JLPH: Journal of Law, Politic and Humanities
E-ISSN: 2962-2816
P-ISSN: 2747-1985
https://dinastires.org/JLPH dinasti.info@gmail.com +62 811 7404 455

DOI: https://doi.org/10.38035/jlph.v7i1
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Received: 16 Oktober 2026 | **Revised:** 12 November 2026 | **Accepted:** 16 November 2026

Layered Regulatory Legitimacy in Electronic Medical Record SATUSEHAT Integration for National Health Insurance Claims: a Dual Temporal Baseline Analysis

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Abstract: Indonesia's digital-health transformation has turned the electronic medical record into regulatory infrastructure that links clinical care, the SATUSEHAT platform, and National Health Insurance claims. Existing scholarship examines privacy, security, and hospital liability, but it rarely asks how a public-law duty travels across successive legal instruments until it determines whether a provider is paid, or how much authority a prior judgment retains once the law and the system it reviewed have both moved on. This study addresses that gap. It asks how the validity of Minister of Health Regulation No. 24 of 2022 should be understood after Law No. 17 of 2023 repealed its delegating statutes, what limits apply when that duty is transmitted through policy instruments and insurance agreements, and how temporal change affects the legitimacy of the resulting burden. The research is normative, combining statutory, case, conceptual, and analytical approaches. It finds that the regulation survives through transitional validity rather than original delegation, and that downstream policy and contractual consequences require justification of their own. The novelty lies in a Regulatory Norm Transmission Chain combined with a Dual Temporal Baseline, which together test validity, authority, proportionality, data governance, and effective remedies across time.

Keywords: Electronic Medical Records, SATUSEHAT, Layered Legitimacy, Dual Temporal Baseline, National Health Insurance

Abstrak: *Transformasi kesehatan digital di Indonesia telah menjadikan rekam medis elektronik sebagai infrastruktur regulatif yang menghubungkan pelayanan klinis, platform SATUSEHAT, dan klaim Jaminan Kesehatan Nasional. Kajian terdahulu banyak membahas privasi, keamanan data, dan tanggung jawab rumah sakit, tetapi jarang menelusuri bagaimana kewajiban hukum publik berpindah melintasi berbagai instrumen hukum hingga menentukan cair atau tidaknya klaim, serta sejauh mana sebuah putusan tetap berwibawa ketika kerangka hukum dan sistem yang dinilainya telah berubah. Penelitian ini mengisi kesenjangan tersebut. Pertanyaannya ada tiga: bagaimana keberlakuan Peraturan Menteri Kesehatan Nomor 24*

Tahun 2022 setelah Undang-Undang Nomor 17 Tahun 2023 mencabut undang-undang pendelegasinya; sampai di mana batas hukum transmisi kewajiban tersebut melalui instrumen kebijakan dan perjanjian kerja sama; serta bagaimana perubahan lintas waktu memengaruhi legitimasi beban yang timbul. Penelitian ini bersifat normatif dengan pendekatan perundang-undangan, kasus, konseptual, dan analitis. Hasilnya menunjukkan bahwa peraturan tersebut bertahan melalui validitas transisional, bukan delegasi awal, sedangkan akibat kebijakan dan kontraktual di hilir memerlukan pembenaran tersendiri. Kebaruannya terletak pada Rantai Transmisi Norma Regulatif yang dipadukan dengan Baseline Temporal Ganda untuk menguji validitas, kewenangan, proporsionalitas, tata kelola data, dan efektivitas upaya hukum lintas waktu.

Kata Kunci: *Rekam Medis Elektronik, SATUSEHAT, Legitimasi Berlapis, Baseline Temporal Ganda, Jaminan Kesehatan Nasional*

INTRODUCTION

Digital transformation in healthcare changes more than the medium in which clinical information is stored. It rearranges the legal relationships among patients, healthcare facilities, the Ministry of Health, platform operators, vendors, and the National Health Insurance administrator. Under Minister of Health Regulation No. 24 of 2022 on Medical Records, an electronic medical record is no longer an internal clinical file. It forms part of a national information environment, and the same data increasingly serve service verification, financing, audit, and claim administration. This convergence means that the legal status of the record cannot be separated from questions of public authority, data protection, electronic evidence, contract, and access to remedies.

The analysis begins with Supreme Court Decision No. 10 P/HUM/2023. The Court did not dispose of the case on a threshold objection. It held that the petitioner, Yayasan Peduli Penderitaan Rakyat Indonesia, had legal standing, and it then examined the merits of the challenge to the ministerial regulation. On the question of authority, the Court stated that Article 47 paragraph (3) of Law No. 29 of 2004 on Medical Practice empowered the Minister of Health to regulate medical records, so the Minister was competent to issue the instrument under review. The judgment thus provides a firm judicial baseline for the regulation's validity as the law stood in 2023. That baseline, however, is bounded in time. Law No. 17 of 2023 subsequently repealed the statutes that supplied the original delegation, raising a question that was never before the Court (Mahkamah Agung Republik Indonesia, 2023, p. 80).

It would be too quick to conclude that repealing a delegating statute automatically voids every regulation made under it. Article 453 of Law No. 17 of 2023 preserves existing implementing regulations so long as they do not conflict with the new Health Law. The sharper question concerns a shift in the ground of continued application: from delegated competence to transitional validity. The shift matters because the longer an inherited regulation operates inside a new legislative regime, the more weight falls on systematic compatibility, legal certainty, and regulatory renewal.

A second problem arises downstream. On 30 July 2026 the Government announced a joint circular designed to accelerate the integration of electronic medical records with SATUSEHAT in support of National Health Insurance claim management (Kementerian Kesehatan Republik Indonesia, 2026). A circular of this kind is administratively useful because it coordinates practice quickly, yet its legal character differs from that of legislation. Indonesian scholarship has long debated where internal administrative guidance ends and substantive external obligation begins (Yusdheaputra, 2023; Andrian & Rauta, 2026). The debate becomes pointed once a policy instrument conditions claim processing, because the financial

consequences fall on private healthcare facilities even though the instrument sits outside the formal hierarchy of legislation.

Research on electronic medical records and SATUSEHAT has concentrated on patient privacy, data security, confidentiality, integration duties, and hospital liability (Budiyanti et al., 2023; Siahaan et al., 2024; Lestari et al., 2024; Wijaya & Pranoto, 2025; Siregar & Sinaga, 2025). Comparative and international work similarly stresses data governance, interoperability, privacy, and trust (Tertulino et al., 2024; Hallinan et al., 2024; Chiba et al., 2024; Benseghir et al., 2025). More broadly, scholars have identified normative ambiguity in Law No. 17 of 2023 itself and its consequences for legal protection (Amiati et al., 2024). Valuable as this literature is, it leaves two linked problems unexplained: how a public-law duty travels across different legal instruments until it becomes a contractual or financial burden, and how much authority a prior judgment retains once both the normative framework and the factual-technological environment underlying it have changed. This article addresses both.

The state of the art proposed here is a layered account of regulatory legitimacy that combines a Regulatory Norm Transmission Chain with a Dual Temporal Baseline. The first traces the movement of a norm from statute through implementing regulation and administrative policy into contract and financial effect. The second separates normative time from factual-technological time: a judicial assessment may remain authoritative for the legal and factual configuration it actually reviewed without resolving configurations that emerged later. Three questions follow. First, how should the validity of Minister of Health Regulation No. 24 of 2022 be understood after Law No. 17 of 2023 and Supreme Court Decision No. 10 P/HUM/2023? Second, what legal limits apply when an electronic-medical-record obligation is transmitted through policy instruments and National Health Insurance cooperation agreements into operational or financial consequences for healthcare facilities? Third, how do temporal changes in law, system architecture, security conditions, and remedies affect the legitimacy of that transmission?

METHODS

This study uses normative legal research with a prescriptive-analytical orientation, following the doctrinal approach that treats authoritative legal materials and legal reasoning as the principal basis of analysis (Marzuki, 2017). Its object is the legal architecture governing electronic medical records, SATUSEHAT integration, and National Health Insurance claim administration.

Primary legal materials comprise the 1945 Constitution, the Civil Code, Law No. 12 of 2011 as amended by Law No. 13 of 2022, Law No. 30 of 2014 on Government Administration, Law No. 27 of 2022 on Personal Data Protection, Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, Minister of Health Regulation No. 24 of 2022, the relevant policy instruments, Supreme Court Decision No. 10 P/HUM/2023, and Constitutional Court Decision No. 182/PUU-XXII/2024. Secondary materials consist of legal scholarship, recent journal articles, and selected works on legal reasoning, policy rules, data ethics, and the relationship between branches of law.

Four approaches are applied. The statutory approach examines hierarchy, delegation, and transitional provisions. The case approach distinguishes the Court's ratio decidendi from the submissions of the parties and reads each judgment through a dual temporal method, separating the normative baseline concerning the law in force from the factual-technological baseline concerning the system conditions on which the Court relied. The conceptual approach draws on doctrines of validity, policy rules, and proportionality. The analytical approach tests the consistency of norms across instruments. Analysis is qualitative and prescriptive, using systematic interpretation, authority analysis, proportionality, contractual reasoning, and remedial analysis.

RESULTS AND DISCUSSION

Supreme Court Decision No. 10 P/HUM/2023 as a Dual Temporal Baseline

The substantive weight of the judgment begins with standing. The Court accepted that the petitioner, a legal entity asserting potential harm to privacy and health-data interests, could bring a material-review petition. The case therefore reached the merits rather than stopping at a threshold objection. On authority, the Court stated in its own reasoning that Article 47 paragraph (3) of Law No. 29 of 2004 provided the basis for regulating medical records by ministerial regulation, so the Minister was competent to issue the instrument under review. This is stronger than a restatement of the Government's defence, because the proposition appears in the Court's considerations rather than in the respondent's answer (Mahkamah Agung Republik Indonesia, 2023, p. 80).

The consent holding requires careful attribution. The Court's reasoning rests on Article 26 paragraph (1) of the Electronic Information and Transactions Law, whose opening clause makes consent the rule unless legislation provides otherwise. The Personal Data Protection Law was treated separately: the Court observed only that it applies regardless of whether processing is electronic or non-electronic. The judgment should therefore not be summarised as though the Court had invoked alternative processing bases under the Personal Data Protection Law to displace consent. The precise reading keeps the consent exception in the Electronic Information and Transactions Law distinct from the technology-neutral scope of the data-protection regime (Mahkamah Agung Republik Indonesia, 2023, pp. 80–81).

A second and less visible temporal dimension is factual. In rejecting the security challenge, the Court referred to evidence that SATUSEHAT had undergone penetration testing and an information-technology security assessment conducted with the National Cyber and Crypto Agency, and that the Ministry of Health was then pursuing ISO 27001 certification. These facts supported the Court's assessment of the system as it was presented in 2023. They cannot be read as a standing judicial certification of every architecture, integration, actor, purpose, or security configuration that followed. The point is not that SATUSEHAT became insecure after 2023; it is that the factual premise of the judgment is itself bounded in time (Mahkamah Agung Republik Indonesia, 2023, pp. 79–80).

This study therefore treats the judgment as a dual temporal baseline. Its normative baseline is the legal framework against which delegated authority and regulatory compatibility were assessed. Its factual-technological baseline is the evidence about system security and operation that informed the Court's evaluation. Later change in law or technology does not nullify the judgment, but it narrows the judgment's explanatory reach over configurations that were never adjudicated. The doctrinal consequence is a Dual Temporal Validity Test: subsequent regulatory effects should be measured both against the law now in force and against material changes in system architecture, data flows, actors, purposes, and consequences.

One limited observation about the structure of the judgment is warranted. The Court discussed the 1945 Constitution among the norms invoked in the petition and concluded that the ministerial regulation did not conflict with the superior norms relied upon. This article does not read that formulation as extending the Supreme Court's jurisdiction to constitutional review. It is noted to describe the shape of the decision and is not used as an independent basis for the analysis that follows.

Table 1. Dual Temporal Baseline for Reading Supreme Court Decision No. 10 P/HUM/2023

Dimension	2023 judicial baseline	Post-2023 analytical implication
Normative	Article 47(3) of Law No. 29/2004 recognised as the delegation basis for ministerial regulation of medical records.	Law No. 17/2023 repealed the original statutes; continued operation must be assessed through transitional validity and compatibility with the new regime.

Procedural	The petitioner was held to have legal standing, allowing the Court to reach the merits.	The judgment carries substantive precedential relevance; later analysis should not characterise it as merely formal.
Consent and data protection	Consent analysis was linked to Article 26(1) of the Electronic Information and Transactions Law; the Personal Data Protection Law was read separately as technology-neutral.	Later processing must be assessed under the current legal basis, purpose, proportionality, and safeguards without overstating the 2023 consent holding.
Factual-technological	The Court relied on penetration testing, a security assessment with the National Cyber and Crypto Agency, and an ongoing ISO 27001 process.	Those facts support the 2023 assessment but do not determine the legality or security of materially changed architectures, actors, purposes, or integrations.

Source: Author's analysis of Supreme Court Decision No. 10 P/HUM/2023 and subsequent legal developments.

From Original Delegation to Transitional Validity

Article 454 of Law No. 17 of 2023 expressly repealed the statutes that had supplied the clearest original delegation for Minister of Health Regulation No. 24 of 2022, among them Law No. 29 of 2004 on Medical Practice and Law No. 36 of 2014 on Health Workers. Article 453, by contrast, preserves implementing regulations issued under the repealed health statutes insofar as they do not conflict with the new law. Read together, the two provisions avert a regulatory vacuum while confirming that the old statutes have ceased to operate. The ministerial regulation does not lapse automatically; its continuing force is better described as transitional validity.

Constitutional Court Decision No. 182/PUU-XXII/2024, pronounced on 30 January 2026, clarifies this post-2023 baseline. The petition challenged several provisions of Law No. 17 of 2023, among them Article 454(c), which repealed Law No. 29 of 2004, and sought the restoration of that statute as the lex specialis of medical practice. The operative part granted the petition in part. On the Article 454(c) cluster, however, the Court found no constitutional defect, reasoning that the provision supplies legal certainty as to the status of the repealed statute, and it held the petitioners' arguments on this point to be without legal merit. For present purposes the decision does not determine the validity of Minister of Health Regulation No. 24 of 2022. Its significance lies elsewhere: it confirms that the repeal of the delegating statute is final and cannot be undone through constitutional review, so that analysis after 2023 must proceed wholly within the new statutory regime while the continued operation of inherited rules depends on the transitional clause in Article 453 (Mahkamah Konstitusi Republik Indonesia, 2026).

The distinction between original delegated validity and transitional validity is analytically important. Delegation explains why the Minister had authority to make the regulation in 2022. Transitional validity explains why the same regulation may still be applied after 2023. The first is historical and competence-based; the second is conditional and compatibility-based. The operative test is no longer whether the old delegation once existed, but whether the regulation has been replaced and whether its substance conflicts with Law No. 17 of 2023 and Government Regulation No. 28 of 2024.

This reading is consistent with Indonesian legislation theory, which holds that the type, function, and normative content of a regulation must remain traceable to its legal basis and position in the hierarchy (Indrati, 2007). Shidarta (2026a) makes the same point from a different angle: the legal basis recited in a regulation is not an ornamental formality but a statement of where normative authority comes from and how it is structured. The analysis must nonetheless avoid formalism. An outdated citation in the recitals does not by itself establish invalidity; what matters is whether the operative norms still fit the new statutory framework. For legal certainty, however, prolonged reliance on a transitional clause is a poor substitute for renewal. As the digital-health system acquires new functions interoperability, centralised

exchange, automated verification, claim integration the case for replacing or comprehensively updating the implementing regulation grows correspondingly stronger.

Administrative Legitimacy: Policy Rules, Discretion, and External Effects

The 2026 joint circular illustrates the difference between legislation and administrative policy. Indonesian administrative-law scholarship has long treated policy rules (beleidsregel) as products of administrative discretion rather than substitutes for legislation, so their legitimacy turns on the scope of governmental authority, the purpose of the discretion exercised, and conformity with the general principles of good governance (Latief, 2005; Ridwan HR, 2018). Instruments of this kind can be indispensable in digital systems that require synchronised technical standards and institutional workflows. Their legitimacy cannot be settled, however, merely by noting that circulars do not appear in the hierarchy set out in Article 7 of Law No. 12 of 2011. The more useful question is functional: what legal effects does the instrument produce, and on whom? Yusdheaputra (2023) and Andrian and Rauta (2026) show why Indonesian practice must attend to the substance and effect of circulars rather than their label.

A circular that coordinates internal implementation is comparatively easy to justify. A circular that conditions reimbursement, reorders claim verification, or imposes new data-submission requirements has a different character, because private healthcare facilities bear the consequences. At that point the legality of the underlying policy objective is not enough. The administration must demonstrate competence, a lawful purpose, consistency with superior norms, objective standards, proportionality, and procedural fairness under Law No. 30 of 2014 and the general principles of good governance.

The principle of contrarius actus, as discussed by Shidarta (2026d), holds that an authority generally has competence to amend or revoke norms and acts originating in its own lawful authority. Its relevance here is constructive rather than destructive. If the Ministry of Health concludes that the inherited regulatory architecture no longer reflects the post-2023 regime, there is no doctrinal reason to preserve it merely because it once survived judicial review. Regulatory renewal is part of maintaining legality and certainty within a changing statutory system.

Regulatory-to-Contractual Transmission in BPJS–Provider Relations

Healthcare facilities participating in National Health Insurance operate simultaneously in public-law and private-law relations. Public law governs licensing, medical-record duties, data standards, and administrative supervision. Payment, however, is operationalised through cooperation agreements with BPJS Kesehatan. The central problem is therefore not a simple choice between public and private law, but the mechanism by which a public duty becomes a contractual condition of entitlement to payment.

Article 1338 of the Civil Code gives binding force to lawfully concluded agreements and requires performance in good faith. Regulatory obligations may legitimately enter a contractual relationship where the contract expressly incorporates them, where legislation makes them mandatory terms, or where the nature of the regulated service necessarily requires compliance. Incorporation must nonetheless remain predictable. A healthcare facility should be able to know in advance which electronic-medical-record requirements affect claim eligibility, what counts as a curable technical defect, what counts as substantive non-compliance, and what follows from each.

This is where transmission becomes legally significant. A rule may be valid at the legislative level and still be applied disproportionately at the contractual level. Failure to submit a technically complete data element may warrant correction or resubmission; it does not obviously warrant permanent forfeiture of payment for medically necessary services

already delivered. A sound legal design distinguishes fraud, absence of service, material evidentiary deficiency, temporary interoperability failure, and administrative incompleteness. Equal treatment and good faith require consequences calibrated to the nature of the breach rather than a single automatic sanction.

Personal Data Protection and Health-Data Governance

Health information is specific personal data under Law No. 27 of 2022. Supreme Court Decision No. 10 P/HUM/2023 matters here, but its consent reasoning must be stated precisely. The Court relied on Article 26 paragraph (1) of the Electronic Information and Transactions Law, which requires consent unless legislation provides otherwise, and observed separately that the Personal Data Protection Law applies whether or not processing is electronic. The decision therefore does not support the broad proposition that consent is irrelevant to SATUSEHAT. The correct inquiry is whether a particular processing activity is authorised by the applicable framework, pursues a defined purpose, satisfies the requirements of data-protection law, and is accompanied by proportionate safeguards (Mahkamah Agung Republik Indonesia, 2023, pp. 80–81).

Governance becomes harder when several actors determine purposes and means. Healthcare facilities generate and use data for clinical care; the Ministry of Health operates the national infrastructure and sets interoperability requirements; BPJS uses data for financing and claim control; vendors process data on behalf of facilities. Indonesian legal-policy studies of electronic health records and SATUSEHAT emphasise the same need for legal certainty, privacy protection, and clearer allocation of responsibility (Komalasari & Mustafa, 2024; Tektona et al., 2023). Comparative research shows that digital-health systems become vulnerable when accountability is fragmented even where technical interoperability succeeds (Benseghir et al., 2025). Indonesian work identifies parallel gaps in enforcement, institutional capacity, and security, particularly among smaller facilities (Lestari et al., 2024; Mubarak et al., 2025).

International scholarship reinforces the point. Tertulino et al. (2024) identify access control, confidentiality, interoperability, and consent mechanisms as recurring privacy concerns in electronic records. Hallinan et al. (2024) stress standardised governance and data-quality controls for secure secondary use. Chiba et al. (2024) find that legal adaptation, institutional trust, security, and harmonised data structures are strategic conditions for interoperability. For SATUSEHAT the lesson is that integration cannot be evaluated by connection rates alone. Legal governance must specify purpose limitation, role allocation, data minimisation, auditability, security, retention, and accountability.

Shidarta's distinction between data ethics and legal compliance adds a further layer (Shidarta, 2026e). A processing activity may satisfy a formal legal basis and still raise ethical concerns if the data collected are excessive, the flows opaque, or the uses beyond what patients and providers could reasonably anticipate. In a national platform, legitimacy requires not only lawful processing but explainable data flows, clear institutional responsibility, and meaningful safeguards against function creep.

Electronic Evidence, Integrity, and Claim Verification

An electronic medical record functions at once as a clinical record and as an evidentiary object. Its role in claim administration demands attention to authenticity, integrity, audit trails, timestamps, access logs, correction history, and identity assurance. The legal relevance of a record cannot be reduced to the existence of a digital file. A reliable claim system must be able to establish who entered information, when it was entered or altered, whether the content is complete, and whether data transmitted to another system remain consistent with the source record.

The 2023 judgment also relied on the Elucidation of Article 46 paragraph (3) of Law No. 29 of 2004, which recognised that a conventional signature in a medical record could be replaced by a personal identification number. The point bears on identity assurance because it shows that the pre-2023 framework already accepted technologically mediated attribution rather than insisting on a handwritten signature. Its temporal significance is equally instructive: the explanatory provision belonged to a statute later repealed by Article 454 of Law No. 17 of 2023. The reliability of electronic records should therefore be grounded in the current legal framework and current authentication architecture, even though the earlier provision remains useful for understanding the baseline considered in the 2023 judgment (Mahkamah Agung Republik Indonesia, 2023, pp. 80–81).

The literature on electronic-health security shows that technical governance and legal reliability are intertwined. Oh et al. (2021) and Kiania et al. (2023) demonstrate that privacy and security depend on access control, cryptography, system architecture, and organisational governance. Raab et al. (2023) show that architectural choices materially affect the balance between data use and privacy. For Indonesia this means that a claim should not fail merely because two interoperable systems temporarily lose synchronisation, where the facility can prove the service through an intact source record and audit trail. A mature framework distinguishes clinical falsity from technical transmission failure and provides a correction pathway.

The distinction also protects public funds. Strong auditability improves fraud detection because it makes alteration and provenance visible. Legal certainty here is not a way of weakening claim control; it is a way of ensuring that evidentiary rules are technically realistic, normatively transparent, and proportionate to the risk they address.

Constitutional Rights, Proportionality, and Regulatory Burden

Digital-health integration engages at least three constitutional interests: the right to health services, the right to personal protection and privacy, and the right to fair legal certainty. None can be treated as absolute. Proportionality offers a disciplined method of reconciling them, and its structured sequence of legitimate aim, suitability, necessity, and balancing supplies a rights-based analytical discipline (Barak, 2012). The aim must be legitimate, such as continuity of care, fraud prevention, health-system planning, or efficient claim management. The data requirement must materially contribute to that aim. There must be no less restrictive measure capable of achieving a comparable result. Finally, public benefit must be weighed against the burdens on privacy, provider operations, and access to care.

Data scope is where this matters most. If claim verification requires only a defined subset of clinical and administrative elements, a demand for unrestricted transfer of the complete record becomes harder to justify. Debates surrounding the European Health Data Space reveal the same tension between public benefit, individual control, administrative burden, and trust (Marelli et al., 2023; Raab et al., 2023). Zhang et al. (2023) show that multistage national data flows can erode transparency even where each individual exchange appears institutionally justified.

Regulatory burden also has an equality dimension. Large hospitals are better placed to purchase compliant systems, maintain security teams, and absorb integration costs. Small clinics and independent practices may face disproportionate financial and technical demands. A national policy that ignores this asymmetry risks converting a uniform legal duty into unequal practical access to financing. Proportionality therefore supports phased implementation, technical assistance, cure periods, and differentiated consequences for good-faith technical non-compliance.

Criminal Liability, Licensing, and Individualised Attribution

As the electronic-health ecosystem expands, so does the number of actors able to reach sensitive information. Unauthorised disclosure, unlawful access, manipulation, or misuse may carry criminal, administrative, civil, professional, and contractual consequences. The occurrence of a breach does not, however, justify automatic criminal attribution to every officer or manager connected with a facility. Criminal responsibility must remain individualised through the elements of the offence, authority over the system, knowledge, intent or negligence where legally relevant, and the specific act or omission alleged.

Organisational governance remains relevant nonetheless. Inadequate access controls, absent audit trails, or unmanaged vendor privileges can evidence systemic failure even where individual criminal liability is not made out. The framework should therefore separate organisational compliance duties from personal criminal blame. Siregar and Sinaga (2025), Wijaya and Pranoto (2025), and Prasetya et al. (2026) each show that responsibility for health data must be analysed through the interaction of confidentiality, data-protection duties, and institutional control.

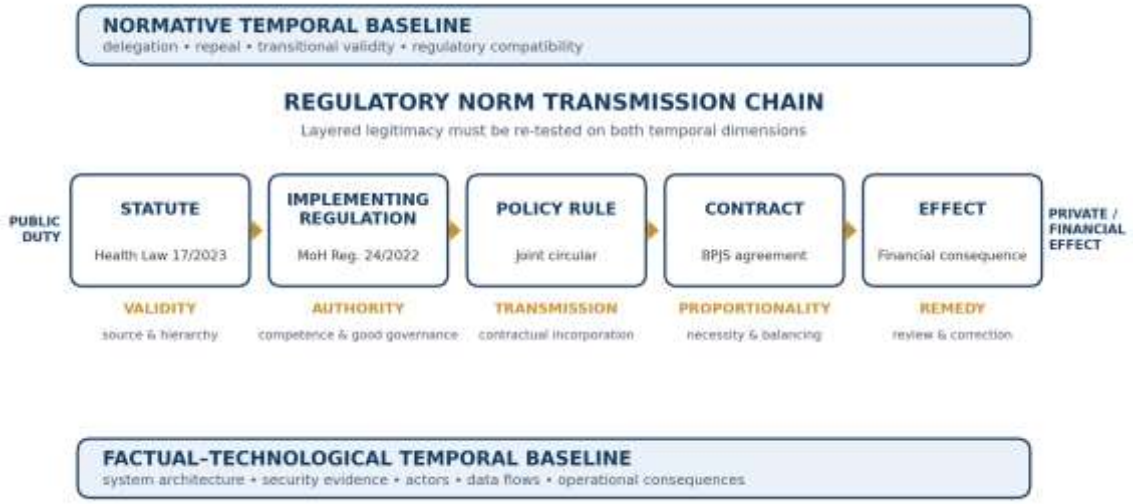
Licensing and accreditation raise a related concern. Compliance with electronic-medical-record requirements may legitimately form part of quality and licensing standards, but digital integration should not become a hidden or continually shifting condition of market access. Standards, deadlines, technical specifications, and sanctions should all be traceable to proper legal authority. Otherwise vendor lock-in, proprietary interfaces, and abrupt technical change can convert a public regulatory objective into a private dependency that erodes business certainty.

The Remedial Gap and the Regulatory Norm Transmission Chain

The analysis so far reveals a remedial gap. Subordinate legislation can be challenged through the Supreme Court's material-review jurisdiction. A circular may not fall neatly within that route, because its formal character is administrative policy. Judicial protection may become available only once the policy is implemented through a concrete governmental act, a claim decision, a contractual consequence, or some other reviewable action. The result is a mismatch between the speed with which an administrative policy produces practical effects and the clarity of the mechanism for contesting them.

The term remedial gap does not mean that no remedy exists. It describes uncertainty about the appropriate forum, the object of review, the timing, and the legal characterisation that applies when a non-legislative instrument produces regulatory consequences. Effective legal protection therefore depends on drawing a clearer line between internal guidance and policy instruments with external material effects. Where an instrument systematically determines payment, eligibility, or the rights of private parties, certainty is strengthened when the essential burden is placed in a regulation, or clearly incorporated into a contractual instrument, that is open to an appropriate review mechanism.

Figure 1 synthesises these findings in the Regulatory Norm Transmission Chain, with the Dual Temporal Baseline overlaid on it. The chain begins with a statutory norm, passes through implementing regulation and administrative policy, enters a cooperation agreement, and ends in an operational or financial effect. Legality upstream does not automatically legitimise every consequence downstream. Each stage must instead satisfy its own test validity, authority, lawful transmission, proportionality, data governance, and remedy and each must be examined against the current normative framework and, where the legal assessment depends on system conditions, against material factual-technological change. This combined model is the principal novelty of the study.



Source: Author's research construction.

Figure 1. Regulatory Norm Transmission Chain with Dual Temporal Baseline

Proposed Legal Reconstruction

The first reconstruction is regulatory renewal. Minister of Health Regulation No. 24 of 2022 should be reviewed and, where necessary, replaced or amended so that its legal basis, terminology, data-governance model, interoperability obligations, and sanction structure expressly reflect Law No. 17 of 2023 and Government Regulation No. 28 of 2024. Transitional validity is a serviceable bridge, not a sound long-term foundation for a rapidly expanding digital-health infrastructure.

The second concerns the level of the instrument. Obligations that materially affect provider rights, payment, or sanctions should be anchored in legislation or in a regulation made under clear authority. Circulars should remain operational and coordinative unless their external effects are expressly supported by superior norms. This does not remove administrative flexibility; it preserves the distinction between implementing a policy and creating a norm.

The third concerns contracts and claims. Cooperation agreements should state which electronic-medical-record requirements are conditions of payment, which defects are curable, which deficiencies are materially evidentiary, and which conduct amounts to fraud or absence of service. A staged correction process, documented reasons for rejection, and an appeal or dispute mechanism would reduce uncertainty without weakening audit control.

The fourth concerns data governance. The framework should allocate controller and processor roles, define permitted purposes and data categories, require appropriate security and audit controls, regulate vendors and sub-processors, and specify accountability where data cross institutional boundaries. It should also provide for traceability and correction, so that technical interoperability does not become a source of evidentiary injustice.

Finally, the review mechanism for policy rules with material external effects deserves legislative and doctrinal clarification. A regulatory system is not fully legitimate if it can impose significant burdens faster than those affected can identify the forum and the object through which the burden may be challenged.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Minister of Health Regulation No. 24 of 2022 should not be treated as automatically invalid once its original delegating statutes were repealed. Supreme Court Decision No. 10

P/HUM/2023 reviewed the regulation on the merits, recognised the petitioner's legal standing, and confirmed the Minister's authority under Article 47 paragraph (3) of the 2004 Medical Practice Law as the law then stood. Articles 453 and 454 of Law No. 17 of 2023 must be read together: the latter repeals the former statutory regime, while the former preserves its implementing regulations conditionally, insofar as they remain compatible with the new law. Constitutional Court Decision No. 182/PUU-XXII/2024, which granted the petition in part while holding the challenge to Article 454(c) to be without legal merit, confirms that the repeal is final, so that the continued operation of inherited rules must be located in the post-2023 regime rather than in the repealed statute itself.

The judgment nonetheless functions as a dual temporal baseline. Normatively, the statutory environment has changed. Factually, the Court's security assessment rested on 2023 evidence concerning penetration testing, a security assessment with the National Cyber and Crypto Agency, and an ISO 27001 process then under way. Those facts do not become obsolete merely with the passage of time, but neither do they constitute judicial findings about later system configurations. Downstream, a valid public-law duty may travel through administrative policy and contract until it affects a healthcare facility's right to be paid. The Regulatory Norm Transmission Chain, combined with the Dual Temporal Baseline, therefore tests not only whether a regulatory objective was lawful at source, but whether the entire path from legislation to financial consequence remains legally and factually justified over time.

Limitations

This study is normative. It does not measure actual compliance rates among healthcare facilities, audit the current technical security of SATUSEHAT, or examine unpublished contractual clauses across BPJS provider agreements. Its treatment of the Court's 2023 security evidence is doctrinal: it identifies the temporal character of the factual baseline on which the judgment rested, not a finding that current security arrangements are inadequate. The analysis of the 2026 joint circular is likewise confined to its legal character and the publicly verifiable policy context rather than a technical audit of operational instructions. A further limitation is temporal: Government Regulation No. 28 of 2024 is under revision following recent constitutional decisions, so the normative baseline analysed here may shift. The Regulatory Norm Transmission Chain and the Dual Temporal Baseline are analytical constructions that invite empirical and comparative testing.

Recommendations

Future research should combine doctrinal analysis with empirical study of claim disputes, provider cooperation agreements, system-failure cases, administrative review practice, and changes in digital-health architecture over time. Comparative work on the judicial review of soft-law instruments and on digital-health reimbursement in jurisdictions with mature national health-data infrastructures would help establish whether problems of layered legitimacy, temporal baselines, and remedial gaps recur beyond Indonesia. For policymakers, the priorities are to update the implementing regulation under the post-2023 Health Law, place material financial consequences in a clear legal instrument, distinguish technical defects from substantive non-compliance, strengthen accountability in data governance, reassess security and interoperability safeguards periodically, and ensure accessible review for providers affected by policy-based or automated claim decisions.

Author Contributions

All authors contributed to the study. The first author led the conceptualisation, the design of the legal research, the collection and analysis of legal materials, the development of the layered-legitimacy framework, the construction of the Regulatory Norm Transmission

Chain, and the drafting of the manuscript. The second author supervised the research design and provided critical revision of the doctrinal argument. The third and fourth authors assisted in collecting and verifying legal materials, judicial decisions, and supporting literature. All authors read, revised, and approved the final version of the manuscript, and agree to be accountable for its content.

AI Disclosure Statement

While drafting this manuscript, the authors used an AI language assistant for grammar editing, translation support, and language refinement. The authors have thoroughly reviewed and edited the content and take full responsibility for the entire content of this publication.

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