

# Research Horizon

ISSN: 2808-0696 (p), 2807-9531 (e)

## Research Horizon

Volume: 05

Issue: 04

Year: 2025

Page: 1501-1512

## Citation:

Rahman, F., Margaretha, & Sapsudin, A. (2025). Legal issues in limiting authority of health professional organizations after Indonesia's 2023 Health Law enactment. *Research Horizon*, 5(4), 1501-1512.

## Article History:

Received: June 18, 2025

Revised: July 10, 2025

Accepted: July 29, 2025

Online since: August 30, 2025

## Legal Issues in Limiting Authority of Health Professional Organizations After Indonesia's 2023 Health Law Enactment

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## Abstract

The enactment of Law Number 17 of 2023 on Health has raised significant concerns regarding its implications for the role and authority of health professional organizations in Indonesia. This new law is perceived as failing to uphold the functions previously guaranteed under earlier health-related regulations. This study aims to examine the legal challenges arising from the reduction of authority granted to Indonesian health professional organizations following the enactment of the Omnibus Health Law Number 17 of 2023, as well as its impact on their legal status and functional authority. Using a normative legal approach, this research applies statutory and conceptual methods, relying on both primary and secondary legal materials. The findings reveal that the diminished authority of health professional organizations has weakened their regulatory capacity, disrupted standard-setting mechanisms, and created institutional fragmentation. This condition hinders effective professional oversight and threatens public health protections. The legal restructuring introduced by the new Health Law undermines the coherent role of health professional organizations and necessitates future legal clarification or revision.

## Keywords

Indonesian Health Law Reform, Legal Authority, Omnibus Law, Professional Health Organizations, Professional Regulation.

## 1. Introduction

A health worker is an individual professionally educated, skilled, and authorized to perform health efforts aimed at improving community well-being (Sukawan & Suhenda, 2022; Arifin et al., 2024). Law Number 17 of 2023 on Health shifts the health system paradigm from curative to preventive, emphasizing improved access, service quality, and efficient budget use. It also aims to enhance the availability and equitable distribution of competent health workers across Indonesia (Dahlan & Budiarsih, 2025). This legal reform enhances the government's regulatory role and addresses systemic issues in healthcare provision and allocation of resources.

The Indonesian Medical Council (*Konsil Kedokteran Indonesia/KKI*) is an independent, non-structural institution directly responsible to the President, established on April 29, 2005 (Amiati et al., 2024). It oversees registration, policy development, and technical guidance for doctors and dentists, as outlined in Article 269 of Law Number 17 of 2023. Within KKI, professional colleges independently formulate competency standards and training curricula. An ethics council is also planned to monitor ethical conduct. Meanwhile, professional organizations, originally social, now face operational and financial challenges as their roles expand to include professional oversight and member development (Bates, 2000; Harjono, 2008; Azhar et al., 2024).

Previously, professional organisations such as the Indonesian Dentists Association (*Persatuan Dokter Gigi Indonesia/PDGI*) played a significant role in issuing recommendations for Practice Licenses (*Surat Izin Praktik/SIP*), as mandated by Law Number 29 of 2004 and Law Number 36 of 2014. One key requirement was the accumulation of 10 Continuing Professional Development (*Satuan Kredit Profesi/SKP*) points, which the organization had the authority to assess. This central role laid the groundwork for ongoing tensions regarding licensing authority.

With the passing of Law of the Republic of Indonesia Number 17 of 2023 on August 8, 2023 by President Joko Widodo, a number of issues have arisen. In the new law, number 17 of 2023 on Health, Article 264 paragraph (4) states that the requirements for SIP renewal, as mentioned in paragraph (3), include a Registration Certificate (*Surat Tanda Registrasi/STR*), practice location, and fulfilment of the adequacy of Professional Credit Units (*Satuan Kredit Profesi/SKP*). Furthermore, paragraph (4) states that the Minister will carry out the management of the fulfilment of SKP adequacy.

After the Health Law was approved, several health workers criticised it. They believed that the Health Law did not effectively address significant health issues (Agustin & Syahuri, 2024). Health workers expressed several potential impacts, including public participation in the development of the Health Law, professional regulation of health and medical workers, conflict resolution, and the role of professional organizations (Lakoro et al., 2025). Some professional organizations, such as the Indonesian Doctors Association (*Ikatan Dokter Indonesia/IDI*) and the Indonesian Dental Association (*Persatuan Dokter Gigi Indonesia/PDGI*), felt that public participation had not gone well (Elfudllatsani & Riwanto, 2019). In the context of professional regulation, there is concern that the new Health Law may not adequately address the needs of organizing various professions, as the previous law did. To resolve emerging conflicts, the new Health Law is considered to be at risk of entangling health and medical personnel in legal issues. In addition, the new regulations on professional organizations also raise concerns about a legal vacuum due to the elimination of previously existing provisions (Ishaq, 2017; Jeremiah, 2023). Therefore, one of the main legal issues under the new Health Law is the reduction of the authority of health professional organizations.

In response to the reduced authority of professional organisations, five major Health Professional Organisations, Indonesian National Nurses Association

(*Persatuan Perawat Nasional Indonesia/PPNI*), *IDI*, *PDGI*, Indonesian Midwives Association (*Ikatan Bidan Indonesia/IBI*), and Indonesian Institute of Accountants (*Ikatan Akuntan Indonesia/IAI*), filed a Judicial Review of Law Number 17 of 2023 to the Constitutional Court (Case Number 130/PUU-XXI/2023). They argue that the law lacked meaningful public participation and eliminated core institutional norms, including those regulating professional organizations, councils, and colleges, without ensuring a unified forum for medical and health professions.

Previous research has highlighted overlapping regulations, which cause legal uncertainty, the lack of ethical integration in Law Number 17 of 2023, and the vital role of professional organizations in maintaining standards and developing human resources (Solikin & Rohmatullah, 2022; Kesuma, 2023; Kurniawati, 2024). However, none have examined the constitutional implications of reducing their authority, especially in light of Constitutional Court Decision Number 88/PUU-XIII/2015. This study addresses that gap by analyzing the constitutional and legal impact of the diminished authority of health professional organizations under Law Number 17/2023, focusing on their legal status and role in Indonesia's health system. This study aims to analyze the constitutional and legal implications of the diminished authority of health professional organizations following the enactment of Law Number 17 of 2023, focusing on its effects on their legal status and role within Indonesia's health legal system.

## **2. Literature Review**

Several previous studies have discussed the role and position of health professional organizations with state regulation and public health services. Solikin and Rohmatullah (2022) highlighted the regulatory complexity and overlapping authority within professional institutions, emphasizing the legal uncertainty that arises when structural clarity is lacking. Although their focus was on advocate organizations, their findings are highly relevant to the health sector, especially following the enactment of Law Number 17 of 2023, which replaced numerous existing laws and reduced the structural roles of medical and health professional organizations. This systemic shift introduces potential legal ambiguity that had previously been managed through the singular authority of professional bodies, such as the Indonesian Doctors Association or the Indonesian Dental Association.

In the same vein, Kesuma (2024) criticized Law Number 17 of 2023 for its failure to integrate professional ethics within the new legal framework. His analysis revealed that the elimination of collegial institutions and the transfer of licensing and disciplinary functions from professional organizations to state ministries may result in the erosion of ethical oversight, which had long been the domain of professional bodies (Ishaq, 2017; Gandara, 2019; Setiyawan, 2023). This concern is crucial because professional ethics is not merely a formal requirement but also serves as a core instrument in protecting patients and ensuring practitioner accountability (Ali, 2016; Hasibuan, 2017). By shifting control to the Ministry of Health, the risk of political interference and bureaucratic inefficiency may increase, undermining the independent regulatory mechanisms previously sustained by these professional organizations (Fachruddin, 2004; Efendi & Ibrahim, 2018; Nilamsari et al., 2025).

Furthermore, Kurniawati (2024) emphasized the importance of professional organizations in supporting human resource development, maintaining competency standards, and ensuring consistent professional performance. Her findings support the argument that professional organizations are not just representative bodies but also play a critical regulatory function. The Health Law's decision to treat these organizations as optional and to allow the establishment of multiple bodies for each profession contradicts the Constitutional Court Decision Number 88/PUU-XIII/2015, which affirmed that having a single organization per health profession ensures better coordination and adequate state supervision (Rokhim, 2013; Marzuki,

2017; Prayoga, 2019). This deviation opens the door for fragmentation and weakens the institutional authority of previously unified professional organizations.

Despite the relevance of these studies, none have comprehensively examined the constitutional implications of reducing the authority of health professional organisations in light of the new Health Law. Specifically, the interaction between Law Number 17 of 2023 and prior Constitutional Court decisions such as Number 88/PUU-XIII/2015 and Number 10/PUU-XV/2017 remains understudied. Moreover, there is a lack of legal analysis on how the elimination of institutional mandates (such as providing SKP recommendations and ethical supervision) alters the structural relationship between the state and independent professional bodies.

### **3. Methods**

This study employs a normative legal research method, which is a scientific process based on specific procedures, systems, and logical reasoning to analyze legal phenomena. Normative legal research, also known as doctrinal legal research, seeks to analyse the content of written legal norms and their application in addressing specific legal issues. The emphasis of this method lies in evaluating the coherence and consistency of legal rules, doctrines, and principles within the legal system, particularly regarding the reduction of the authority of health professional organizations following the enactment of Law Number 17 of 2023 concerning Health.

The legal research process begins by identifying legal norms relevant to the research problem. It proceeds with analyzing those norms to discover legal principles and doctrines that serve as guidelines for resolving the legal issues raised. This approach is suitable for understanding how the law is formulated and applied in practice, and in this context, it allows the researcher to investigate the legal status and authority of professional organizations from a constitutional and regulatory standpoint.

This research employs two distinct approaches: the statutory approach and the conceptual approach. The statutory approach involves an examination of prevailing legislation, including the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 on Health, Law Number 29 of 2004 on Medical Practice, and relevant Constitutional Court decisions, such as Decision No. 88/PUU-XIII/2015. Meanwhile, the conceptual approach is used to analyze legal concepts and doctrines, including the notion of legal certainty, constitutional rights, and institutional authority within the health sector.

The legal materials used in this study are derived from library research (legal literature), consisting of both primary and secondary legal sources. Primary legal materials include statutory regulations, court decisions, and official government documents, while secondary legal materials consist of scholarly books, journal articles, and expert commentaries relevant to the research topic.

### **4. Results**

#### **4.1. Legal Challenges Health Professional Organizations under Law 17 2023**

Professional organizations in the health sector are institutions that uphold ethical and professional standards across various medical and health fields, including IDI, PDGI, IBI, PPNI, and IAI. These organizations have historically played a strategic role in ensuring competence and ethics, as reflected in earlier laws such as Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2014 on Health Workers, Law Number 38 of 2014 on Nursing, and Law Number 4 of 2019 on Midwifery. Each of these laws mandated the existence of a single, legally recognized professional organization for each profession (Agustin, & Syahuri, 2024).

The enactment of Law Number 17 of 2023 on Health fundamentally restructured professional governance. Article 291 paragraph (1) transfers authority for establishing professional standards to the Council and Collegium appointed by the Minister of Health, introducing a more centralized and uniform regulatory model. This model eliminates specific laws for individual professions and blurs the distinction between medical, health, and supporting personnel (Dahlan & Budiarsih, 2025). As a result, there is concern over a legal vacuum, as generalised regulations may not sufficiently address the nuances and operational needs of each profession.

Notably, Law Number 17 of 2023 revoked eleven previous health-related laws, including Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2014 on Health Workers, Law Number 38 of 2014 on Nursing, and Law Number 4 of 2019 on Midwifery. This revocation caused uncertainty about the legal status, number, and establishment procedures of professional organizations. Article 311, paragraph (1) of the new law, only states that medical and health personnel “may” form professional organizations, removing the mandatory nature of previous provisions and opening the space for multiple or no organizations at all. However, neither this article nor other regulations, such as Government Regulation Number 2 of 2022 on Job Creation provide clear procedures or standards, deepening the legal ambiguity (Kesuma, 2024).

These structural changes prompted five national health professional organisations, IDI, PDGI, PPNI, IBI, and IAI, to file a judicial review of Law Number 17/2023 at the Constitutional Court (Case Number 130/PUU-XXI/2023) (Kesuma, 2023). They argued that the law reduced their constitutional rights and legal authority by altering or deleting key norms without proper public participation or alignment with Article 22D paragraph (2) of the 1945 Constitution, which mandates the involvement of the Regional Representative Council (*Dewan Perwakilan Daerah/DPD*) in drafting sectoral laws. Article 451 of the new law, for example, dissolves all collegium entities formed by professional organizations once the new government-appointed Collegium is established under Article 272. This provision was criticized as violating the right to associate and diminishing the role of independent bodies.

Despite these arguments, the Constitutional Court rejected the judicial review on February 29, 2024. The Court ruled that the legislative process followed constitutional procedures, and public participation had occurred through consultations, public hearings, and the Ministry of Health’s platform ([partisipasisihat.kemkes.go.id](http://partisipasisihat.kemkes.go.id)). However, four judges Suhartoyo, Saldi Isra, Enny Nurbaningsih, and Ridwan Mansyur expressed dissenting opinions, indicating that the ruling was not unanimous. While the Court emphasized procedural compliance, substantial questions remain about the clarity of professional regulation. For instance, Article 269 delegates the development of professional standards entirely to the Council, and Articles 304–309 assign disciplinary authority to a Panel appointed by the Minister. The law omits any explicit mention of professional ethics codes, leaving ambiguity over whether professional organizations still hold that authority (Maulana & Avrillina, 2024).

From a legal theory perspective, Satjipto Rahardjo’s concept of living law that law must be rooted in societal realities raises concerns (Marzuki, 2017). The marginalization of professional organizations could lead to gaps between regulatory texts and practical realities in healthcare delivery. Furthermore, the principle of *lex specialis derogat legi generali* is challenged, as Law Number 17/2023 applies general standards across diverse professions, potentially contradicting more specific needs formerly addressed in repealed laws. Lastly, Constitutional Court Decision Number 88/PUU-XIII/2015 previously emphasized the importance of a single professional organization per health profession to ensure uniform ethical enforcement and

simplify government oversight. The multi-bar potential under Law Number 17/2023 may contradict this decision and weaken regulatory consistency.

#### 4.2. Law Number 17 of 2023 on Health Professional Organization Authority

Law Number 17 of 2023 on Health introduces substantial legal and structural changes that significantly reduce the authority and role of health professional organizations in Indonesia (Kesuma, 2024). Key functions that were previously delegated to professional organizations including issuing practice license recommendations, establishing codes of ethics, certifying competencies, overseeing Continuous Professional Development (CPD), and participating in disciplinary bodies have now been removed. These responsibilities have been transferred to government-controlled institutions, particularly under the authority of the Ministry of Health.

This transformation affects not only the functional authority but also the legal standing of professional organizations such as the IDI, PDGI, and others. Article 311 of Law Number 17/2023 provides that health workers may form professional organizations, marking a significant shift from earlier laws that mandated a single organization per profession (Kesuma, 2023). This opens the possibility for multiple organizations within the same profession such as several dental associations contrary to global norms, where international bodies (e.g., the World Dental Federation) recognize only one organization per country.

The law also revoked several sectoral laws, including: Several laws govern the health sector in Indonesia, including Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2014 on Health Workers, Law Number 38 of 2014 on Nursing, and Law Number 4 of 2019 on Midwifery. These regulations provide the legal framework for various health professions and their practices in the country (Agustin & Syahuri, 2024). As a result, critical institutional norms have been disrupted. Article 272(1) of Law Number 17/2023 integrates the *Collegium* previously an independent academic body under professional organizations into the Council (formerly KKI), which now falls under the Ministry's control. Furthermore, Article 260(2) shifts the issuance of STR from the Indonesian Medical Council to the Minister of Health. Article 269(a) reduces the Council's regulatory function to an internal advisory role, thereby weakening its independent legal status. Article 312(c) criminalises practising as a health worker without an STR or SIP but does not penalise employers who hire unlicensed personnel, potentially creating confusion in legal interpretation and enforcement, especially in medical criminal law.

Previously, under Law Number 29/2004 (Medical Practice), Article 37 required a SIP to be accompanied by a recommendation from a professional organization, often based on CPD points for example, PDGI required 10 SKP per recommendation. Now, Article 264(4) of the new law delegates SKP management to the Ministry of Health, eliminating the gatekeeping role of professional organizations. Article 311 enables the formation of multiple professional organizations, shifting their status to Community Organizations as defined under Law Number 17 of 2013 on Social Organizations. This shift threatens to fragment professional representation and ethics enforcement, previously unified under bodies like IDI and PDGI (Azhar et al., 2024).

The new structure contradicts past Constitutional Court (*Mahkamah Konstitusi*/MK) rulings, notably Decision Number 88/PUU-XIII/2015, which upheld the constitutionality of Article 50(2) of Law Number 36/2014 that mandated a single organization per profession. The Court emphasized that fragmentation could compromise public health and safety. It stated that one unified professional body is necessary to ensure consistent standards, ethics, and public protection. Likewise, Decision Number 10/PUU-XV/2017 reinforced the indivisibility of

general and specialist doctors under one professional association (Agustin & Syahuri, 2024).

Despite this, organizations such as the All-Indonesian Doctors Association (*Perkumpulan Dokter Seluruh Indonesia/PDSI*) and United Indonesian Doctors Association (*Perkumpulan Dokter Indonesia Bersatu/PDIB*) have been officially recognized as community organizations by the Ministry of Law and Human Rights. Supporters of pluralism argue that the right to associate, protected under Article 28E (3) of the Second Amendment to the 1945 Constitution, legitimizes multiple professional organizations. This view is also consistent with international human rights instruments, such as the Universal Declaration of Human Rights and the International Covenant on Civil and Political *Rights* (ICCPR). Nonetheless, Law Number 17 of 2023 repositions health professional organizations as facilitators rather than regulators. They may continue to advocate for members' welfare and contribute to healthcare system improvements but can no longer issue SIP recommendations or set mandatory professional standards (Amiati et al., 2024).

In replacing the single-forum model, the law risks creating regulatory fragmentation, inconsistent ethical standards, and weakened supervision. The loss of structural cohesion could reduce accountability in professional development and service delivery. To avoid this, the MK in Decision Number 88/PUU-XIII/2015 stressed the importance of centralization, warning that multiple organizations could jeopardize uniform standards and endanger public safety. Law Number 17/2023 aims to streamline health governance, it poses significant legal and institutional challenges to professional organizations (Kesuma, 2024). These changes potentially undermine their historical role, diminish their authority, and disrupt the established legal framework, raising concerns over the future coherence, ethical oversight, and professionalism of health services in Indonesia.

## **5. Discussion**

The enactment of Law Number 17 of 2023 on Health has marked a substantial structural shift in the regulation of health professional organizations in Indonesia. Compared to the previous legal framework such as Law Number 29 of 2004 on Medical Practice, Law Number 38 of 2014 on Nursing, Law Number 36 of 2014 on Health Workers, and Law Number 4 of 2019 on Midwifery this new law eliminates explicit provisions on the role, structure, and authority of professional organizations. The shift from mandatory to permissive language in Article 311, which states that health and medical personnel may form professional organizations, signals a reduction in state recognition and regulatory clarity for such institutions. This is a stark departure from prior laws which explicitly mandated the existence of a single, recognized professional organization for each type of health worker (Maulana & Avrillina, 2024).

This change introduces what may be considered a legal vacuum. The absence of detailed provisions regarding the number, formation, authority, and functions of professional organizations leaves critical questions unanswered (Ramadhani, 2022). For example, there is no clear guideline on whether multiple organizations for one profession are permissible, nor is there a defined legal process for establishing or accrediting such organizations. These omissions contrast sharply with the Constitutional Court's view in Decision Number 88/PUU-XIII/2015, which emphasizes the necessity of having one professional organization per health profession to ensure adequate state supervision, ethical consistency, and public protection. The Court clearly stated that fragmented organizational structures would hinder government oversight and the uniform implementation of professional standards and ethics (Tyler & Jackson, 2014; Tandry et al., 2024).

In this context, the principle of *lex specialis derogat legi generali* becomes relevant. The previously existing sectoral laws such as Law Number 29/2004 and

Law Number 36/2014 acted as *lex specialis* by governing the unique and detailed aspects of each health profession. However, Law Number 17/2023, structured as an omnibus law, applies a more generalized and uniform model (Simpson, 1996; Wiczorek et al., 2015). By overriding these specialized laws without providing equal specificity, the omnibus law contradicts the very purpose of the *lex specialis* principle, potentially compromising legal certainty and regulatory effectiveness.

Moreover, the transfer of core professional functions such as the issuance of Professional Credit Units, disciplinary enforcement, and practice license recommendations from professional organizations to the Ministry of Health signifies a transformation in regulatory authority. While intended to streamline processes, this centralization risks politicization and undermines professional autonomy (Nilamsari et al., 2025). Law should not merely reside in legal texts but must be rooted in social practice, living law. Professional organizations, due to their proximity to practitioners and in-depth understanding of ethical standards, represent a form of living law within the healthcare system. Weakening their role may lead to a disconnect between regulatory norms and on-the-ground realities, particularly in upholding ethics and professionalism in patient care.

The discussion surrounding constitutional rights is also pertinent. The recognition of freedom of association under Article 28E paragraph (3) of the 1945 Constitution affirms the right of individuals to form organizations. Proponents of multiple professional organizations argue that the single-organization model restricts this freedom. However, the Constitutional Court, in Decision Number 10/PUU-XV/2017, did not prohibit multiple organisations *per se*, but instead emphasised the integration between general and specialist professionals under one unifying body to maintain cohesion. Thus, any move toward a multi-organization system must still address the issue of coordination, accountability, and ethical enforcement to avoid systemic fragmentation (Dahlan & Budiarsih, 2025).

Ultimately, the removal of legal mandates for unified professional organizations in Law Number 17/2023 represents a regulatory shift that affects both institutional integrity and public accountability. Without robust implementing regulations, the risk of overlapping authority, regulatory confusion, and diminished professional discipline remains high (Setiyawan, 2023). While the Constitutional Court upheld the formal validity of the law, dissenting opinions within the Court and criticisms from professional bodies highlight the ongoing tension between state control and professional self-regulation. This tension must be resolved through precise, constitutional, and participatory legal mechanisms that respect both state interests and professional independence.

## 6. Conclusion

This study finds that the enactment of Law Number 17 of 2023 on Health has significantly reduced the authority of health professional organizations in Indonesia. Although the law still acknowledges the existence of these organizations, their role has shifted to that of a mere association forum, no longer functioning as regulatory bodies. Key authorities, such as issuing recommendations for practice licenses, establishing and enforcing ethical codes, and issuing certificates of competence, have now been transferred to the government or its appointed institutions. This shift contradicts the Constitutional Court Decision Number 88/PUU-XIII/2015, which emphasized the importance of a unified and authoritative professional body for each type of health worker.

Theoretically, this reduction in authority raises concerns regarding legal certainty, the principle of *lex specialis*, and the living law concept, as it disconnects professional regulation from the field reality and collective professional experience. Practically, the changes may fragment oversight, complicate enforcement of professional standards, and reduce the effectiveness of public protection mechanisms

in healthcare. The absence of a single professional organization model may also hinder uniformity in standard-setting and enforcement of ethics. This study is limited to a normative-legal approach and focuses primarily on the implications of legal changes without incorporating extensive empirical data or stakeholder interviews. Consequently, it does not capture the full social or operational impact of these legal shifts on health professionals in practice. Future research should investigate the lived experiences of health workers under the new legal regime, evaluate the effectiveness of government-led oversight mechanisms, and explore potential models for collaborative regulation that balance professionalism with constitutional values and public interests.

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### ***Acknowledgment***

We gratefully acknowledge the contributions of individuals who supported the completion of this article.

### ***Funding Information***

This research did not receive any funding.

### ***Conflict of Interest Statement***

The authors declare that there is no conflict of interest.

### ***Ethical Approval and Originality Statement***

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

### ***Data Disclosure Statement***

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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