertheless, its practical implementation faces several challenges, including hospital infrastructure readiness, funding limitations, disparities in the capacity of healthcare facilities across regions, and potential administrative issues related to supervision and compliance enforcement. Furthermore, stronger technical regulations and more effective oversight mechanisms are required to ensure that the objectives of KRIS particularly legal protection and equal service provision for JKN participants are fully realized. Therefore, policy synchronization, reinforcement of governmental roles, and enhancement of healthcare facility capacity are essential factors for the successful implementation of the KRIS system in Indonesia.

INTRODUCTION

Health is a fundamental right of every citizen and is constitutionally guaranteed under Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. The state is therefore obligated to ensure the fulfillment of this right through the provision of a healthcare system that is equitable, accessible, and affordable for all segments of society. In this context, the Indonesian government established the National Social Security System (Sistem Jaminan Sosial Nasional/SJSN), with the National Health Insurance (Jaminan Kesehatan Nasional/JKN), administered by BPJS Kesehatan, serving as one of its core pillars. The JKN program functions as a state instrument to guarantee universal access to adequate healthcare services without discrimination (Thabrany, 2014).

Since its initial implementation, the JKN system has applied a tiered inpatient care classification, namely Class I, II, and III. In practice, this classification has resulted in notable disparities in healthcare facilities, including differences in room occupancy, comfort levels, and supporting amenities. Although such distinctions are normatively justified within the contribution and financing framework, the inpatient class

system has been widely criticized for its potential to generate discriminatory healthcare practices and exacerbate disparities in service quality among JKN participants (Widjaja et al., 2025). This situation raises critical questions regarding the extent to which the national healthcare system reflects the constitutional principles of social justice and equality.

In response to ongoing criticism and evaluation of the JKN implementation, the government introduced the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy through Presidential Regulation Number 59 of 2024, amending Presidential Regulation Number 82 of 2018 on Health Insurance. This policy gradually eliminates the traditional inpatient class system and replaces it with a single standardized inpatient care model applicable to all JKN participants. KRIS establishes minimum standards for inpatient facilities that hospitals must comply with, including limitations on the number of beds per room, ventilation requirements, lighting, and sanitation standards, without differentiating patients based on socioeconomic status or membership category (Mundzir et al., 2024).

From a public policy perspective, KRIS represents a form of structural reform in the governance of national healthcare services. The policy extends beyond technical aspects of medical care and directly engages the domain of state administrative law, particularly health administrative law. This branch of law regulates legal relationships between the government, BPJS Kesehatan, healthcare providers, and patients as service recipients. Consequently, the implementation of KRIS must be assessed in light of core administrative law principles such as legality, authority, accountability, legal certainty, and the protection of citizens' rights (Tjandra, 2021).

The issue of legality becomes central in the implementation of KRIS due to its extensive administrative implications for healthcare facilities. Both public and private hospitals are required to adjust their infrastructure and service systems to comply with KRIS standards within a specified timeframe. Such obligations constitute administrative directives derived from statutory regulations. Under administrative law doctrine, every governmental action or policy must be grounded in a clear and lawful legal basis and must not conflict with higher-level regulations (Mujiburohman, 2017). Therefore, it is crucial to examine whether the KRIS policy fulfills the principle of legality and to analyze its legal consequences for hospitals that are unable or unwilling to meet the prescribed standards.

Beyond normative legality, the implementation of KRIS presents operational administrative challenges. Several studies indicate that hospital readiness to adopt KRIS varies significantly, particularly with respect to infrastructure availability, human resources, and financial capacity (Sulaiman & Djalaluddin, 2025). Hospitals located in regions with limited fiscal resources face substantial difficulties in renovating or upgrading facilities to meet KRIS requirements. This condition may give rise to administrative legal issues, especially when compliance obligations are not accompanied by adequate policy support from central or local governments.

From the patients' perspective, the KRIS policy carries important implications for legal protection and the realization of the right to healthcare. Normatively, KRIS is expected to eliminate discriminatory treatment based on inpatient class distinctions and to ensure equal treatment for all JKN participants. However, in practice, the transition to a standardized system has also raised concerns regarding potential declines in service comfort, reduced facility choices, and insufficient transparency of information provided to patients (Fakih & Kasmawati, 2018). Within the framework of health administrative law, the state bears responsibility for ensuring that KRIS implementation does not undermine patients' rights and continues to guarantee acceptable minimum service standards.

The legal relationship between BPJS Kesehatan and hospitals in the context of KRIS implementation also constitutes a significant issue. Cooperation between BPJS Kesehatan and healthcare providers is essentially administrative-contractual in nature and is governed by public law and administrative law principles. In this regard, KRIS functions as an administrative requirement that hospitals must fulfill to maintain contractual cooperation with BPJS Kesehatan. Failure to comply with KRIS standards may result in administrative sanctions, ranging from formal warnings to the termination of cooperation agreements (Putri et al., 2025). This demonstrates that KRIS carries tangible legal consequences within the healthcare administration system.

At the regulatory level, the KRIS policy also highlights the need for harmonization of healthcare-related legislation. Its implementation does not rely solely on presidential regulations but also requires detailed technical arrangements through ministerial regulations and other subordinate policies. Regulatory inconsistencies may lead to legal uncertainty and administrative obstacles in policy execution (Rifa'i et al., 2023). Accordingly, an analysis of KRIS must comprehensively consider the broader regulatory framework governing healthcare administration.

Based on the foregoing discussion, it is evident that the Standard Inpatient Class (KRIS) policy is not merely a technical healthcare service reform but also a legal policy with significant administrative law implications. An examination of the legality of KRIS from the perspective of health administrative law is essential to assess its conformity with legal principles, the protection of patients' rights, and the administrative obligations imposed on hospitals and the government. Therefore, this article focuses on an in-

depth analysis of the legal validity of the KRIS system, the challenges associated with its implementation, and its implications for the governance of national healthcare services in Indonesia.

RESEARCH METHOD

This study employs a normative juridical legal research method, which focuses on the examination of prevailing legal norms and principles relevant to the issues under investigation. This approach is selected because the primary object of analysis is the legal validity of the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy as a product of state administrative law in the healthcare sector. Normative legal research conceptualizes law as a system of norms embodied in statutory regulations, judicial decisions, and legal doctrines (Isnaini, 2017).

The research applies both a statute approach and a conceptual approach. The statute approach is conducted by reviewing laws and regulations governing the National Health Insurance (Jaminan Kesehatan Nasional/JKN) system and the implementation of KRIS, with particular emphasis on Presidential Regulation Number 59 of 2024, which amends Presidential Regulation Number 82 of 2018 on Health Insurance. In addition, this study examines implementing regulations and administrative policies related to the authority of the government, BPJS Kesehatan, and hospitals in the provision of inpatient healthcare services. The conceptual approach is used to analyze key concepts in health administrative law, including the principles of legality, administrative authority, accountability, legal protection for patients, and public service delivery in the healthcare sector.

The sources of legal materials in this research consist of primary, secondary, and tertiary legal materials. Primary legal materials include relevant statutory instruments, such as the 1945 Constitution of the Republic of Indonesia, Law Number 36 of 2009 on Health, Law Number 40 of 2004 on the National Social Security System, and Presidential Regulation Number 59 of 2024 on Health Insurance. Secondary legal materials comprise national academic journals, textbooks on administrative law and health law, and previous studies addressing the implementation of JKN, BPJS Kesehatan, and the KRIS policy. Tertiary legal materials are used as supporting references, including legal dictionaries and legal encyclopedias.

The collection of legal materials is carried out through library-based research by examining legal literature, accredited national academic journals, and official government documents. All collected legal materials are then analyzed qualitatively by systematically describing, correlating, and interpreting the relevant legal norms to address the research questions. The analysis is conducted using deductive legal reasoning, whereby general legal principles and statutory provisions are applied to specific issues concerning the legality and implementation of the KRIS system within the framework of health administrative law.

DISCUSSION

Legal Basis and Administrative Foundations of the KRIS Policy

The Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy derives its formal legal legitimacy from Presidential Regulation Number 59 of 2024 on Health Insurance, which constitutes the third amendment to Presidential Regulation Number 82 of 2018. This regulation mandates the abolition of the former inpatient classification system Classes I, II, and III within BPJS Kesehatan services and replaces it with a single standardized inpatient care model that must be adopted by all hospitals cooperating with BPJS Kesehatan. The establishment of KRIS through a presidential regulation indicates that the policy forms part of a national strategic framework and possesses binding legal force within Indonesia's hierarchy of laws and regulations (Putra, 2024).

From the perspective of health administrative law, Presidential Regulation Number 59 of 2024 may be classified as a normative administrative regulation (regeling) that serves as the legal foundation for subsequent administrative actions in the healthcare sector. The regulation governs not only the technical aspects of healthcare delivery but also reflects the exercise of the President's attributed authority as head of government in formulating national policies on social security and public health. Accordingly, the implementation of KRIS represents a concrete manifestation of the government's regulatory function (regelende functie) in ensuring the fulfillment of the public's right to adequate healthcare services (Rifni Irma, 2025).

The legal basis of KRIS must also be interpreted systematically in conjunction with other relevant statutory instruments, particularly Law Number 36 of 2009 on Health and Law Number 40 of 2004 on the National Social Security System. These laws emphasize the state's obligation to guarantee equitable and universal access to healthcare services for all citizens. Within this legal framework, KRIS can be understood as an administrative mechanism designed to realize the principles of social justice and non-discrimination in healthcare delivery, especially for participants of the National Health Insurance program.

From an administrative governance standpoint, Presidential Regulation Number 59 of 2024 provides the legal mandate for technical ministries most notably the Ministry of Health to formulate implementing regulations in the form of ministerial regulations, technical guidelines, and standard operating procedures related to the application of KRIS in hospitals. This approach aligns with administrative law principles,

which require that strategic national policies be supported by detailed operational regulations to ensure effective implementation at the practical level. Consequently, KRIS does not operate in isolation but forms an integral part of a hierarchical regulatory system within the administration of healthcare services.

Furthermore, the implementation of KRIS generates concrete administrative obligations for hospitals as healthcare service providers. Hospitals that collaborate with BPJS Kesehatan are required to adjust their inpatient facilities and infrastructure to comply with the KRIS standards established by the government. Such obligations constitute administrative directives derived from statutory regulations and are therefore legally binding. Non-compliance may result in the imposition of administrative sanctions. Within the framework of health administrative law, these sanctions function as supervisory instruments through which the government ensures that healthcare providers adhere to the minimum service standards mandated by law.

Administrative Implementation in Healthcare Facilities

The implementation of the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy in healthcare facilities encounters considerable administrative challenges, particularly in relation to hospitals' readiness to comply with the prescribed standards. These challenges are most evident in private hospitals and regionally owned hospitals that face limitations in resources, including physical infrastructure, financial capacity, and healthcare management systems. Several studies indicate that while some hospitals have fulfilled a substantial portion of the KRIS indicators, others remain unable to meet all requirements comprehensively, especially those concerning inpatient room capacity, ventilation systems, sanitation, and overall patient comfort.

From the perspective of health administrative law, this situation reflects a gap between legal norms (das sollen) and the realities of implementation (das sein). As an administrative directive derived from a presidential regulation, the KRIS policy is legally binding and must be implemented by all hospitals cooperating with BPJS Kesehatan. However, in administrative governance practice, the effectiveness of a policy largely depends on the preparedness of the legal subjects upon whom the obligations are imposed. Insufficient readiness among healthcare facilities may hinder the delivery of services in accordance with established standards and may give rise to administrative legal issues when hospitals are unable to fulfill their normative obligations (Malik, 2019).

Implementation challenges are further exacerbated by financial considerations. To date, the KRIS policy has not been explicitly accompanied by an incentive scheme or dedicated financial support from the central government, particularly for private hospitals. Consequently, healthcare providers are required to independently bear the costs associated with upgrading inpatient facilities to meet KRIS standards. This condition creates a substantial administrative and financial burden, especially for hospitals with limited economic capacity (Fauzi et al., 2024). Within the framework of administrative law, the absence of adequate financial support may be viewed as a weakness in public policy planning, as it fails to fully account for the capacities of the legal subjects responsible for policy implementation.

Beyond funding issues, the administrative implementation of KRIS also necessitates effective coordination among the central government, local governments, BPJS Kesehatan, and hospitals. Monitoring and evaluating compliance with KRIS standards require an integrated and transparent administrative system. However, disparities in administrative capacity across regions often result in uneven policy execution. Such conditions may lead to legal uncertainty and inconsistent administrative treatment of hospitals in different jurisdictions.

From a public service perspective, limitations in the implementation of KRIS at healthcare facilities may have a direct impact on the quality of patient care. When KRIS standards are not fully met, the policy's objective of establishing equitable and non-discriminatory healthcare services may not be optimally achieved. Accordingly, within the scope of health administrative law, the government's role extends beyond that of a regulator; it also bears responsibility for providing guidance, supervision, and facilitation to ensure that the KRIS policy is implemented effectively and fairly.

Legal Protection for Patients and Healthcare Facilities

The Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy is fundamentally designed to strengthen legal protection for patients participating in the National Health Insurance (Jaminan Kesehatan Nasional/JKN) by eliminating the traditional inpatient class system, which has long been associated with disparities in service quality. From the perspective of health administrative law, patient legal protection constitutes a manifestation of the state's obligation to guarantee the right to health as a fundamental constitutional right. Through the implementation of KRIS, all JKN participants are, at the normative level, entitled to receive inpatient facilities that meet uniform standards, without differentiation based on membership category or economic capacity (Lestari, 2021).

The normative legitimacy of the KRIS policy is often assessed through the lens of John Rawls's theory of justice, particularly the principles of distributive justice and fair equality of opportunity. Within this theoretical framework, KRIS may be interpreted as a state effort to ensure that the fundamental right to

healthcare services is distributed equitably among all JKN participants, especially those belonging to socially and economically disadvantaged groups. By abolishing inpatient class differentiation, KRIS seeks to reduce structural discrimination in healthcare delivery and promote a more inclusive and equitable healthcare system.

In addition to enhancing legal protection for patients, the implementation of KRIS also carries significant implications for the legal protection of healthcare facilities, particularly hospitals. Within the JKN system, the legal relationship between BPJS Kesehatan and hospitals is based on administrative cooperation agreements. The KRIS requirements are incorporated into the contractual clauses of these agreements, obligating hospitals to comply with specific inpatient facility standards as a condition for the continuation of cooperation. This arrangement reflects an administrative law mechanism in which service standards function as instruments of governmental control and supervision over healthcare providers.

Furthermore, the incorporation of KRIS standards into cooperation agreements between BPJS Kesehatan and hospitals entails clear administrative legal consequences. Hospitals that fail to fulfill KRIS obligations or are proven to engage in discriminatory practices against JKN patients may be subject to administrative sanctions, ranging from written warnings to the termination of contractual cooperation. These consequences demonstrate that KRIS is not merely normative in nature but possesses tangible legal enforceability within the practice of healthcare administration. From an administrative law standpoint, such sanctioning mechanisms represent a form of administrative law enforcement aimed at ensuring compliance with government-established service standards.

Nevertheless, legal protection for healthcare facilities must also be taken into account to prevent the KRIS policy from creating new forms of injustice. As subjects of administrative law, hospitals are entitled to legal certainty, clarity of standards, and protection against arbitrary sanctioning. Accordingly, the imposition of administrative sanctions within the context of KRIS must adhere to the general principles of good governance, including proportionality, transparency, and accountability. Failure to observe these principles may give rise to administrative disputes between hospitals and BPJS Kesehatan, thereby undermining the legal certainty and fairness intended by the KRIS policy (Kartika & Sewu, 2016).

Regulatory Challenges and Other Administrative Aspects

Although the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy is supported by a solid legal foundation through Presidential Regulation Number 59 of 2024, its implementation continues to face substantial regulatory and administrative challenges. One of the primary issues concerns the need for more detailed and operational technical regulations at the ministerial level. As a general normative instrument, a presidential regulation requires implementing rules in the form of ministerial regulations and technical guidelines to ensure effective execution by healthcare facilities. Delays or ambiguities in subordinate regulations may generate legal uncertainty and administrative difficulties for hospitals in interpreting and consistently complying with KRIS standards.

Within the framework of central–local government relations, the implementation of KRIS also encounters challenges related to regulatory harmonization. Healthcare services constitute a concurrent governmental function, involving a division of authority between the central government and regional administrations. Inconsistencies between national policies and regional regulations may result in variations in the application of KRIS across different regions. Such disparities are reflected in differing levels of compliance with KRIS standards among hospitals, both in terms of the number of standardized inpatient rooms and the quality of facilities provided. These conditions risk creating interregional inequalities in healthcare services and undermining the policy's objective of equitable service distribution.

Beyond regulatory issues, administrative challenges in implementing KRIS are also closely linked to supervision and evaluation mechanisms. Effective oversight of KRIS compliance requires accurate, integrated, and real-time health information systems accessible to relevant stakeholders, including the Ministry of Health and BPJS Kesehatan. However, existing studies indicate persistent obstacles in data management and information systems, such as incomplete facility data, inconsistent reporting formats, and limited administrative human resource capacity within the healthcare sector. These weaknesses in information systems may impede the effectiveness of administrative supervision and the enforcement of compliance with KRIS standards.

Additional administrative challenges relate to sanction enforcement and dispute resolution mechanisms. In practice, the imposition of administrative sanctions on hospitals that fail to meet KRIS standards necessitates clear, transparent, and accountable procedures. In the absence of standardized procedures, sanction enforcement may give rise to administrative disputes and dissatisfaction among healthcare providers. Therefore, from the perspective of health administrative law, regulatory arrangements must ensure the observance of due process of law in all supervisory actions and sanctioning decisions, thereby safeguarding the administrative rights of hospitals while maintaining effective policy enforcement.

CONCLUSION

The Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy represents an administrative reform within Indonesia's national healthcare system aimed at realizing the principles of equity, equal access, and non-discrimination for participants of the National Health Insurance (Jaminan Kesehatan Nasional/JKN). From the perspective of health administrative law, KRIS is supported by a strong legal foundation through Presidential Regulation Number 59 of 2024, which amends Presidential Regulation Number 82 of 2018. This regulatory framework provides normative legitimacy for the government to establish nationally applicable inpatient service standards that are binding on all healthcare facilities cooperating with BPJS Kesehatan.

Nevertheless, the analysis demonstrates that the implementation of KRIS continues to face a range of administrative and regulatory challenges. Uneven readiness among healthcare facilities, limitations in infrastructure and funding, and insufficient technical regulatory support and supervisory mechanisms constitute the primary obstacles to effective implementation. In addition, inconsistencies between central government policies and regional-level execution may generate legal uncertainty and disparities in the quality of healthcare services across different regions.

From the standpoint of legal protection, KRIS offers normative guarantees for patients' rights to receive equitable and non-discriminatory healthcare services. At the same time, hospitals as policy implementers require legal certainty, clear and measurable standards, and protection against the imposition of disproportionate administrative sanctions. Accordingly, the enforcement of KRIS must consistently adhere to the general principles of good governance, including legality, proportionality, accountability, and legal certainty.

Ultimately, the success of the KRIS policy is determined not solely by the strength of its legal basis, but also by the effectiveness of implementing regulations, inter-institutional coordination, and the administrative and infrastructural readiness of healthcare facilities. An integrated policy approach that harmonizes legal, administrative, and technical dimensions is therefore essential to ensure that the objectives of KRIS namely the provision of fair, high-quality, and sustainable healthcare services can be optimally achieved in Indonesia.

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